



The following is a draft of a pending program document

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I. Program Outline

- To define workplace violence and ways to identify it.
- To provide guidance on appropriate response and the process for reporting such events.
- To list training requirements for employees.

II. Program Abbreviations

- **AAR** - After- Action Report
- **EAP** - Employee Assistance Program
- **LMS** - Learning Management System
- **SERT** - Security Event Response Team
- **WPV** - Workplace Violence
- **WPVP** – Workplace Violence Prevention
- **WPVPP** - Workplace Violence Prevention Program
- **WPVPC** - Workplace Violence Prevention Committee

III. Program Definitions

1. At Risk Staff Member
 - a. A staff member with a greater risk factor – examples of staff members or employees with a greater risk factor includes someone who is pregnant or has any other health condition(s) which cause mobility deficits.
2. Classifications of Workplace Violence
 - a. Workplace violence can be broken down into four basic categories:
 - i. **Type I: Stranger** - Involves criminal intent. In this type, individuals with criminal intent that have no relationship to SIH or its staff and employees.
 - ii. **Type II: Clients** - Involves a customer, client, or patient. In this type, an individual has a relationship with SIH and becomes violent while receiving services.
 - iii. **Type III: Co-Worker** - Involves worker-on-worker relationship and includes employees who attack or threaten another staff member or employee.
 - iv. **Type IV: Personal Relationship** - Includes individuals who have interpersonal relationships with the intended target but no relationship with SIH.
3. Cold Debrief
 - a. This occurs within 30 days post event. Designed to provide a venue for those staff members impacted by the WPV event and to offer additional resources.
4. Hot Debrief
 - a. This occurs within 60 minutes of the event. Those directly impacted along with the House Supervisor and other members of *SERT* will document the event to present during the Warm Debrief. If it is not possible to complete within 60 minutes, conduct the Hot Debrief as soon as possible.
5. Warm Debrief
 - a. This occurs within 3-5 days after the event. This debrief is designed to review the Hot Debrief form and to ensure all information is pertaining to the event is captured. This debrief is needed to develop the AAR with along with the action plan.

6. Staff Member
 - a. Staff includes, but is not limited to, Employees, Medical Staff, Agency employees, and Contractors providing patient care or services within an SIH facility, Students and Instructors performing rotations within an SIH facility, Auxiliary, Chaplain, or other Volunteers at an SIH facility.
7. Security Event Response Team (SERT)
 - a. An action-oriented team that is a subgroup of the WPVPC who may participate in event investigation, WPV threat assessments and developing and implementing mitigation measures for specific situations determined a threat or potential threat to SIH staff, patients, and visitors.
8. Types of Workplace Violence
 - a. The most common forms of workplace violence include:
 - i. Incivility
 - ii. Bullying
 - iii. Verbal Abuse
 - iv. Physical Violence
 - b. Sexual assault
 - i. Defined by the National Sexual Violence Resource Center as:
 1. Any type of unwanted sexual contact that includes words and actions of a sexual nature against a person's will and without their consent. A person may use force, threats, manipulation, or coercion to commit sexual assault.
 - ii. Forms of sexual assault/violence include:
 2. Rape
 3. Unwanted sexual contact or touching
 4. Sexual harassment
 - a. Defined as sexual advances, requests for sexual favors or other conduct of a verbal or physical nature when:
 - i. Submission to such conduct is made either explicitly or implicitly as a term or condition of a person's employment.
 - ii. Submission to or rejection of such conduct by an individual is used as the basis for employment decision affecting that person.
 - iii. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.
 5. Exposing one's genitals or naked body to others without their consent.
 6. Non-consensual image sharing.
 - iii. Any form of sexual assault in the workplace is considered workplace violence and should be reported accordingly even if the offender is a patient: However, in a healthcare setting, certain situations should be considered in the determination if an event should be considered sexual assault that include:
 7. Altered mental status of a patient due to:
 - a. Patient being elderly.
 - b. Patient having Dementia.
 - c. Patient coming out of anesthesia.
 - d. Other such situations where the patient may not be in control of their mental faculties.
 - c. Actions and behaviors directed toward another such as:
 - i. Bullying

