

**DIGNITY HEALTH
ADMINISTRATIVE POLICY AND PROCEDURE**

TITLE: Dignity Health Workplace Violence

POLICY NUMBER: 120.6.007

EFFECTIVE DATE: August 13, 2018

APPLIES TO: System Offices
 Acute Care Entities
 Non-Acute Care Entities

ORIGINAL EFFECTIVE DATE: January, 19, 2006

POLICY:

Dignity Health Facilities are committed to providing a work environment that is safe, secure and free from violence and are required to take the following actions.

- A. Adoption of a Workplace Violence Prevention Plan to protect patients, visitors, vendors, staff, volunteers, physicians and contract employees from aggressive and violent behavior (Addendum A).
- B. Establishment of a process to investigate and take corrective action to address the violent behavior of an employee, up to and including termination of employment.

Acts or threats of physical violence, including but not limited to, coercion, intimidation, harassment, or destruction of property that involves or affects patients, visitors, vendors, staff, volunteers, physicians and contract employees of Dignity Health Facilities will not be tolerated.

The Dignity Health Facilities ("Facility" is defined as all Dignity Health hospitals, ambulatory care centers, home health agencies, Dignity Health – affiliated clinics and Dignity Health office buildings/property) understand that hospitalization and outpatient care environments are stressful for patients and their family members/ visitors. The Facilities recognize and respect patient rights and are committed to responding appropriately to patient complaints about care. Actions and interactions related to disruptive behavior will include consideration of the patient's health care needs and psychosocial issues as well as the facility's obligations related to the safety of its employees, visitors, vendors and patients and responsible use of institutional resources.

Weapons, and other items that may be used as weapons, other than those required and approved in the course of assigned roles, responsibilities and duties are strictly prohibited within the facilities or property.

The Facility shall not take punitive or retaliatory action against an employee for, seeking assistance and intervention from local emergency services or law enforcement when they perceive that a violent incident has or will occur.

Ongoing conversations about workplace violence are encourage by leadership in unit huddles and staff meetings. Discussions should include team leaders asking if any team members have been victims of physical or verbal abuse or if any patient/family situations may be prone to violence.

AFFECTED DEPARTMENTS: All Dignity Health Facilities are affected by the policy.

GUIDELINES:

A. Workplace Prevention Plan for each Facility

1. Develop and provide a system for responding to, and investigating violent incidents and situations involving violence or the risk of violence involving patients and/or family members.
 - a. A multi-disciplinary team meeting may be requested by any member of the medical team, employee and/or administrative team, Patient Safety (or designee) or Security on an ad hoc basis to evaluate threatening/ unsafe situations involving patients. The team will develop and implement measures that are immediately put in place at the Facility and outpatient care environments to manage situations where disruptive behavior continues to escalate despite attempts at intervention, and continue to evaluate and develop a plan to address the behaviors including use of:
 - i. Leadership and Patient Safety (or designee) support for setting limits with patients and/or families.
 - ii. Team meeting with patient and/or family.
 - iii. Develop care/behavior modification plan.
 - iv. Discuss with the patient and/or family any of the applicable patient rights and responsibilities documents that reference rules and regulations affecting patient care and conduct.
 - v. If no resolution notify Patient Safety (or designee) and Security to discuss further action needed (i.e. restriction of visitation and/or discontinuation of care) in conjunction with the attending/primary physician.
 - b. Medically stable patient and/or family/caregiver refusing discharge
 - i. Notify MD, Care Coordinator and/or Patient Advocate.
 - ii. Care Coordinator or Patient Advocate will determine insurer and any appeal rights the patient might have.
 - iii. If the patient does not have the right to appeal the discharge, notify Patient Safety (or designee) and Security (may require escort out of the hospital or care center by security or law enforcement).
 - c. Violation of Alcohol/Drug and/or Smoking policies
 - i. Follow procedures set forth in those specific policies.
2. For all potential work place violence events, utilize engineering controls where ever possible to remove a hazard from the workplace or create a barrier between the worker or other person at risk and the hazard including but not limited to: electronic access controls/locks to employee occupied areas; enclosed work stations with shatter-resistant glass; lighting; separate rooms or areas for high risk patients; removing/securing objects with weapon potential; closed circuit television monitoring and video recording.
3. Human Resources will follow the Dignity Health background check policy and verification of licensure boards of prospective employees. Vendors shall be responsible for conducting a background check for contract employees consistent with the requirements of the Dignity Health background check policy.

4. The Facility shall establish a system to identify patient specific risk factors such as the prior use of drugs or alcohol, psychiatric condition or diagnosis, any condition or disease that would cause confusion or disorientation, have a history of violence and/or who display disruptive behavior which may increase the likelihood or severity of a workplace violence incident and to assess visitors or other persons who display disruptive behavior or demonstrate a risk of committing workplace violence.
 - a. Patient specific risk factors may be communicated to receiving Facilities by paramedic and other emergency services or law enforcement prior to or upon arrival to the Facility.
 - b. Hospital staff will initiate an "Assaultive Behavior" form in the electronic health record for patients who have been reviewed for and identified as having a history of violence and/or who display disruptive/assaultive behavior in the hospital. Initiation of the form will create a discern alert "History of Security Risk (HSR)" for all chart access (Addendum C).
 - c. The Facility shall utilize a history of violent behavior alert indicator that is visible to any individual having contact with the patient (i.e. door sign, board magnet, sticker) (Addendum D).

B. Response to Actual or Suspected Workplace Violence

1. Immediate Danger:

- a. If an emergency exists with the risk of imminent harm, the person shall:
 - i. Call Security Services. Methods for calling Facility/clinic/site security may include but is not limited to:
 - Direct Security phone line(s)
 - Direct 2-way radios, in areas where used.
 - Desk/Fixed Panic Button, in areas where deployed/used.
 - Mobile Staff Duress Button, in areas where deployed/used.
 - Initiate Internal emergency codes or other designated alerts
 - b. If an emergency exists with an extreme level of threat (Code Silver-Hostage Situation, Active Shooter or threat by deadly weapon, etc.):
 - i. Call local Law Enforcement immediately by dialing 9-1-1 or 9-9-1-1.
 - ii. Call Security, using one of the methods described above in *section (B.1.a.i)*
 - iii. Take emergency steps to protect oneself from immediate harm, such as leaving the area.
 - c. Call Security, using one of the methods described above *in section (B.1.a.i)*, when someone is, or is becoming, verbally aggressive, physically aggressive, or has a weapon of any kind (knife, gun, chair, etc.).
 - d. Facilities shall call local Law Enforcement if Security is not on-site by dialing 9-1-1 or 9-9-1-1, and take emergency steps to protect oneself from immediate harm, such as leaving the area.

2. Post-Incident Notification of Assault or Batter:

- a. In situations not posing an imminent danger, employees shall immediately notify management/house supervisor of any assaultive conduct so that appropriate action can be taken.
 - i. Employees responding to acts of aggression/assaultive behavior should utilize de-escalation techniques and defensive logistics.
 - ii. If force is needed to handle a situation, the least amount of force should be utilized.
 - iii. Assistance from fellow staff should be requested if needed, and under certain circumstances leaving the area may be the best course of action.
- b. Call Security to inform of the incident and involve them in the initial securing of the area. If security is not available on-site, call 911. At the earliest opportunity thereafter, notify the identified site security leadership of the incident.
- c. Examine the workplace for security risk factors associated with the incident to protect employees from imminent hazards immediately, and to take measures to protect employees from identified serious hazards within seven days of the discovery of the hazard, where there is a realistic possibility that death or serious physical harm could result from the hazard. If immediate resolution is not achievable, implement interim measures to abate the imminent or serious nature of the hazard while completing the permanent control measures.

This may include but is not limited to:

- i. Any person who makes substantial threats, exhibits threatening behavior or engages in violent acts on the premises shall be removed from the property as quickly as safety permits, and may be asked to remain away from the premises pending the outcome of an investigation into the incident. Dignity Health Facilities reserve the right to respond to any actual or perceived acts of violence in a manner sufficient to address the event based on the specific facts and circumstances related to the event.
- ii. Identify all employees involved in the incident.
- iii. Any staff member assaulted or battered will be relieved of their duties immediately by management/designee while a statement of the incident and assessment of their injuries is completed.
- iv. Provision of emergency medical care in the event of any violent act upon an employee.
- v. Providing additional employee education/training.
- vi. Relocation of a patient to another patient care unit, area or care center.
- vii. Reassignment of a staff member.
- viii. Assignment of a safety attendant or assignment of additional security personnel.
- ix. Post-event counseling for those employees desiring such assistance.
- x. Obtaining a restraining order as appropriate.

- xi. Proactive security measures for the involved employee including special parking arrangements, escorts, and modifications to work location and shift.
 - xii. Post-incident debriefing as soon as possible after the incident with the injured employee, management, and security, if applicable, involved in the incident (Addendum E).
 - d. Management will notify Human Resources and Safety/Security Leadership of actual or suspected acts of workplace violence.
 - e. Management will notify Employee Health, Worker's Compensation Coordinator or Occupational Health and facilitate the completion of an Employee Accident Report by the employee. Employees are also permitted to make these notifications directly.
3. Telephone Threats
- a. Employees shall immediately inform management and security, if available, or call law enforcement if they receive a threat over the telephone. The employee should note the time, date, that the threat was received and phone number of the caller if available.
 - b. If the threat involves an imminent act of violence, such as a bomb threat, report it immediately to Security and activate the facility internal emergency code or designated alert.
4. Written Threats
- a. Employees shall immediately inform management and Security of written threats, whether on paper, via electronic mail or social media
 - i. Handle written material and any envelope as little as possible and only by the corners.
 - ii. Place both the written material and the envelope in a larger envelope.
 - iii. Note the names of anyone who may have handled the material after its arrival.
5. If an employee obtains a restraining order against another person, including another employee, the employee should inform management and Human Resources within a reasonable timeframe, and include a description of the individual, a photograph, if available, and a copy of the restraining order.
- a. A copy of the restraining order and photograph shall be filed with Human Resources and Security.
 - b. Human Resource and Security will review the situation and take the appropriate steps to ensure a safe environment for all employees.
6. If an employee identifies the unexpected arrival of an individual who has made prior threats, the employee shall inform management of this individual's arrival and notify security if available and/or law enforcement.

C. Management Investigation

1. If the incident complaint is directed at a staff member:
 - a. The manager together with Human Resources will determine if the employee(s) who is the subject of an allegation of workplace violence should be placed on administrative leave pending investigation.
 - b. Human Resources shall conduct a thorough investigation which may include some or all of the following:
 - i. Complete a criminal background check on the individual regardless of any prior check being completed.
 - ii. Review the employee's personnel file, looking for any information that indicates a trend toward violence, and/or other pertinent facts.
 - iii. Interview all witnesses to the alleged act of violence, including appropriate employees from the work environment of the suspected employee.
2. Based upon the outcome of the investigation, management and Human Resources will determine the appropriate action to be taken, which may consist of corrective action up to and including termination of employment.
3. Employees who are determined to have intentionally falsely accused others of workplace violence may also be subject to corrective action, up to and including termination of employment.
4. Employee reports to supervisor any injury, no matter how small.
 - a. An Injury Report Form is filled out in detail by management and employee.
 - b. Notification Reports and/or manager's Report of Accident Form shall be completed on all employees when they have sustained an injury or have suddenly become ill on the job.
 - c. Route completed reports to Employee Health Nurse, Workers' Compensation Coordinator and/or Occupational Health department within 24 hours of incident.
5. Counseling programs will be offered by Social Services, Employee Health and/or Human Resources as appropriate (i.e. Employee Assistance Program (EAP), Victims of Violent Crime Resource).

