

DEPARTMENT: HUMAN RESOURCES – EMPLOYEE CONDUCT	POLICY DESCRIPTION: WORKPLACE VIOLENCE PREVENTION
APPROVED:	REVIEWED:
REPLACES: 6/98	REVISED:
ADOPTED:	PRIOR REFERENCE NUMBER: C-VI-10
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SCOPE: All persons involved in ARH's operations including but not limited to: employees, volunteers, contract employees, patients, and visitors.

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

DEFINITIONS:

Workplace Violence – Any intentional act that inflicts, attempts to inflict, or threatens to inflict bodily hurt on another person or that inflicts, attempts to inflict, or threatens to inflict damage to property, whether committed by an employee or by anyone else on ARH property.

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. Verbal harassment, disorderly conduct, making false statements, intimidation and coercion are all forms of workplace violence.

POLICY: Appalachian Regional Healthcare, Inc. (ARH) is committed to providing a safe and secure environment for its patients, visitors, and employees. ARH supports the philosophy that violence has no place in the workplace and that prevention of potential workplace violence is a responsibility shared by all employees. All employees are expected to meet ARH's standards of professionalism and demonstrate courtesy to patients, visitors, co-workers and members of the public. Each employee shares the responsibility for preventing

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possible workplace violence. ARH will not tolerate acts or threats of physical violence, including but not limited to coercion, intimidation, disorderly conduct, false statements, harassment, or damage or destruction of property that affect ARH or occur on ARH property.

PROCEDURE:

I. ARH Responsibility

It is the responsibility of ARH to maintain a safe work environment for employees, patients, and visitors. ARH management staff shall report all instances of violent behavior (including threats of violence) and shall take appropriate corrective action in response to violations of this policy.

II. Violations

- A. No employee may use physical force or threats of physical force against other employee's, patients, visitors or members of the public, where the object is to cause physical harm or to coerce or intimidate anyone. This policy applies whenever employees are on duty or whenever employees are on ARH premises or attending ARH sponsored-functions, whether they are on duty or off duty.
- B. It is not a violation of this policy for employees to use such physical force as may be reasonably necessary to protect themselves or others from harm. Employees may restrain patients in emergency situations in order to prevent harm to the patient or another person.
- C. Gun, knives and other dangerous weapons are prohibited on all ARH premises, including ARH provided parking areas and work sites, and at all functions sponsored by ARH. This policy applies to all employees, including those who hold license or permits to carry or possess concealed deadly weapons. *Reference Possession of Deadly Weapons Policy*
- D. Any employee who participates in an altercation on ARH premises or work sites or during an ARH sponsored function will be subject to disciplinary action up to and including termination. Employees who feel they are being provoked or harassed by co-workers should discuss the problem with their manager, local Human Resources

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Representative, Community Chief Regulatory Affairs Officer (CCRAO) or System Human Resources or designee.

III. Workplace Violence Plan

ARH facilities shall establish a Threat Assessment Team which is responsible for the overall implementation and maintenance of the hospital's Workplace Violence Prevention Plan.

ARH's Workplace Violence Plan shall:

1. Outline a comprehensive plan for maintaining security in the workplace.
2. Ensure that an employee who reports or experiences workplace violence will not face reprisals.
3. Encourage employees to promptly report incidents and suggest ways to reduce or eliminate risks.

A. Threat Assessment Team

The Threat Assessment Team is responsible for worksite analysis which involves a step-by-step assessment of the workplace to find existing or potential hazards that may lead to incidents of workplace violence. Cooperation between employees and management in identifying and assessing hazards is key to a successful Violence Prevention Program. The assessment should be made by a team that includes senior management, supervisors and employee input.

The Threat Assessment Team shall consist of Risk Management, Security, Emergency Management Director, Safety Officer, Human Resources and Community CEO or designee. The Threat Assessment Team shall conduct, on an annual basis, a step-by-step analysis of the workplace to find potential or existing hazards for workplace violence. The Threat Assessment Team shall conduct a risk assessment for all ARH property that is not in the control of a specific department. The Threat Assessment Team shall develop

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guidelines for facility risk assessments and shall consult with departments and employees as needed.

Information may be collected through: (1) records analysis; (2) job hazard site analysis; (3) employee surveys; and (4) patient/client surveys as needed.

B. Department Director

The department director or designee must conduct and maintain an assessment of the risk of workplace violence or other security risks that exist as a result of the nature of the working physical environment.

At the conclusion of the departmental risk assessment, the department director shall complete a written report and submit it to the Threat Assessment Team for review. The departmental risk assessment report may include recommendations, for which budgeted funds are available to alter the physical environment and make it more secure from the risk of violent acts, while at the same time maintaining an appropriate level of public access to the departments, employees, and facilities.

