



## WORKPLACE VIOLENCE PREVENTION PLAN

### INTRODUCTION

Workplace violence is defined by the National Institute for Occupational Safety and Health (NIOSH) as "violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty." This includes terrorism, as experienced with the Oklahoma City bombings and September 11, 2001.

### PROBLEM

The Bureau of Labor Statistics (BLS) reported that healthcare workers reported 69 homicides between 1996 and 2000. The BLS also reported that 48% of all non-fatal injuries from occupational assaults and violent acts occurred in healthcare and social services, mostly in hospitals, nursing homes, personal care facilities, and residential care services. Outpatient settings are affected to a lesser extent, but employers must evaluate the potential in their own facility.

### RISK FACTORS

Several factors contribute to the potential for workplace violence in healthcare and social services. In our practice, these factors include:

- The prevalence of weapons among individuals who may enter the healthcare facility
- The availability of cash and drugs
- Unrestricted access to the public
- Long waits that cause frustration
- Increasing presence of gangs, drug or alcohol abusers, and disturbed individuals
- Working in isolated areas and remote locations and/or Poor lighting in parking areas

### COMMITMENT OF MANAGEMENT

This practice is committed to protecting employees from potential workplace violence to the extent possible. We will not tolerate any violence or threats of violence by or against anyone associated with this practice, whether employee, patient, family member, or business associate. The appointed Safety Coordinator is responsible for conducting periodic hazard analyses, for maintaining and updating the written program, for ensuring employee awareness, and for documenting any incidents. Employees are encouraged to report to the Safety Coordinator or any member of management any situations that may result in assault, suggestions for incident prevention, and any actual incidents they have experienced, even if they did not result in injury. The practice will provide first aid, medical treatment, and/or counseling for any employee who is harmed while performing their job. There will be no reprisals against any employees who report problems.

### 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: \_\_\_\_\_

## HAZARD PREVENTION AND CONTROLS

### Engineering Controls selected for use in this practice:

- Silent alarm (panic button) that alerts authorities
- Closed-circuit video recording
- Guards
- Locked or monitored back door
- Improved lighting

### Administrative and work practice controls implemented in this workplace:

Maintain comfortable, clean waiting area

Communicating zero tolerance plan to patients and employees

### 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.
- If the wait is expected to be extended, 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.
- Keep your voice, your words, and your body language neutral.
- Acknowledge that the other patient is having a problem, but don't take ownership of the problem.
- Don't give others the power over you to make you angry. Only you should control your emotions.

### Training:

Training will be provided for all employees upon hire and every 12 months. It will include problem awareness, employee rights and responsibilities, potential triggers, appropriate responses, de-escalation techniques, and incident reporting.

### Reporting:

All employees are encouraged to report any potential triggers for workplace violence and any incidents that were observed or experienced. There will be no reprisals against these workers.

### 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 assist with documenting 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.

The following management signature documents the commitment of this practice to this Workplace Violence Prevention Plan.

Practice Manager \_\_\_\_\_

Date \_\_\_\_\_



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.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*



**Appendix B**  
**Violence or Potential Violence Incident Report Forms**

**A reportable violent incident should be defined as any threatening remark or overt act of physical violence against a person(s) or property whether reported or observed.**

1. Date: \_\_\_\_\_ 2. Day of Week: \_\_\_\_\_ 3. Time: \_\_\_\_\_ 4. Assailant:  Female  Male

5. Specific Location: \_\_\_\_\_

6. Violence Directed Toward:  Patient  Staff  Visitor  Other Assailant: Other: \_\_\_\_\_

7. Assailant's Name: \_\_\_\_\_ 8. Assailant:  Unarmed  Armed (weapon) \_\_\_\_\_

9. Predisposing Factors:

Intoxication

Dissatisfied with Care / Waiting Time

Grief Reaction

Prior History of Violence

Gang Related

Other (Describe) \_\_\_\_\_

10. Description of Incident:  Physical Abuse  Verbal Abuse  Other \_\_\_\_\_

11. Injuries:  Yes  No

12. Extent of Injuries: \_\_\_\_\_

13. Detailed Description of the Incident: \_\_\_\_\_

14. Did Any Person Leave the Area because of Incident?  Yes  No  Unable to Determine

15. Present at Time of Incident: \_\_\_\_\_

16. Needed to call A. Police  Name of Department: \_\_\_\_\_

17: Needed to call B. Hospital  Security Officer: \_\_\_\_\_

18. Termination of Incident:

Incident Diffused  Yes  No or Police Notified  Yes  No Assailant Arrested  Yes  No

19. Disposition of Assailant:

Stayed on Premises  Escorted off Premises  Left on Own  Other \_\_\_\_\_

20. Restraints Used:  Yes  No Type: \_\_\_\_\_

21. Report Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

22. Witnesses: \_\_\_\_\_

23. Name of Supervisor Notified: \_\_\_\_\_ Time: \_\_\_\_\_

Please put additional comments according to numbered section, on reverse side of form.