- 8. A repeated, intentional, and harmful behavior that is directed towards an individual or group in the workplace. Behaviors may include verbal abuse, intimidation, humiliation, sabotage, and exclusion.
- ii. Incivility
 - 9. A low intensity uncivilized act that is often repeated and characterized by deviant behaviors which could be verbal or non-verbal. Incivility can include rudeness, interrupting, mocking, sarcasm, gossiping, sighing, eye rolling and being impolite and discourteous.
- iii. Yelling
 - 10. To shout something or make a loud noise, usually when you are angry, in pain or excited.
 - 11. Can be considered a form of incivility.
- 9. Workplace Violence (WPV)
 - a. An act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or action; bullying; lateral violence; Sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, patients, or visitors.

IV. Program Responsibilities

- 1. Administration
 - a. Demonstrate leadership and provides a work climate that promotes workplace safety (free from violence), establish WPVPP priority, applicable training, and to provide stimulation to assure full employee interest in the program.
- 2. WPVPCs
 - a. Hospital – Discusses events that occurred at the facility; report on debrief following an event; develops After Action Plan from information provided in the AAR and provides this to the System WPVPC; conducts annual exercises to test strength and weaknesses of the WPVPP based on recommendations by the System WPVPC.
 - i. Committee Representatives
 - 1. Security Supervisor
 - 2. Patient Relations Manager
 - 3. ED Manager
 - 4. Chief Nursing Officer (CNO)/Chief Medical Officer (CMO)
 - 5. Human Resources staff member
 - 6. Frontline Staff member
 - 7. Facilities Engineering Manager.
 - 8. Administrator
 - 9. Facility Occupational Health and Safety Specialist
 - 10. Chaplain
 - b. System – Manages, reviews, and approves the WPVPP at least annually; Coordinates with hospitals regarding any needed resources to maintain safety from WPV events; Assist with coordinating and implementing hospital exercises dealing with incidences of WPV.
 - i. Committee Representatives
 - 1. System Chief Nursing Office/Chief Medical Officer
 - 2. Occupational Health and Safety
 - 3. Facilities Management
 - 4. Security
 - 5. Emergency Department Director
 - 6. Behavioral Health
 - 7. Community Partner (Police Department)

8. Public Information Officer
 9. Director, Regulatory Compliance
 10. Director of Culture
3. SERT
 - a. Responsible for response to a WPV event.
 - b. Assist with conducting a Hot Debrief.
 - c. Members of SERT
 - i. Security
 - ii. House Supervisor
 - iii. Chaplain (during the day shift)
 - iv. ED Manager during night shift (During the day shift if not involved in an ED event.)
 - v. Facility Occupational Health and Safety Specialist
 - vi. Hospital Emergency Management Coordinator
 4. Occupational Health and Safety (OHS)
 - a. Have oversight of the SIH WPVP policy and program.
 - b. Facility Occupational Health and Safety Specialists within the OHS department will coordinate Warm and Cold Debriefs following a WPV event.
 - c. Coordinate full WPVP training and WPVP limited training.
 - d. Assists with coordination of hospital WPV exercises.
 - e. Chairs the Hospital and System WPVPCs.
 5. EAP
 - a. Provides self-wellness and onsite support (when requested) services to staff following a WPV event.
 6. Directors
 - a. Oversee the WPVPP in their respective departments to help ensure a workplace that is free of violence.
 - b. Provide needed resources to their managers to implement and maintain an effective WPVPP in their departments.
 - c. Participate in facility WPV event investigations as applicable.
 - d. Encourage employees that are a victim of or a witness of a WPV event to seek needed resources through the EAP as described within the WPV Program.
 7. Managers
 - a. Ensures department has a violence free working environment and promotes a “zero harm” climate.
 - b. Ensure department staff are well educated in WPV prevention and the proper reporting procedures.
 - c. Maintain confidentiality when an event is reported by a staff member and assists in making sure the WPV reporting is completed as outlined in the policy and program.
 - d. Observe and investigate, as appropriate, situations between staff, patients and staff, visitors and staff, and personal relationships which could escalate into a potentially more violent situation that could interrupt SIH and quality patient care.
 8. Staff and Employees
 - a. Treat everyone (patients and coworkers) with respect and dignity showing concern and compassion for situations they may be going through.
 - b. Report possible violent situations or situations which could escalate into a violent situation to their manager.
 - c. Participate in Hot, Warm and Cold Debriefs if initiated and directly involved in WPV event.
 - d. Educate themselves with the WPV policy and program.
 - e. Report ALL WPV events experienced or witness as described in the policy.
 - f. Understand what situations constitute WPV.