D. Record Keeping/Handling

1. All actual or perceived threats of violence will be entered into the Dignity Health Workplace Violence Reporting System (<http://SafetyReporting.DignityHealth.org>).
2. All employee injuries resulting from workplace violence will be entered in the Juris Workers' Compensation claims administration system.
3. All actual or perceived threats of violence will be entered on the violent incident log (Log) about every incident, post-incident response, and workplace violence injury investigation (Addendum F).

- a. Information about each incident will be based on information solicited from the employees who experienced the workplace violence.
 - b. Omit any element of personal identifying information sufficient to allow identification of the person involved in the violent incident, such as the person's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the person's identity.
4. The Log shall be reviewed during the annual review of the Workplace Violence Prevention Plan.
 5. Evidence of annual education will be maintained for a minimum of one year.
 6. Copies of Safety/Security reports will be provided to law enforcement as requested.
 7. Records of violent incidents, including but not limited to, violent incident logs and workplace violence injury investigations shall be maintained for a minimum of five years.
 - a. In California only, all records shall be made available to the Division of Occupational Safety and Health of the Department of Industrial Relations, Division Chief on request, for examination and copying.
 - b. All records shall be made available to employees and their representatives, on request, for examination and copying.

E. Administrative Oversight

1. The oversight team shall annually assess and improve upon factors that may contribute to, or help prevent workplace violence, including, but not limited to, the following:
 - a. Security risk assessment to identify locations and situations where violent incidents are more likely to occur (Addendum G).
 - b. Review and evaluate workplace violence incidents which result in a serious injury or fatality.
 - c. Staffing, including staffing patterns and patient classification systems that contribute to, or are insufficient to address, the risk of violence.
 - d. Sufficiency of security systems, including alarms, emergency response, and security personnel availability.
 - e. Job design, equipment, and Facilities.
 - f. Security risks associated with specific units, areas of the facility with:
 - uncontrolled access
 - late-night or early morning shifts
 - employee security in areas surrounding the facility such as employee parking areas, poor illumination or blocked visibility, lack of physical barriers or

- effective escape routes
 - obstacles and impediments to accessing alarm systems and/or where alarm systems are not operational
 - presence of furnishings or any objects that could be used as weapons
 - storage of high-value items, currency, or pharmaceuticals
- g. Update The Plan whenever necessary as follows:
- Review and respond to information indicating that the Plan is deficient in any area.
 - To reflect new or modified tasks and procedures which may affect how the Plan is implemented (i.e. changes in staffing, engineering controls, construction, modification of the facility, evacuation procedures, alarm systems and emergency response)
 - Include newly recognized workplace violence hazards
2. Consult (individually, in groups or in committee) with affected employees, recognized collective bargaining agents (if applicable) in the development/revision of the workplace prevention plan as appropriate.
3. The oversight team members may include, but not be limited to:
- Chief Nurse Executive Officer (CNEO)/Manager/Supervisor/Administrative Nursing Supervisor (ANS)
 - Management, Safety & Security
 - Representative, Employee Health Services
 - Representative, Patient Safety (or designee)
 - Representative, Human Resources
 - Representative, Workers' Compensation
 - Representative, Labor Employee Representative(s) (if applicable)
 - Operational Administration/Management, Outpatient Care Environments
4. Regularly distribute these workplace violence reports/summaries throughout the organization, including to the Quality Committee and up to the executive and governance levels.
- F. Education and Training – training will be provided to employees that address the workplace violence risks they are reasonably anticipated to encounter in their jobs. “Tier Assignment Criteria” defines specific minimum criteria for determining which job titles and classifications are subject to the requirements of Tier 1, Tier 2, and Tier 3 Workplace Violence Training (Addendum I):
1. Tier 1 – All Employees
All employees, including temporary employees and security will receive awareness training on workplace violence when newly hired and before reporting to their work location. [Note: Dignity Health volunteers will be required to complete a form of awareness training similar to Tier 1 content, as appropriate for their volunteer role.
 2. Tier 2 – Primary Bedside Care-Givers
Certain employees performing patient contact activities (defined as providing a patient with treatment, observation, comfort, direct assistance, bedside evaluation, office

evaluations, and any other action that involves or allows direct physical contact with the patient) after completing Tier 1 training will complete Tier 2 self-defense training when newly hired and before reporting to their work location.

3. Tier 3 – High Risk Areas

Employees performing patient contact activities in areas that respond to alarms or other notifications of violent incidents or whose assignments involve confronting or controlling persons exhibiting aggressive or violent behavior defined by the organization as high risk, after completing Tier 1 & Tier 2 training, will complete Tier 3 defensive control tactics training when newly hired and before reporting to their work location.

At a minimum, defined high-risk areas at Dignity Health include:

- a. Emergency Departments
- b. Behavioral Health Units
- c. Security Departments
- d. Code Gray Response Team Personnel

4. The education and training shall cover topics that include, but are not limited to, the following:

- a. How to recognize potential for violence, factors contributing to the escalation of violence and how to counteract them, and when and how to seek assistance to prevent or respond to violence.
- b. Strategies to avoid physical harm.
- c. How to recognize and respond to alert, alarms, or other warnings about emergency conditions (i.e. active shooter-Run, Hide, Fight), and how to use identified escape routes or locations for sheltering, as applicable.
- d. How to communicate concerns about workplace violence without fear of reprisal.
- e. How to report violent threats to law enforcement.
- f. Any resources available to employees for coping with incidents and situations involving violence or the risk of violence.
- g. An opportunity for interactive questions and answers with a person knowledgeable about the workplace violence prevention plan.
- h. Training not given in person shall provide for interactive questions to be answered within one business day by a person knowledgeable about the workplace prevention plan.
- i. The role of private security personnel, if applicable.
- j. Employees assigned to respond to alarms or other notifications of violent incidents receive additional training:
 - i. Verbal intervention and de-escalation techniques and physical maneuvers to defuse and prevent violent behavior.
 - ii. Appropriate and inappropriate use of restraining techniques in accordance with Title 22.

- iii. Appropriate and inappropriate use of medications as chemical restraints in accordance with Title 22.
 - iv. An opportunity to practice the maneuvers and techniques with other employees, including debriefing of the meeting and problems found to be corrected.
5. All training must be documented and maintained in the employee's education training file for a minimum of one year.
 6. Employees performing patient contact activities and those employees' supervisors shall be provided refresher training at least annually, applicable to those employees, to review topics included in the initial training as well as the results of the annual workplace violence prevention plan effectiveness reviews.

G. Notification to Law Enforcement and Regulatory Agencies

1. Applicable notifications will be made to: law enforcement, California Division of Occupational Safety and Health of the Department of Industrial Relations, California Department of Public Health and/or The Joint Commission by the Quality/Patient Safety (or designee) Management Department in conjunction with Security (Addendum H).

DEFINITIONS:

Assault: Assault is an unlawful attempt, coupled with a present ability, to commit a violent injury on the person of another.

Battery: Battery is any willful and unlawful use of force or violence upon the person of another.

Injury: A fatality or an injury that requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement.

Urgent or emergent threat to the welfare, health, or safety of hospital personnel: Hospital personnel are exposed to a realistic possibility of death or serious physical harm.

Coercion: The practice of persuading someone to do something by using force or threats.

Intimidation: To frighten or threaten someone, usually in order to persuade the person to do something he or she does not want to do.

Harassment: The act of systematic and/or continued unwanted and annoying actions of one party or a group, including threats and demands.

Patient Contact: Providing a patient with treatment, observation, comfort, direct assistance, bedside evaluations, office evaluations, and any other action that involves or allows direct physical contact with the patient.

Threats or Acts of Violence: "Threat of violence" means a statement or conduct that causes a person to fear for his or her safety because there is a reasonable possibility the person might be physically injured, and that serves no legitimate purpose.

Workplace Violence: "Workplace violence" means any act of violence or threat of violence that occurs at the work site. The term workplace violence shall not include lawful acts of self-defense or defense of others. Workplace violence includes the following:

- A. The threat or use of physical force against an employee or other person at the Facility that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee or person sustains an injury;
- B. An incident involving the threat or use of a firearm or dangerous weapon, including the use of common objects as weapons, regardless of whether the employee or other person sustains an injury;
- C. Four workplace violence types (Defined by the California Department of Public Health, Division of Occupational Safety and Health of the Department of Industrial Relations):
 1. "Type 1 violence" means workplace violence committed by a person who has no legitimate business at the work site, and includes violent acts by anyone who enters the workplace with the intent to commit a crime.
 2. "Type 2 violence" means workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors or other individuals accompanying a patient.
 3. "Type 3 violence" means workplace violence against an employee by a present or former employee, supervisor, or manager.
 4. "Type 4 violence" means workplace violence committed in the workplace by someone who does not work there, but has or is known to have had a personal relationship with an employee.

For examples of conduct that may be considered "threats or acts of violence" refer to (Addendum B).

REFERENCES:

List of other policies, agencies, etc.

STATUTORY/REGULATORY AUTHORITIES:

- California Health and Safety Code Sections 1250 and 1257
- California Penal Code Sections 240 and 242
- Labor Code Section 6401.8, Occupational Safety and Health
- The Joint Commission Sentinel Event Alert, Issue 45, June 3, 2010, Preventing Violence in the health care setting
- California Department of Public Health (CDPH) Adverse/Reportable Events
- Division of Occupational Safety and Health of the Department of Industrial Relations

Addendum A

Dignity Health Workplace and Violence Prevention Plan

Dignity Health Facilities are committed to providing a work environment that is safe, secure and free from violence for our patients, visitors, vendors, staff, volunteers, physicians and contract employees.

The following workplace violence prevention plan (Plan) has been adopted to protect health care workers and other facility personnel from aggressive and violent behavior.

- A. Persons responsible for implementing the Plan:
 - 1. Dignity Health Safety & Security Department is responsible for system-wide oversight of the Plan.
 - 2. Facility implementation and oversight includes but not be limited to:
 - a. Chief Nurse Executive Officer (CNEO) or designee (Manager, Supervisor, Administrative Nursing Supervisor (ANS)
 - b. Management, Safety & Security
 - c. Representative, Employee Health Services
 - d. Representative, Human Resources
 - e. Representative, Workers' Compensation
 - f. Representative, Patient Safety (or designee)
 - g. Representative, Labor Employee Representative(s) (If applicable)
 - h. Operational Administration/Management, Outpatient Care Environments
- B. Involvement of employees and their representatives in developing, implementing, and reviewing the Plan with management and in developing training curricula and training materials, participating in training sessions, and reviewing and revising the training program:
 - 1. Representative, Dignity Health Corporate Employee Relations review of Plan with Collective Bargaining units (SEIU 250, CNA, ESC, Local 39, Teamsters)
 - 2. Includes participation in system-wide and/or facility workplace violence activities to:
 - a. Identify, evaluate and correct workplace violence hazards
 - b. Design and implement training, reporting and investigating workplace incidents
 - 3. Employees of other employers whose employees work in the facility will be provided information to understand their respective roles and be informed that incidents involving those employees are to be reported, investigated and recorded.
- C. A Dignity Health Workplace Violence policy has been adopted that includes:
 - 1. Obtaining assistance from the appropriate law enforcement agency during all work shifts and prohibiting the facility from disallowing an employee from, or taking punitive or retaliatory action against an employee for, seeking assistance and intervention from local emergency services or law enforcement when they perceive that a violent incident has or will occur.