## EMERGENCY PREPAREDNESS FOR POTENTIAL TERRORISM

The Occupational Health and Safety Administration (OSHA) has not issued any comprehensive rules or regulations at this time dealing with terrorism in the workplace; however, they have addressed the issue of worker health and safety for anthrax exposure. The newly created Department of Homeland Security (DHS), along with the American Red Cross, has attempted to address these issues and educate the American people about potential threats so that we are better prepared to react. On DHS's website "[www.ready.gov](http://www.ready.gov)", you will find an information packet to help in preparing for such attacks. As DHS Secretary Tom Ridge has said, "Terrorism forces us to make a choice. We can be afraid. Or we can be ready."

It is the intent of this facility to protect employees from all recognized hazards. Terrorism, which is an act of war, does not strictly meet the guidelines for workplace hazards. Terrorism, although recognized in certain industries, is not yet a recognized hazard in healthcare. We will do our best to protect our employees should there be a threat of terrorism in our facility.

We will provide information to our employees on how to recognize potential acts of terrorism and how to respond.

If we receive any communication of potential terrorism, whether from our staff, our patients, or from the general community, our office will immediately contact the appropriate emergency agency.



## 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.

- Be on the alert for suspicious letters and packages
- If you receive a suspicious piece of mail
- Handle it as little as possible-do not open it!
- Immediately place it on the nearest surface; cover it with anything, even a piece of clothing.
- Evacuate that room and close the door. Wash your hands with soap and water. Notify the practice manager.
- Do not reenter the room until directed to do so.
- The practice manager will contact the (appropriate authority).

If you open a piece of mail with suspicious contents (powder)

1. Do not try to clean up the powder.
2. Immediately cover the powder with anything (trash can, e.g.).
3. Leave the area and close the door.
4. Wash your hands with soap and water.
5. Notify the practice manager, who will contact the proper authority.
6. Remove and contain clothing and take a shower as soon as possible. Anyone else who was in the room should do the same.

## TERRORISM PREPAREDNESS PLAN



1. Close the office.
2. Bring everyone into an 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.
5. Unless there is an imminent threat, allow your employees, patients, and family members to call their emergency contact to let them know that they are safe and where they are.
6. Turn on call-forwarding or alternative telephone answering services. If possible, change the recording to indicate the business is closed and that the staff and patients are remaining in the building until authorities advise that it is safe to leave.
7. Close and lock all windows, exterior doors, and any other openings to the outside.
8. If you are told that there is danger of explosion, close window shades, blinds, or curtains.
9. Turn off all fans and heating and air-conditioning systems. Since some systems automatically provide exchange of inside air with outside air, those systems need to be turned off, sealed, or disabled.
10. Gather essential disaster supplies. (See checklist below.)
11. Go to "shelter-in-place". (See below.)
12. Use duct tape and plastic sheeting (heavier than food wrap) to seal all cracks around the door(s) and any vents into the room(s).
13. Write down all the names of everyone in the room, and call your business's designated emergency contact to report who is in the room with you and their affiliation with your business. Choose someone Who can be reached long distance. It may be easier to call long distance in an emergency.
14. Continue listening to the radio or television until you are told that it is safe or you are told to evacuate. Local officials may call for evacuation in specific areas at greatest risk in your community.

## 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 and baby food.
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", baby formula, diapers, and comfort items for children: a deck of cards, books and crossword puzzles may help keep things calm.

## COMMUNICATIONS PLAN



When a disaster strikes, communication can become a major problem:

1. Allow your staff and patients to contact their emergency contact to let them know where they are and that they are safe.
2. Have a hard-wired telephone in the safe rooms. It can be used to contact emergency contacts and will 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.
3. 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. This is not the same as going to a shelter in case of a storm.

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. Avoid selecting a room with mechanical equipment like ventilation blowers or pipes, because such equipment may be difficult to seal off.
6. 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.
7. 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.

Local officials on the scene are the best source of information. It is important to keep a TV or radio on, even during the workday, and to follow authorities' instructions. Know what to do if the local authorities advise you to go to your shelter-in-place .:

Our "Shelter in Place" is \_\_\_\_\_

## SPECIFIC TERRORIST THREATS

It is important to remember that there are significant differences among potential terrorist threats that will make a difference as to what is necessary to keep you, your staff, and your patients safe.

### A. 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.

A biological attack may not be obvious immediately. It may take a pattern of unusual illness or a wave of people seeking medical attention in emergency rooms before it is discovered. If you suspect or become suspicious of a release of an unknown substance, get away quickly! Cover your nose and mouth with layers of fabric, such as two or three layers of a cotton t-shirt, handkerchief or towel. Using several layers of paper towels or tissues may help. When you reach a safe place, wash with soap and water and contact the authorities.

Public health officials will provide information on what should be done, so it is important that you watch a TV, listen to the radio, or check the Internet for official news.

If at the time of a declared biological emergency someone in the office becomes sick, use common sense, practice good hygiene and cleanliness by isolating the individual, remain calm, and seek medical advice. Symptoms of many common illnesses may overlap and may cause unnecessary panic.