V. Program Management

- There are six building blocks that are vital to developing and maintaining an effective and successful workplace violence prevention program:
 - a. Administration commitment and support.
 - b. Annual worksite analysis.
 - c. Staff training and education.
 - d. Regularly scheduled committee meetings
 - e. Annual program review.
 - f. Recordkeeping and program evaluation

VI. Program Procedures

1. Recognizing WPV

- a. Common signs exhibited by individuals who are becoming upset or potentially violent:
 - i. **Shouting or Screaming** – A person yelling, cursing, or screaming has the potential to become more violent or desperate for some form of resolution or satisfaction concerning their situation. This behavior may involve frustration, anger, pain, and /or desperation of being frightened.
 - ii. **Body Language** – A person under stress or exhibiting one or more of the behaviors cited above may display visual changes in posture. Be aware of tenseness shown in their standing posture, arms or hands swinging in the air, making a fist, pointing fingers, and pacing wildly back and forth. They may also display visible shaking and/or redness of the face and neck. If the person is upset because of the time or delay factor in service, they may keep looking at the clock or their watch.
 - iii. **Silence** – People under extreme stress may not respond to questions because of the level of their anger. However, do not use this indicator by itself. It is possible this person may be thinking about how to respond to the question or may be slow or cannot respond due to a medical condition.
 - iv. **Breathing** – An angry person may sigh heavily where others can hear, or the person's lips may tighten and display heavy breathing.
- b. Any patients that SIH patient facing staff identifies as potential elopements or are identified as a risk to harm themselves or others.

2. WPV Event Response

- a. Staff Response
 - i. Many of our customers (patients and their family members) are under severe stress due to an emergent situation. While this situation may be routine to you or something you see every day, it is not a normal day for the person confronting you.
 - ii. There are also adult patients who are identified as a risk of elopement that may cause a WPV incident while attempting to leave an inpatient facility against medical advice.
 - iii. When confronted with an individual (patient, visitor, coworker, etc.) exhibiting behaviors described in definition of WPV listed at the beginning of the program above, staff members should:
 1. Remain calm.
 2. Document or have a co-worker document the severity of situation, if possible.

3. Ensure to maintain a clear path of egress from the situation by not letting the individual be between them and a door and ensuring their path to the exit is not blocked with furniture or equipment.
 4. When dealing with a violent/potentially violent person, always maintain the mindset of potential paths or egress/exit.
 5. Report WPV event by activating a Security Event Response.
 - a. The responding team will conduct a Hot Debrief with impacted staff members within 60 minutes of the event, or as soon as possible.
 - b. The Debrief Facilitator will document findings on Hot Debrief Form.
 - c. The Debrief Facilitator submits Hot Debrief Form to OHS via email at safety@sih.net.
 - d. Keep original form in House Supervisor's office for the Occupation Health and Safety Specialist to retrieve.
 - e. Following Hot Debrief, the Debrief Facilitator will determine if a Warm or Cold Debrief is necessary.
 - iv. Many times, a situation involving a hostile person can be diffused with just a reassuring look of empathy and most aggressive behavior can be de-escalated by actively listening to the person, acknowledging their concern, and responding in a respectful way.
 - v. Use de-escalating techniques described in the Prevention/Mitigation Strategies section below.
 - vi. Once a situation with a patient or family member has been de-escalated, periodically check back in on them to see if they need anything, ensuring them that you are concerned for them.
 - vii. If needed, reach out to the EAP for post-event support as described in Event Reporting, section 5 below.
- b. Security Response
- i. Upon notification of a WPV event, Security at the respective facility will immediately respond to the area, regardless of if it is inside or outside on the campus, whether perpetrated on staff, patients, visitors, or service providers.
 1. Once receiving a WPV call for assistance, Security will take the following measures:
 - a. Respond and take appropriate measures to control situation.
 - i. If the event is in the Harrisburg Medical Center Behavioral Health Unit (BHU), the BHU Nurse will maintain control of the situation and Security will assist.
 - b. If available, two security officers should respond for the safety of all parties involved.
 - c. If the event is still active, Security must:
 - i. Attempt to deescalate the situation to include separation of the parties involved.
 - ii. If appropriate, contact the local police department for response, especially if there is bodily injury or serious bodily injury.
 - d. Considerations should be taken for the persons involved to seek medical treatment immediately.
 - e. Participate in a Hot Debrief within 60 minutes of the event, or as soon as possible.
 2. If called to the scene, assist the police department by:

- a. Obtaining the names of witnesses to the event for interview by responding police officers.
 - b. Security Officers must maintain any evidence to support an investigation conducted by law enforcement.
 - c. If appropriate direct staff, visitors, and patients to an alternate route around the event area to assure that no evidence will be disturbed.
 - d. The Security Manager must be called to assist with evidence preservation and assist local police department with any pertinent information that is needed.
3. A full report detailing Security response must be made in the security event reporting software for all incidents when called to a workplace violence event.
4. The House Supervisor will be made aware of the incident.
5. If the violence is committed against any staff member by a patient, and for medical reasons the patient must remain in hospital care, the Security Manager, House Supervisor, and the injured employee's manager must make contentions to develop mitigation strategies to prevent further incidents against any staff member.
6. These strategies may include, but are not limited to:
 - a. Having a Security Officer present when care is given to that patient.
 - b. Use a nurse "buddy system" so that a staff member is not alone with the patient.
 - c. Assign different staff member(s) to provide medical care to the patient for the remainder of their stay.
- ii. Upon notification of a sexual assault incident, Security will immediately respond to that area, regardless of if the location is inside or outside anywhere on an SIH campus, whether perpetrated on staff, patients, visitors, or service providers.
 1. Upon receiving a sexual assault call for assistance, Security will take the following measures:
 - a. The Security Officer receiving the call must obtain as much information as possible about the aggressor (actor) such as:
 - i. Name if known or otherwise.
 - ii. Clothing, hair color, location of assault
 - iii. If the event occurred at any SIH facility or at a location not associated with SIH.
 - b. Respond and initiate appropriate measures to take charge of the situation.
 - c. At a minimum, at least two security officers must respond for the safety of all parties involved.
 - d. If the event is still active Security must:
 - i. Attempt to deescalate the situation to include separation of the parties involved.
 - ii. Contact local law enforcement.
 - iii. If it is safe to do so, Security can detain the aggressor awaiting on response from local law enforcement.

- iv. If not safe to detain the aggressor, Security may consider following the suspect and provide as many details to responding police department as possible.
 - v. If requested, SIH will assist in locating and aiding local prosecutors.
 - vi. Local law enforcement may request forensic evidence from the sexual assault. If so, the victim must not:
 - 1. Go to the bathroom, clean up, or shower until released by the responding police department investigators.
 - vii. If bodily injury or serious bodily injury is sustained by the victim, considerations should be made for the individual(s) to receive immediate medical treatment.
 - viii. The victim(s) will be treated with respect, dignity, and no personal judgements made.
 - 2. If called to the sexual assault scene, assist the responding law enforcement by:
 - a. Obtaining the names of witnesses to the event for interview by responding police officers.
 - b. Security Officers must maintain any evidence including, but not limited to, video evidence, employee badge/access card reports, and activation of panic buttons to support an investigation conducted by law enforcement.
 - c. If appropriate direct staff, visitors, and patients to an alternate route around the event area to assure that no evidence will be disturbed or destroyed.
 - d. Seal the assault area, if possible, and let no one enter the area until local law enforcement arrives and takes over the crime scene.
 - e. The Security Manager must be called to assist with evidence preservation and assist local police department with any pertinent information that is needed.
 - 3. A full report detailing Security response must be made in the event reporting software for all incidents when called to a sexual assault incident.
 - 4. If the sexual assault is committed against any staff member by a patient, and for medical reasons the patient must remain in hospital care, the Security Manager, House Supervisor, and the injured employee's Director must make contentions to develop mitigation strategies to prevent further incidents against any staff member.
 - 5. These strategies may include, but are not limited to:
 - a. Having a Security Officer present when care is given to the patient involved.
 - b. Use a nurse "buddy system" so that a staff member is not alone with the patient involved.
 - c. Assign a different staff member(s) to provide medical care to the patient for the remainder of their stay.
- iii. Response to the Harrisburg Medical Center Behavioral Health Unit (BHU)
 - 1. Two officers will respond to a WPV event in the BHU.

2. If only one officer is available, that officer will respond and will contact the local police department for assistance.
3. All procedures described above will be followed by Security when responding.

3. Event Reporting

- a. When a staff member is a recipient of violent behavior from a patient or family member/guest, they are to notify Security to make them aware of the situation.
 - i. The staff member will let Security know if they need intervention at that time.
 - ii. If a second event occurs with the same patient or family member/guest, Security will be notified and will intervene to de-escalate the situation.
 1. Security can respond by:
 - a. The use of de-escalation techniques.
 - b. If the initiator of the violence is a patient, Security can inform the patient that the staff member(s) may file criminal charges against them.
 - c. If the initiator is a family member or guest, Security can inform them that they may be removed from the hospital for a cool off period of 72 hours.
 - d. Security can also inform the family member or guest that the staff member(s) may file criminal charges against them due to the event.
 - iii. If a family member or guest is removed from the hospital due to a WPV event as defined in Policy SY-DM-085, Workplace Incivility, Bullying and Violence and within this document against a staff member, the only individuals allowed to override the decision is the Chief Executive Officer, Chief Nursing Officer, or the Chief Operating Officer.
 - b. All incidents of WPV involving a visitor or patient are to be reported in the hospital approved event reporting software.
 - c. To report a WPV event:
 - i. Go to hub.sih.net and submit an Event (Required)
 1. Go to the Resources tab, and in the drop-down menu, select Event Reporting.
 2. Select Disruptive/Violent Behavior. Select the facility and enter the event date.
 3. Fill in as much information as possible to assist with the investigation.
 4. A report will be created in the event reporting software.

4. Event Investigation

- a. Once a WPV event has been reported in the hospital's approved event reporting software, it will be forwarded to the facility Occupational Health and Safety Specialist for investigation.
- b. When the facility Occupational Health and Safety Specialist receives the reported event, the members will meet to discuss and determine which members will conduct the investigation.
- c. When the investigation is complete, the facility Occupational Health and Safety Specialist will meet and discuss the findings from the investigation and make recommendations as needed and appropriate to protect SIH staff and employees.
- d. All WPV event investigations will be reported quarterly to the System WPVPC.

5. Post-Event Support Services

- a. Any employee that is a recipient of or witness to a WPV event, can receive further support through the EAP (Personal Assistance Services).
 - i. They can be reached the following ways:
 1. Via website: www.paseap.com. Login using company ID SIH.
 2. Via phone: 1-800-356-0845.
 3. Download the RxWell app. The app code is SIH.
 4. If deemed appropriate and necessary, onsite support services will be provided.