2. Procedures for employees to communicate workplace violence concerns:
 - a. Immediately notify security; management/house supervisor.
 - b. A “WPV” icon is available to all Dignity Health PC units and kiosks for employees to use to easily access the Dignity Health Workplace Violence Incident Reporting System at any time.
 - c. All actual or perceived threats of violence will be entered into the “employee statement section” of the Dignity Health Workplace Violence Reporting System (<http://SafetyReporting.DignityHealth.org>).
 - d. For an injury, an Injury Report Form is filled out in detail by management and the employee and routed to Employee Health Nurse, Workers’ Compensation Coordinator and/or Occupational Health department within 24 hours of incident.
3. Training required:
 - a. Tier 1 – All personnel
 - b. Tier 2 – All primary bedside care-givers
 - c. Tier 3 – Personnel in defined high-risk settings
4. Assessment procedures to identify and evaluate security risk factors for workplace violence:
 - a. Security Program Assessment conducted annually by the security department.
5. Assessment procedures to identify and evaluate patient-specific risk factors and assess visitors in situations where disruptive/threatening behaviors occur:
 - a. Hospital staff will initiate an “Assaultive Behavior” form in the electronic health record for patients who have been reviewed for and identified as having a history of violence and/or display disruptive/assaultive behavior in the hospital.
 - b. Initiation of the form will create a discern alert “History of Security Risk (HSR) for all chart access.
 - c. When the patient is no longer considered a threat, the Social Worker will turn off the discern alert.
 - d. Nursing personnel will utilize a history of violent behavior alert indicator that is visible to any individual having contact with the patient on the patient’s door.
6. Procedures to respond to and correct workplace violence hazards in a timely manner:
 - a. Examination of the workplace by security and management for security risk factors associated with the incident to protect employees from imminent hazards immediately, and implement interim and permanent control modifications to abate the hazard.
7. Procedures for post-incident response and investigation:
 - a. An on-line Violent Incident Debriefing Form will be completed by the Nursing Leader on duty at the time of the incident located at: <http://SafetyReporting.DignityHealth.org>.

- b. The debrief will include all health care providers and personnel involved immediately following an violent incident involving patients, visitors, vendors and/or healthcare workers.
8. Procedure to record information in a violent incident log (Log) about every incident, post-incident response, and workplace violence injury investigation.
 - a. All actual or perceived threats of violence will be entered into the Dignity Health Workplace Violence Reporting System (<http://SafetyReporting.DignityHealth.org>)
 - i. Employee Section
 - ii. Security Officer Section
 - iii. Department Manager Section
9. An annual facility review of the workplace violence prevention plan.
10. Reporting requirements to:
 - a. Law Enforcement - (Security)
 - b. Regulatory Agencies
 - i. Division of Occupational Safety and Health Department of Industrial Relations - (Designated facility representative – Patient Safety (or designee))
 - ii. State Specific Agencies
 - California Department of Public Health (CDPH) - (Quality/Patient Safety (or designee))
 - iii. The Joint Commission (if applicable) - (Quality/Patient Safety or designee)
11. Keep records of workplace violence hazard identification, evaluation, and correction and training records of persons attending training sessions (CLC).

Addendum B

Specific examples of conduct that may be considered prohibited “threats or acts of violence” include but are not limited to:

- Physical assault: biting, choking, grabbing, hair pulling, kicking, punching/slapping, pushing/pulling, scratching, spitting at/on, permitting or initiating an animal attack, shooting, stabbing, striking.
- Sexual assault: rape/attempted rape, unwanted physical sexual conduct, and physical display.
- Physical contact with another person without explicit consent.
- Threatening to harm an individual or his/her family, friends, associates, or property.
- Violation of a restraining order.
- The intentional destruction or threat of destruction of property owned, operated, or controlled by Dignity Health.
- Willful misuse of equipment.
- Verbal assault placing a victim in a reasonable fear of imminent harmful or offensive contact including: threatening communications made in person or through electronic media.
- Intimidation or coercion of a Dignity Health employee to do wrongful acts, as defined by applicable law, administrative rule, policy, or work rules that would adversely affect the business interests of Dignity Health.
- Willful, malicious and/or repeated instances of personally or electronically tracking or physically following of another person, also known as “stalking”, or making a credible threat with intent to place that person in a reasonable fear for their safety.
- Unauthorized possession or inappropriate use of firearms, weapons, or any other dangerous devices on the hospital property: gun, knife, furniture/furnishings (e.g., lamp), medical equipment, other weapon.

Addendum C

Discern Alert – History of Security Risk (HSR)

To establish a system in the hospital setting to identify patient specific risk factors such as the prior use of drugs or alcohol, psychiatric condition or diagnosis, any condition or disease that would cause confusion or disorientation, have a history of violence and/or who display disruptive/assaultive behavior which may increase the likelihood or severity of a workplace violence incident.

Hospital staff will initiate an “Assaultive Behavior” form in the electronic health record for patients who have been reviewed for and identified as having a history of violence and/or who display disruptive/assaultive behavior in the hospital.

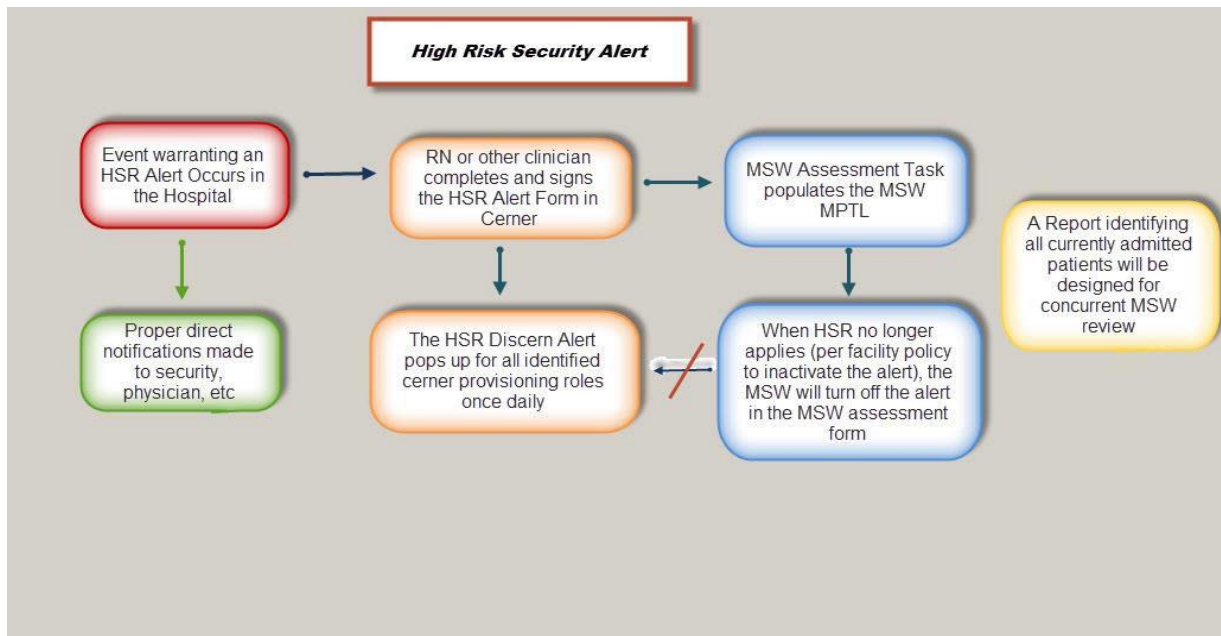
Initiation of the form will create a discern alert “History of Security Risk (HSR)” for all chart access.

1. Criteria to classify a patient as a HSR are specific, objective and behavioral:
 - a. Injury to staff
 - b. Physically fighting, hitting or shoving an individual
 - c. Unauthorized possession of a weapon
 - d. Destruction of Dignity Health property
 - e. Threatening to harm own family members/friends
 - f. Threatening to harm staff
 - g. Making loud, threatening comments, phone calls

2. When a History of Security Risk (HSR) patient is identified upon presenting to ED or admission, staff should consider implementing the following interventions based on the behaviors exhibited:
 - a. Internal Emergency Code called
 - b. Security alerted
 - c. Acting Nursing Supervisor notified
 - d. Local law enforcement contacted
 - e. MD notified
 - f. Assigned security attendant/additional security
 - g. Patient placed in safer room
 - h. Staff initiated buddy system whenever appropriate
 - i. Safe distance maintained whenever appropriate
 - j. Soft voice and de-escalating mechanisms used

3. The patient will remain identified in the electronic health record as a HSR on all subsequent admissions to the hospital until it has been determined that the patient is no longer a threat.
 - a. A review of patients classified as an HSR will be reviewed monthly in collaboration with:
 - i. Social Worker
 - ii. Nursing
 - iii. Patient Safety (or designee)
 - i. Security and/or Safety Officer.

- b. Criteria to de-classify the patient as an HSR and remove the alert will be based upon:
 - i. Review documentation of the disruptive behavior exhibited
 - ii. Did the behavior meet the established criteria to initiate the alert
 - iii. Threat level of the disruptive behavior
 - iv. On-going behavior during the episode of care and/or hospitalization
 - c. When the patient is no longer considered a threat, the Social Worker will turn off the discern alert.
4. The HSR alert does not print out on the patient's electronic health record.
- a. HSR identification will not be disclosed to non-Dignity Health entities or persons without valid authorization and adherence to the hospitals procedure for obtaining written Authorization for Use and Disclosure of protected health information (PHI).



Addendum D
Violent Behavior Alert Indicator

This is the Dignity Health history of violent behavior indicator that is utilized by the facility to alert any individual having contact with the patient (i.e. door sign; board magnet; sticker).



Addendum E

Violent Incident Debriefing Form (screenshot)

Located at: <http://SafetyReporting.DignityHealth.org>

Background Information

Form Completed By: Date Completed: Management Notified By: Date Notified: Date Occurred: Time:

Location of Incident: Name of Violent Individual: Age: Sex: Cognitive Status?: Type of Individual:

History of Violent Behavior?

Violent individual's **ACTIVITY** prior to the incident:

Violent individual's **BEHAVIOR** prior to the incident:

Incident Review

How was Security/Response Group notified?

Who did Security/Response Group communicate with upon arrival to the unit?

What intervention was utilized?

What information was communicated to Security/Response Group upon arrival?

Did everyone understand his or her role in the response?

Response Assessment

Did **clinical** personnel assist with the containment of the individual?

Did **security** personnel assist with the containment of the individual?

Were restraints applied?

Did security personnel assist with the application of the restraints?

Were there any problems in the execution of the response / containment?

Was the local Law Enforcement contacted?

What went well?

What did not go well?

What could be done differently in the future?

Process Implementation

Nursing Supervisor Notified? Employee Health Services Notified?

Behavior Contract reviewed and signed? Nursing Director Notified?

History of violent behavior alert indicator implemented? Assaultive Behavior form initiated to create the "History of Security Risk (HSR)" discern alert in the EMR?

Health Care Providers & Personnel (HCP) Involved

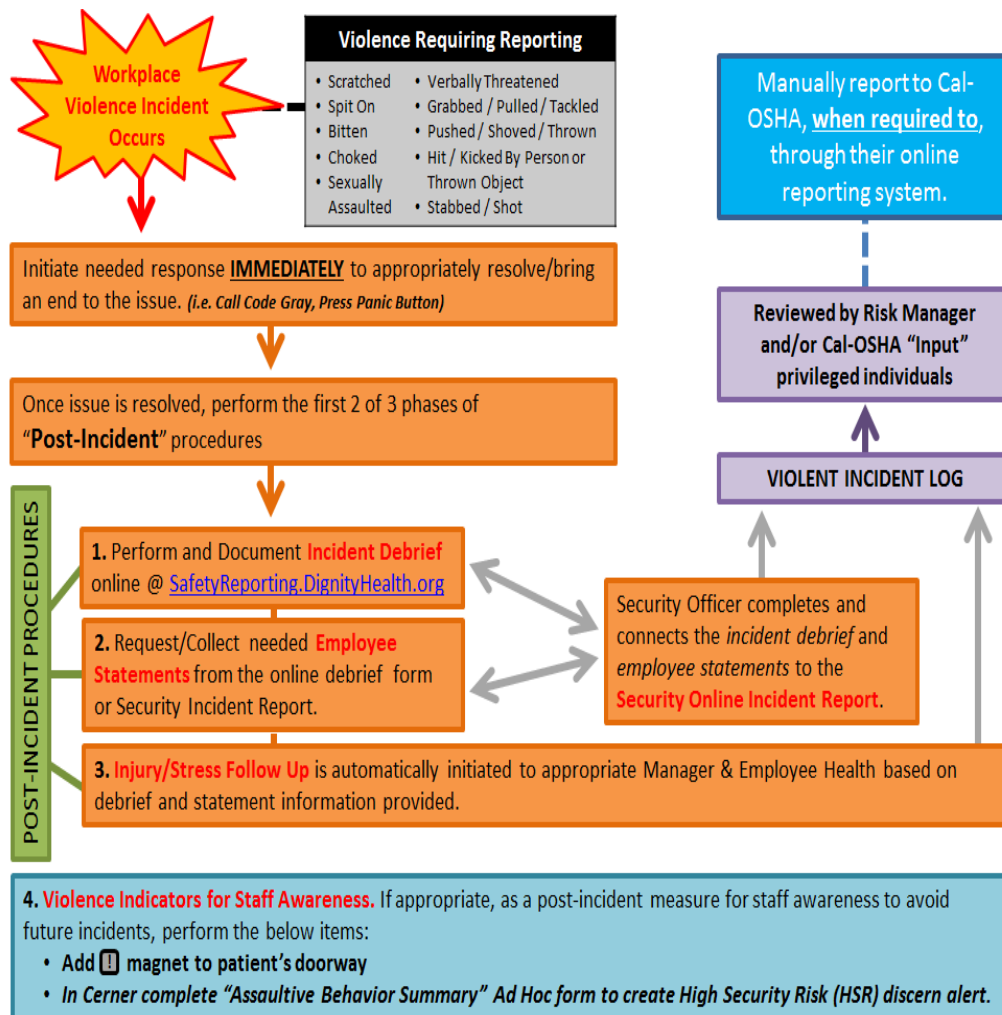
	NAME(S):	EMPLOYEE or CONTRACTOR?	JOB TITLE	INJURED?		
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Add Statement	Request Statement
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Add Statement	Request Statement
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Add Statement	Request Statement
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Add Statement	Request Statement

Addendum F Violent Injury Log

All actual or perceived threats of violence will be entered on the violent injury log (Log) about every incident, post-incident response, and workplace violence injury investigation.

1. Employee Section – Detailed description of the incident, classification of who committed the violence and classification of circumstances at the time of the incident.
2. Security Officer Section – Date, time, specific classification, location and department of where the incident occurred, type of incident and information about the security officer completing the log (name, job title, phone number, e-mail address, and date completed).
3. Department Manager Section – Consequences of the incident.

Log located at: <http://SecurityReporting.DignityHealth.org>



Addendum G

HOSPITAL NAME

SECURITY PROGRAM ASSESSMENT PACKET

A	Hospital Data
B	Human Resources
C	Visitors
D	Storage of High Value Items, Currency or Pharmaceuticals
E	Community-Based Risk Factors
F	Security Program
G	Records and Reports
H	Officer Training
I	Security Communications
J	Physical Security
K	Electronic Security
L	Security Sensitive Areas (SSA's)
M	Terrorism Prevention
N	Crime Statistics
O	Security Related Policy and Procedures
NOTE:	A Security Program Assessment should be reviewed annually. A partial Security Program Assessment should be conducted when construction alters a facility and its interior and or exterior security features.

Please complete this assessment electronically. Do not leave blank areas and expand upon explanations within the assessment.

Addendum H

Notifications to Law Enforcement/Regulatory Agencies

Notifications to Law Enforcement:

1. Security shall report assault or battery that results in injury or involves the use of a firearm or other dangerous weapon against on-duty hospital personnel to law enforcement immediately (not to exceed 72 hours) of the event.
2. Depending on the level of the injury, or the dangerous nature of the aggressor, law enforcement should be called to cite the aggressor or take the aggressor into custody.

Notification to Regulatory Agencies

1. **California General Acute Care Hospitals only** (does not apply to Arizona or Nevada)
 - a. A designated hospital representative (Officer) - Patient Safety (or designee) shall report to the Division of Occupational Safety and Health of the Department of Industrial Relations any incident involving either of the following:
 - i. The use of physical force against an employee by a patient or person accompanying a patient that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury;
 - ii. An incident involving the use of a firearm or other dangerous weapon, regardless of whether the employee sustains an injury.
 - iii. Any injury that results in:
 - Death,
 - Days away from work
 - Restricted work or transfer to another job
 - Medical treatment beyond first aid
 - Loss of consciousness, or
 - Significant injury or illness diagnosed by a physician or other licensed health care professional
 - iv. The report shall be made within 24 hours, after the employer knows or with diligent inquiry would have known of the incident, if the incident resulted in injury, involves the use of a firearm or other dangerous weapon, or presents an urgent or emergent threat to the welfare, health, or safety of hospital personnel. Other reports shall be made within 72 hours.
 - v. Provide supplemental information to the Division of Occupational Safety and Health of the Department of Industrial Relations regarding the incident within 24 hours of any request.
 - b. California Department of Public Health (CDPH)
 - i. The Quality/Patient Safety (or designee) Department will report to the CDPH any sexual assault on a patient within or on the grounds of the health facility and/or the death or significant injury of a patient or staff member resulting from a physical

assault that occurs within or on the grounds of the facility.