## **B. 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. Finding a number of sick or dead birds, fish, or small animals may cause suspicion. Take immediate action and get away from the affected area.



If the chemical is found in your building, try to get out without passing through a contaminated area. It may be better to move as far away as possible and shelter-in-place .

If you think you have been exposed to a chemical, immediately strip and wash. Look for a hose, fountain or any source of water. Wash with soap, if possible, but do not scrub the chemical into your skin. Seek emergency medical attention.

## **C. Radiation Threat:**

A nuclear blast causes an explosion of intense light and heat, producing a damaging pressure wave of widespread radioactive material that can contaminate the air, water, and ground surfaces. If there is a flash or fireball, take cover immediately (below ground if possible) although any shield or shelter will help to protect you from the immediate effects of the blast and pressure wave. Think about *shielding*, *distance*, and *time* in order to limit the amount of radiation that you are exposed to.



A "dirty bomb" is the use of common explosives to spread radioactive materials over a targeted area. The blast and explosion will be more localized. The presence of radiation may not be clearly defined until trained personnel are on the scene. As with any radiation, limit your exposure.

## **Emotional Impact of War and Terrorism in the Workplace**

As war and the terrorist threat continue, you may begin to see evidence of the emotional impact on employees. The National Mental Health Association recommends the following signs and actions:

Signs of Emotional Impact:

- Working slowly Missing deadlines
- Absenteeism; calling in frequently Irritability and anger
- Difficulty concentrating and making decisions Appearing numb or emotionless
- Withdrawal from work activity
- Overworking
- Forgetting directives, procedures and requests
- Difficulty with work transitions or changes in routine

## WHAT EMPLOYERS CAN DO

1. Educate your employees and managers.
2. Make all supervisors aware of the signs of emotional distress, all policy changes and actions to be taken in response to a crisis, and available counseling resources so they can inform their staffs.
3. Provide educational resources.
4. Inform your employees of whom they should contact if they need help and the processes for accessing care.
5. Facilitate communication among employees.
6. Support from their colleagues can help people work through difficulties. Allow employees to break from work periodically to talk. Consider bringing in a professional counselor/facilitator on-site. This will help to identify and get help to those who most need it, and it will help alleviate their immediate anxiety and reduce their need for services later.
7. Consider temporary changes in leave and travel policies.
8. Allow employees to take time off beyond the norm to donate blood, take part in community activities and address personal needs. Reassure employees that you have their safety in mind regarding travel.
9. Promote tolerance.
10. Warn employees that you will not tolerate hostility directed at members of a specific ethnic or religious group in the workplace, among your customers, or in the community. Supervisors will challenge discriminatory remarks or actions or any form of harassment, and disciplinary action will be taken.
11. Organize community activities.
12. Hold a blood drive, collect donations for "care packages" or encourage letter writing to people in the military. Show employees that your organization is committed to helping those in the workplace and to supporting our service men and women.
13. Plan for future emergencies.
14. Create or review your organization's emergency plan to address any situations that might arise from the current crisis. Involve all levels of the staff in the planning. Remind employees of emergency procedures. Feeling prepared will help ease anxiety.



## WHAT EMPLOYEES CAN DO

1. Know what to expect of yourself.
2. If your feelings are too much to bear, seeking help is a sign of strength, not weakness, as we are not always prepared for the intensity of emotions or how quickly our mood can change. Mental health treatment is very effective; people should never be embarrassed to seek the help they need.
3. Talk with your coworkers and listen patiently.
4. If you feel grief, anxiety or anger, you are not alone. Talk with your colleagues who are experiencing the same feelings. Be aware of the special needs of people who have loved ones in the military or living overseas. Don't try to "fix it" or offer false comfort; instead, offer a simple expression of sorrow and take the time to listen. Discourage damaging ways of coping, such as excessive drinking. Don't hesitate to recommend professional help.
5. Accept that life will go on.
6. Acknowledge that everyday life will be subdued and, perhaps, different in some ways, but there will be continuity. Continuing everyday routines helps with healing.
7. Take care of yourself and your family.
8. Don't forget about yourself - eat properly, get plenty of rest and exercise, spend time with those closest to you, and postpone major life decisions and other significant stressors if you can.

# GUIDELINES FOR HANDLING VIOLENCE IN THE WORKPLACE

## COPING WITH THREATS AND VIOLENCE



### An ounce of prevention: **Recognize the warning signs, Report to employer:**

- 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

### 1. For an angry or hostile co-worker or patient

- Stay calm. Listen attentively
- Maintain eye contact
- Be courteous. Be patient.
- Keep the situation in your control
- Summarize and repeat concerns for clarification*
- "Let me make sure I understand ... "*

### 2. For a person shouting, swearing, and threatening:

- 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

### 3. For a person threatening with a weapon or physical harm

- 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

### 4. Telephone Threats

- 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

### 5. Electronic Threats (Fax and email)

- 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