The departmental risk assessment must be approved by the Threat Assessment Team. The Threat Assessment Team may review and revise the report or return it to the department for further review.

Copies of the departmental risk assessment report shall be kept by the department director and by the Threat Assessment Team. It is the department director's responsibility to review the risk assessment and report annually, and at any time the department's physical environment changes, the nature of the work performed by the department changes, and at such other times as determined by the Threat Assessment Team.

IV. Reporting Requirements

A. Employee Responsibilities

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Employees shall immediately report any acts or threats of violence occurring on hospital premises to their supervisor, manager, Risk Manager or the Human Resources Department.

Employees who sustain an injury from an act of workplace violence must enter a report of injury in the electronic incident reporting system. *Reference Work Related Injuries*

All individuals who apply for or obtain a protective or restraining order, which lists ARH locations as being protected areas, must provide to the Human Resources department and the Community Chief Regulatory Affairs Officer, a copy of the petition and declarations used to seek the order, a copy of any temporary protective or restraining order which is granted, and a copy of any order which is made permanent.

B. Supervisor/Manager Responsibilities

Supervisors/managers shall immediately report any acts or threats of violence to the Threat Assessment Team, Security Department, their immediate supervisor, Risk Manager or the Human Resources Department.

Supervisors/Managers are additionally required to report the occurrences of each warning sign of violence they observe (i.e., verbal abuse, aggressive behavior, etc.).

Manager or designee must enter a safety event report into the electronic incident reporting system providing the details of the event. Furthermore, if an injury was sustained by an employee a report of injury should also be completed.

V. Investigation, Follow-up and Evaluation

Any employee who is assaulted or threatened with physical harm by a co-worker or any other person, and any employee who hears, observes, reads or otherwise becomes aware of such an assault or threat, whether such threat is direct or implied, is obligated by this policy to report the incident to his/her manager and/or the Community Chief Regulatory Affairs Officer (CCRAO or System Human Resources or designee. The

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employee is responsible for making this report regardless of the relationship between the individual who initiated the threat or threatening behavior and the person or persons who were threatened or were focus of the threatening behavior.

All threats of violence are considered serious matters and will be thoroughly investigated by the CCRAO, the Human Resources department and the office of Legal Affairs. To the extent possible, the confidentiality of an individual who reports a threat of violence will be maintained. ARH understands the sensitivity of the information requested and has developed confidentiality procedures, which recognize and respect the privacy of the reporting employee(s). An employee who fails to report such a threat may be subject to discipline under this policy.

Employees who engage in retaliation against an employee for reporting workplace violence, testifying, or participating in anyway in an investigation may be subject to disciplinary action, including possible termination of employment.

VI. Violation

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:

1. Hospital employees
2. Contract and temporary staff
3. Patients and visitors

VII. Record Keeping

Record keeping should be used to provide information or analysis, evaluation of methods of control, severity determinations, identifying training needs and overall program evaluations.

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Record keeping shall include entries on the OSHA Injury and Illness Log of incidents that must be reported. This may include the following types of injuries:

1. Loss of consciousness
2. Restriction of work or motions
3. Transfer to another job or termination of employment
4. Medical treatment beyond first aid

VIII. Safety and Health Training

The Threat Assessment 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.

Training should cover the policies and procedures for a facility as well as de-escalation and self-defense techniques. Both de-escalation and self-defense training should include a hands-on component. The following provides a list of possible topics:

1. The workplace violence prevention policy;
2. Policies and procedures for documenting patients' or clients' change in behavior;
3. Policies and procedures for reporting and recordkeeping;
4. Policies and procedures for obtaining medical care, trauma-informed care, counseling, workers' compensation or legal assistance after a workplace violence event;
5. The use and maintenance of safety devices such as alarm systems;
6. Risk factors, early recognition of escalating behavior, warning signs or situations that may lead to assaults;

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7. Ways to prevent or diffuse volatile situations or aggressive behavior, manage anger and appropriately use medications;
8. Location and use of safe rooms—areas where staff can find shelter from a violent incident;
9. Self-defense procedures where appropriate;
10. Progressive behavior control methods and when and how to apply restraints properly and safely when necessary;
11. Ways to protect oneself and coworkers, including use of the “buddy system”

Reference:

- A. ARH System Policy: Workplace Harassment
- B. ARH System Policy: Guidelines for Employee Conduct
- C. ARH System Policy: Possession of Deadly Weapons
- D. ARH System Policy: Progressive Discipline
- E. ARH System Policy: Work Related Injuries
- F. ARH System Policy : Active Shooter
- G. www.osha.gov *Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers*