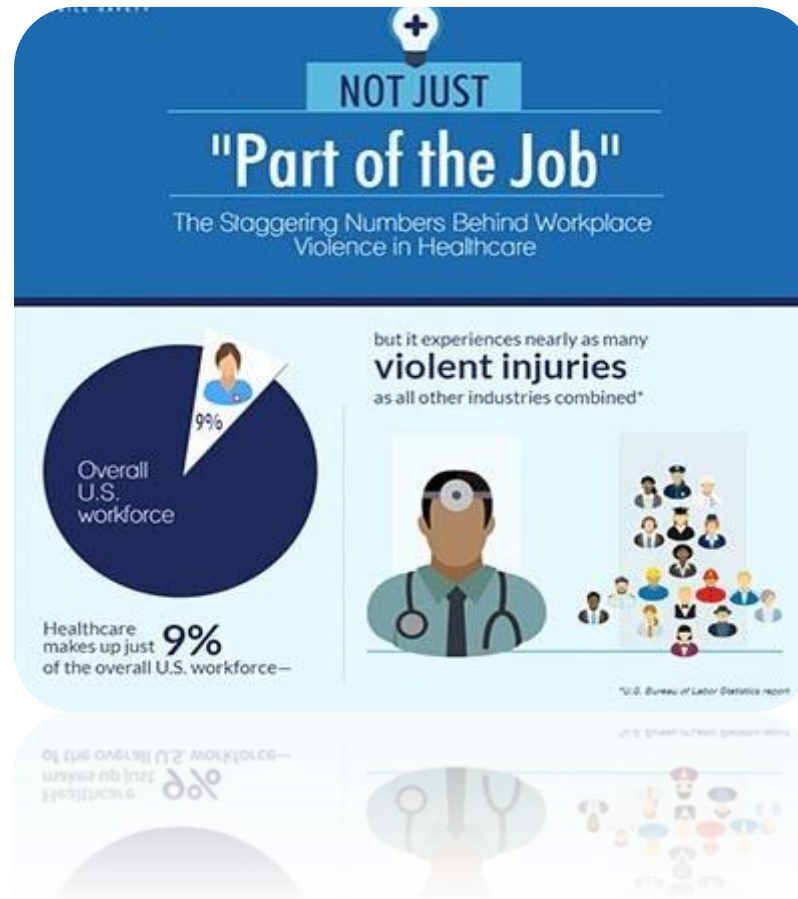


# OSHA TRAINING – SEPTEMBER



## WORKPLACE VIOLENCE PREVENTION PLAN

# WORKSITE ANALYSIS

The Worksite Hazard Assessment includes workplace violence. Our analysis indicates that our greatest hazard(s) include:

- Waiting times\_\_\_\_\_
- Billing/co-pays\_\_\_\_\_
- Drug seekers\_\_\_\_\_
- Other: \_\_\_\_\_



# Incident file



- Dismissing repeatedly unruly patients or workers
- Employee training
- Require all non-staff members to be escorted by staff members
- Staff nametags
- Escort or buddy system to parking areas
- Call security or the police

# Methods for Dealing with Potential Problems:

- Educate patients about their responsibilities for co-pays, arrival times, insurance coverage, compliance with prescription policies.
- Keep patients informed of wait times. Let them know you are aware that they are still there, give them an opportunity to reschedule.
- Stay calm. Take a time-out if needed, excusing yourself to "go check on this for you."
- Help the other person regain control by keeping outwardly calm and keeping your voice soft, your words and your body language neutral.
- Acknowledge that the patient is having a problem, but don't take ownership of the problem.

# Recordkeeping:

- The Worksite Hazard Analysis is kept in the OSHA Manual.
- Training records are maintained in personnel files or in the Training section of the manual. The Safety Coordinator will document incidents and will maintain the reports in an Incident File.
- The Incident File will be available to all employees as a means of informing them of potentially abusive patients. The Violence Incident Report Form follows.



# Appendix A: Violence Incident Report Forms

## *Confidential Incident Report*



Nature of *b*:

**Appendix A: Violence Incident Report Forms**  
*Confidential Incident Report*

To: Date of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Time of Incident \_\_\_\_\_

<input type="checkbox"/> Assaults or Violent Acts	<input type="checkbox"/> Preventative or Warning Report
<input type="checkbox"/> Bomb or Terrorist Type Threat	<input type="checkbox"/> Transportation Accident
<input type="checkbox"/> Contacts with Objects or Equipment	<input type="checkbox"/> Falls
<input type="checkbox"/> Exposures	<input type="checkbox"/> Fires or Explosions
<input type="checkbox"/> Other _____	<input type="checkbox"/> Legal Counsel Advised of Incident

Number of Persons Affected: \_\_\_\_\_  
*(For each person, complete a report; however, to the extent facts are duplicative, any person's report may incorporate another person's report.)*

Name of Affected Person(s): \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Supervisor Notified:  Yes  No  
 Regional Manager: \_\_\_\_\_ RM Notified: \_\_\_\_\_  
 Family Notified \_\_\_\_\_ Notified by: \_\_\_\_\_  
 Lost Work Time: \_\_\_\_\_ Anticipated Return to Work: \_\_\_\_\_  
 Third parties or non-employee involvement *(include contractor and lease employees, visitors, vendors, customers)*. \_\_\_\_\_

**Nature of the Incident**

Briefly describe: (1) event(s); (2) witnesses with addresses and status included; (3) location details; (4) equipment/weapon details; (5) weather; (6) other records of the incident (e.g., police report, recordings, videos); (7) the ability to observe and reliability of witnesses; (8) were the parties possibly impaired because of illness, injury, drugs or alcohol? (were tests taken to verify same?); (9) parties notified internally (employee relations, medical, legal, operations, etc.) and externally (police, fire, ambulance, EAP, family, etc.).

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Previous or Related Incidents of This Type: \_\_\_\_\_

Or by This Person:  Yes  No OSHA Log/Other OSHA Action Required:  Yes  No  
 Incident Response Team: \_\_\_\_\_

Team Leader: \_\_\_\_\_  
*Signature* *Date*

# POTENTIAL MAIL HAZARDS

- Handle all mail as little as possible, using a letter opener or method that minimizes movement.
- Do not blow into envelopes or packages, or shake or pour out the contents.
- Keep hands away from the nose and mouth, and wash hands after handling the mail.



# TERRORISM PREPAREDNESS PLAN

1. Close the office.
2. Bring everyone into a designated interior room.
3. Shut and lock the doors.
4. Provide for the safety of any patients, clients or visitors in the building, asking them not to leave until more is known about what to do.



# EMERGENCY SUPPLY KITS

## *Supplies for at least three days*



1. Water - At least one gallon of water per person per day.
2. Food - Non-perishables, such as protein or fruit bars, dry cereal or granola, dried fruit, nuts, canned foods and juices, peanut butter, crackers.
3. A manual can opener, cups, and eating utensils.
4. Clean air - N-95 facemasks, or any densely woven cotton material such as linens or towels may be improvised for masks.
5. Heavy weight garbage bags or plastic sheeting, duct tape and scissors can be used to tape up windows, doors, and air vents.
6. Flashlights, a battery powered radio, extra batteries, a first aid kit, utility knife, local map, toilet paper, feminine hygiene products, diapers, soap, garbage bags, and other sanitation supplies.
7. Extra cash on hand and proper identification.
8. Warmth - In cold weather, have extra blankets available;
9. Special Items - "Emergency drug kit", and a deck of cards, books and crossword puzzles may help keep things calm.

# COMMUNICATIONS PLAN



- Allow your staff and patients to contact their emergency contact to let them know where they are and that they are safe.
- **Have a hard-wired telephone in the safe rooms** to contact emergency contacts and be available in the event that you need to report a life-threatening condition. Cellular telephone equipment may be overwhelmed or damaged during an emergency.
- Employees who travel out of the office as part of their job should establish an emergency contact outside the practice who can be reached, preferably by long distance, as local lines may be down or overwhelmed. The employer can then check with that contact as to who has checked in, where they are, and if they are safe.

# SELECTING A SHELTER-IN-PLACE

**If hazardous materials have been released into the atmosphere, the emergency authorities may instruct you to go to a "shelter-in-place." This is a precaution aimed to keep you safe while remaining indoors.**

1. Select a small, interior room above the ground floor with no (or the fewest) vents and windows. It does not mean sealing off your entire office.
2. The room(s) should have adequate space for everyone to be able to sit.
3. Avoid overcrowding by selecting several rooms, if necessary.
4. Examples such as large storage closets, utility rooms, pantries, copy or conference rooms without exterior windows will work well.
5. It is ideal that the room(s) selected has a hard-wired telephone to be used for communications, as cellular phone connections may be overwhelmed or disabled during the emergency.
6. Use the duct tape and plastic sheeting in your emergency kit to seal all the cracks around the door(s) and any vents into the rooms.

# SPECIFIC TERRORIST THREATS

**Biological Threat:** A biological threat is a deliberate release of a biological substance that may make you sick if it is inhaled, enters a cut in the skin, or is ingested. Some examples are anthrax and smallpox.




# SPECIFIC TERRORIST THREATS

## Chemical Threat:

- A chemical threat is the deliberate release of a solid, liquid or gas into the environment that is toxic to humans and perhaps to animals. Signs of a possible chemical attack include people suffering from watery eyes, twitching, choking, or having trouble breathing.
- Noticing a number of sick or dead birds, fish, or small animals in our outside the suite may cause suspicion. Take immediate action and get away from the affected area.



# GUIDELINES FOR HANDLING VIOLENCE IN THE WORKPLACE

COPING WITH THREATS AND VIOLENCE	
<b>An ounce of prevention: Recognize the warning signs, Report to employer:</b>	
Direct or veiled threats of harm from patient or staff	
Intimidating, belligerent, bullying, threatening, disruptive or aggressive behavior	
Numerous conflicts with supervisors and/or other employees	
Bringing a weapon to work, making inappropriate references to guns, a fascination with weapons	
Statements indicating desperation or a threat	
Drug and alcohol abuse	
— Aggressive complaints from patients or family about care, denial of care, bills, etc. or verbal abuse	
<b>1. For an angry or hostile co-worker or patient</b>	
Stay calm. Listen attentively	
Maintain eye contact	
Be courteous. Be patient.	
Keep the situation in your control	
<i>Summarize and repeat concerns for clarification</i>	
<i>"Let me make sure I understand ... "</i>	
<b>2. For a person shouting, swearing, and threatening:</b>	
Signal a co-worker you need help	
Do not make calls yourself	
Have someone else make a call to security or police if needed	
— Work to prevent escalation - be calm and attentive	
<b>3. For a person threatening with a weapon or physical harm</b>	
Stay calm and signal for help	
Maintain eye contact	
Stall for time - keep talking but follow instructions from the person who has the weapon	
Don't risk harm to yourself or others - Do not try to grab the weapon	
— Watch for a safe chance to escape - others should have already left if safe	
<b>4. Telephone Threats</b>	
Keep calm and keep talking. Don't hang up	
Signal a co-worker to get on an extension	
Ask the caller to repeat the message and write it down	
Repeat questions if necessary	
If it is a bomb threat ask where is the bomb and when it will go off	
Listen for background noises and write down a description	
Write down whether it is a man or a woman; pitch of voice, accent, etc.	
Co-worker should contact police immediately	
Get the manager	
<b>5. Electronic Threats (Fax, text, email, etc.)</b>	
Maintain a copy of the document	
Does fax maintain a list of incoming phone numbers? Get most recent numbers	
Get Supervisor	
Assess and report to authorities if appropriate	