6. Prevention/Mitigation Strategies

- a. Identifying At-Risk Patients
 - i. If a patient is identified as a confidential patient, this will be marked in the patient's electronic health record at admission.
 - ii. During admission process, patients will be assessed based on levels of aggressive behavior: Level 0 – 5.
 1. Level 0 – **Calm** – No aggressive behaviors identified.
 2. Level 1 – **Early Indicator** – Crying, rocking, anxious, mumbling, rudeness, prolonged glaring, intense staring, paranoia, irritable/agitated.
 3. Level 2 – **Early Agitation** – Pacing, restlessness, tone changes, substance abuse, mild hallucination, but able to be reoriented/redirected, current suicidal homicidal thoughts.
 4. Level 3 – **Aggression** – Yelling/screaming, clenched fists, unable to redirect to situation, moderate/severe hallucinations causing patient to feel scared or act erratic, exhibiting level 1, 2 or 3 behaviors outside of assigned room, inappropriate sexual comments, name calling/demeaning/racial slurs, notified by Provider or Law Enforcement of a recent history of violence.
 5. Level 4 – **Threatening** – Kicking/punching (no physical contact), throwing things, verbal threats, biting (self or objects).
 6. Level 5 – **Violent** – Punching/kicking towards others, throwing things with intent to harm, inappropriate touching, spitting.
 - iii. Level 0 – 2 will not generate an alert.
 - iv. Level 3 – 5 will automatically generate an alert that will show up on the storyboard for all to see.
 - v. The nurse assigned to the patient will select the appropriate intervention to perform for the identified level of aggressive behavior for the patient.
- b. Identifying At-Risk Visitors
 - i. SIH is currently developing a visitor management policy that will include a process for flagging visitors who exhibit aggressive behavior.
 - ii. The current event reporting system does identify individuals seen in SIH facilities who have exhibited aggressive behavior, in the event they return again as a patient.
- c. De-Escalation Techniques
 - i. De-Escalating techniques for SIH staff and employees to use are:
 1. Ventilation – Use open-ended questions to allow the patient to express his or her frustration or feelings.

2. Distraction/Redirection – Making brief comments or asking brief questions to direct the topic of conversation to something less volatile. Redirection involves starting the patient on a different activity. Use this method with caution as it may appear that you are ignoring them.
 3. Reassurance – Remind the person of past successes. Reassuring them that they can be successful in the current situation. Informing them that you are able and willing to help them deal with the problem.
 4. Understanding/Active Listening – Listening intently to as much information as you can, then taking control of the conversation, repeating back to the person what they have said, and at each opportunity adding your perceptions of the various feelings you believe they were experiencing.
 5. Modeling – Demonstrate that you are in control of your emotions by your tone and the words you use.
 6. One-To-One – Giving your undivided attention for a specific period; 5-10 minutes will usually suffice. If you reinforce your caring for the person when you tell other staff, “I will be with (blank) for 10 minutes. Please do not interrupt us unless it is an emergency.”
 7. Exploration of Potential Consequences – Getting the person to verbalize the potential consequences of choices of continuing his/her actions of behavior. This technique requires skill to prevent the patient from misinterpreting it as a threat or coercion.
 8. Dislocation of Expectations – This technique is to not react defensively to verbal aggression, threats or “baiting.”
 9. Fogging – To agree in part of criticism or verbal attacks or to find some part of what the person is saying that you agree with. The goal is getting them to say “yes.”
 10. Clarifying The Emotional Status – Respond to the person’s expressions of anger or verbal threats with a less threatening emotion and empathy.
- d. Domestic Violence Protection
- i. If a patient is marked as a confidential patient due to a domestic violence incident, SIH will make every effort to ensure their safety against a WPV event.
 - ii. If a staff member is the victim of a domestic violence incident on SIH property, security will respond following steps outlined in section 2b above.
 - iii. Regardless of the location of the domestic violence event’s occurrence, staff can take the following actions to have security help provide protection while at the workplace.
 1. If an emergency protective order or a protective order is issued for the safety of the victim, it is that individual’s responsibility to add their SIH facility workplace address to the sworn statement.
 2. The staff member must alert their department manager and security. A copy of the document must be taken to the Security Manager for holding.

7. Staff Education

a. Training Methods

i. Hospital Approved LMS.

1. Topics will include:

- a. Definition of WPV, bullying and incivility.
- b. How to report a WPV event.
- c. WPV prevention and mitigation strategies.

- ii. In-Person
 - 1. WPVP Training
 - a. Staff and employees will learn de-escalation techniques and no-harm hands-on techniques to protect themselves.
 - b. Offered as a full training and a limited refresher training.
 - c. SIH has WPVP training instructors.
- b. Training Schedule
 - i. During New Employee Orientation, new employees will receive WPV education via the hospital approved LMS.
 - ii. All SIH staff and employees will be assigned the WPV education module to complete in the hospital approved LMS as an annual requirement.
 - iii. All patient facing staff and employees:
 - 1. In addition to the annual LMS module, complete the in-person limited WPVP training every 3 years.
 - iv. Staff and employees working in areas identified as high risk for WPV events:
 - 1. In addition to the annual LMS module, complete the in-person full WPVP training every 2 years.
 - 2. Attend in-person limited WPVP training every other year.
- c. Notification of Policy/Procedure Change
 - i. Changes to the WPVPP or procedural changes will be done in PolicyStat and communicated to staff during daily huddles or department meetings.

8. Staff Protection

- a. Protection Against Retaliation/Reprisal
 - i. There will be no retaliation, reprisal, or other punitive actions against employees reporting an event in good faith or participating in an investigation of an incident.
 - ii. A staff member making a malicious or bad faith report is subject to disciplinary action, up to and including separation of employment from SIH.
- b. Protection Against WPV
 - i. SIH is committed to protecting its staff members against WPV whether it is patient/visitor to staff or staff to staff.
 - ii. Patient/visitor to Staff Events
 - 1. Staff member(s) may file criminal charges against a patient or visitor that willfully and/or intentionally commits an act of WPV against them.
 - iii. Staff to Staff Incidents
 - 1. Any staff member committing an act of WPV against another staff member will be subject to disciplinary action according to established policies.
 - iv. At Risk Staff Members
 - 1. When a patient has been identified as exhibiting violent behavior, intentional or not, at-risk staff members should be reassigned to another patient for their protection.

9. Reporting and Record Keeping

- a. When WPV incidents are reported in the hospital approved security event reporting software, this also becomes the record of the incident.
 - i. The WPV program administrator will provide full or partial information on WPV incidents upon request from individuals authorized to have the information.
- b. If the WPV event results in an injury or illness meeting the criteria for OSHA recordable incidents, it will be recorded on the organization's OSHA 300 Log, Work-Related Injuries and Illnesses.

- c. All incidents of WPV will be reported to the Hospital and System WPVPP Committees at least on a quarterly basis.
- d. Data from all WPV events will be part of the next worksite analysis.
- e. Additionally, any employee determined to have committed such acts will be subject to disciplinary action, up to and including termination. Non-employees, patients, doctors, or contract/vendors engaged in violent acts on SIH's premises will be removed and will have limited access to facilities. The ability to return or retain privileges will not be guaranteed.

VII. Attachments

- SIH Policy – Workplace Incivility, Bullying and Violence, SY-SM-085
- SIH Standard Operating Procedure – Workplace Violence Debrief Process
- SIH Hot Debrief Script and Form
- SIH Warm Debrief Script and Form
- SIH Cold Debrief Script and Form
- SIH Form – Employee Report of Occupational Injury or Illness
- SECURE Workplace Violence Prevention Training Outline

VIII. Related Documents

IX. References

- National Sexual Violence Resource Center: <https://www.nsvrc.org>.
- The Joint Commission Accreditation Requirements, 2023 (Environment of Care Standard EC.02.01.01, EP 17.)
- OSHA 3148-06R, 2016 (Guidelines for Preventing Workplace Violence for Healthcare and Social Services Workers)
- OSHA 29 CFR, Part 1904, 2023 (Recording and Reporting Occupational Injuries and Illnesses, Sections 1904.5 – 1904.11.)
- SIH Kaizen Newspaper – Risk Identification
- SIH Policy – Hospital – Adult Patient Elopement Response Plan, SY-SM-089
- SIH Policy – Security Management Plan – SY-SM-890
- SIH Policy – Workplace Incivility, Bullying and Violence, SY-SM-085