2. The Joint Commission

- a. The hospital will conduct an Root Cause Analysis (RCA) for any sexual abuse, assault (including rape) of any patient/resident/individual receiving care, treatment or services and/or rape, assault (leading to death or permanent loss of function) or homicide of a staff member, licensed independent practitioner, visitor, or vendor while on-site at the health care organization.

Addendum “I”

Workplace Violence Prevention Education – Tier Assignment Criteria

The following table is intended to aid policy interpretation by providing specific minimum criteria for determining which job titles and classifications are subject to the requirements of Tier 1, Tier 2, and Tier 3 Workplace Violence Prevention training, which must be fully-completed BEFORE initially reporting to their assigned unit or work location for the first time. Certain job classifications will require annual refresher training, as prescribed by regulation and Dignity Health policy.

Content	Dignity Health Application	Cal-OSHA Title 8, Section 3342 – Reference Standard
<p><u>Tier 1</u></p> <p>2.0 hours online or in-person</p>	<p><u>ALL PERSONNEL, to Include:</u></p> <ul style="list-style-type: none"> • All employees at all sites • All contracted “travelers” • All registry “temps” • Most contractors working regularly at Dignity Health sites, in coordination with the company that is their actual “employer.” <p><i>Note: Cal-OSHA has said that “patient contact” means physical proximity, not touching. Therefore, admitting clerks, patient financial services, staff, environmental services staff, dietary workers, and other personnel who do not touch patients may still be considered to have patient contact.</i></p>	<p>(f)(1) Training:</p> <ul style="list-style-type: none"> • All employees working in the facility, unit, service, or operation shall be provided initial training as described in subsection (f) (l) (A) when the Plan is first established and when an employee is newly hired or newly assigned to perform duties for which the training required in this subsection was not previously provided, and shall also be provided additional training as described in subsection (f) (l) (B). • “Patient contact” means providing a patient with treatment, observation, comfort, direct assistance, bedside evaluations, office evaluations, and any other action that involves or allows direct physical contact with the patient.
<p><u>Tier 2</u></p> <p>0.5 hours online or in-person -plus- 2 hours in-person</p>	<p><u>ALL PRIMARY BEDSIDE CARE-GIVERS, (employees) to include:</u></p> <ul style="list-style-type: none"> • All RN’s, LVN’s, CNA’s & Sitters with Patient Contact • Home Health employees • Mobile Clinic employees <p><u>ALL EMPLOYED PROVIDERS: Physicians, Mid-Levels (i.e., Licensed Independent Practitioners)</u></p>	<p>(b) Definitions:</p> <ul style="list-style-type: none"> • “Patient contact” means providing a patient with treatment, observation, comfort, direct assistance, bedside evaluations, office evaluations, and any other action that involves or allows direct physical contact with the patient. <p>(f)(3) Training:</p> <ul style="list-style-type: none"> • Employees assigned to respond to alarms or other notifications of violent incidents or whose assignments involve confronting or controlling persons exhibiting aggressive or violent behavior shall be provided training on the following topics prior to initial assignment and at least annually thereafter. This is in addition to the training required in subsection (f) (l). This additional training shall include: <ul style="list-style-type: none"> (A) General and personal safety measures; (B) Aggression and violence predicting factors; (C) The assault cycle; (D) Characteristics of aggressive and violent patients and victims; (E) Verbal intervention and de-escalation techniques and physical maneuvers to defuse and prevent violent behavior;

Content	Dignity Health Application	Cal-OSHA Title 8, Section 3342 – Reference Standard
		(F) Strategies to prevent physical harm; (G) Appropriate and inappropriate use of restraining techniques in accordance with Title 22; (H) Appropriate and inappropriate use of medications as chemical restraints in accordance with Title 22; (I) An opportunity to practice the maneuvers and techniques included in the training with other employees they will work with, including a meeting to debrief the practice session. Problems found shall be corrected.
<p><u>Tier 3</u></p> <p>0.5 hours online or in-person -plus- 2 hours in-person</p>	<p><u>PERSONNEL in defined HIGH-RISK SETTINGS, to include:</u></p> <ul style="list-style-type: none"> • Personnel assigned to: <ul style="list-style-type: none"> ○ Emergency Departments ○ Behavioral Health Units ○ Security Departments ○ Code Gray Response Teams ○ Any other Units designated as high risk areas by the facility’s Environment of Care Committee. 	<p>(f)(3) Training:</p> <ul style="list-style-type: none"> • Employees assigned to respond to alarms or other notifications of violent incidents or whose assignments involve confronting or controlling persons exhibiting aggressive or violent behavior shall be provided training on the following topics prior to initial assignment and at least annually thereafter. This is in addition to the training required in subsection (f) (I). This additional training shall include: <ul style="list-style-type: none"> (A) General and personal safety measures; (B) Aggression and violence predicting factors; (C) The assault cycle; (D) Characteristics of aggressive and violent patients and victims; (E) Verbal intervention and de-escalation techniques and physical maneuvers to defuse and prevent violent behavior; (F) Strategies to prevent physical harm; (G) Appropriate and inappropriate use of restraining techniques in accordance with Title 22; (H) Appropriate and inappropriate use of medications as chemical restraints in accordance with Title 22; (I) An opportunity to practice the maneuvers and techniques included in the training with other employees they will work with, including a meeting to debrief the practice session. Problems found shall be corrected.

Continued...