HARDIN COUNTY GENERAL HOSPITAL
HOSPITAL-WIDE POLICY

Title: WORKPLACE VIOLENCE PREVENTION PLAN **Effective Date: 1/1/2019**
Policy Number: 111 **Med Staff:**
Regulation: Healthcare Workplace Prevention Act **Admin:**
Public Act 100-1051

I. POLICY

Hardin County General Hospital and Clinic (HCGH) will provide a employees, patients, and visitors a safe and secure environment to work and to receive care and services.

The safety and security of hospital personnel, patients and visitors is of vital importance. Therefore, acts or threats of physical violence, including intimidation, harassment or coercion, which in your judgment affects operations or which occurs on HCGH property will not be tolerated.

This prohibition against threats and acts of violence applies to all persons involved, including but not limited to hospital personnel, contract and temporary personnel, patients and visitors. Therefore, violations of this policy by any individual on hospital property is considered misconduct and will lead to disciplinary and/or legal action as appropriate.

No reprisals will be taken against any employee who reports or experiences workplace violence.

NIOSH (National Institute for Occupational Safety and Health) defines workplace violence as "Violent acts (assaults and threats of assaults) directed towards persons at work or on duty."

CLASSIFICATIONS OF WORKPLACE VIOLENCE
Type I Violence:
Workplace violence committed by a person who has no legitimate business at the work site, such as individuals who enter a work site solely with the intent to commit a crime.

Type II Violence:
Workplace violence directed at employees by customers, clients, patients, students, inmates, visitors, or other individuals accompanying patients.

Type III Violence:
Workplace violence against an employee by a current or former employee, supervisor or manager.

Type IV Violence:
Workplace violence committed in the workplace by someone who doesn't work there, but who has or has had a personal relationship with an employee.

PROVISIONS OF THE LAW

1. Healthcare workers have a right to report violence in the workplace to law enforcement and/or file a claim against a patient or individual and, healthcare workers

have a responsibility to report to a member of the Executive Team or the Safety Officer notice that they have filed charges or made a report with law enforcement within three days after the report is made.

2. Healthcare management cannot discourage the worker from filing a claim and cannot retaliate. Whistleblower protections apply to the employee.

3. The provider (HCGH) shall display a notice stating that verbal aggression will not be tolerated and physical assault will be reported to law enforcement.

4. The healthcare provider (HCGH) shall offer immediate post incident services for a healthcare workers directly involved in a workplace violence incident caused by a patient or their visitors, including acute treatment and access to psychological evaluation.

5. Medical care for the committed person:
   To the greatest extent possible:
   - The institution bringing the patient must notify HCGH prior to the patient's visit and notify HCGH of any mental health problems/recent violent episodes or other safety concerns;
   - Ensure the person is accompanied by the most extensive medical records available;
   - Provide at least one guard trained in custodial escort and high risk committed persons, and;
   - Provide a list of visitors allowed or disallowed.

Such behavior as described above is not tolerated by patients or visitors toward employees other than in the case of a patient with diminished mental ability caused by disorder, disease, medication, or medical treatment creates conditions under which such conduct may be expected.

BUILDING ACCESS
Employees and contractors are required to aid in maintaining building access limitation practices as set by the Management Team and Safety Committee.

THE SAFETY RESPONSE TEAM
This hospital has established an incident response team which is responsible for the overall implementation and maintenance of the hospital's workplace violence prevention plan. Safety Response Team members are management level representatives from the following departments:
- Human Resources
- Safety
- Security
- Risk Management
- Administration

The safety response team's duties include, but are not limited to, improving the hospital's readiness to address workplace violence by:
- Reviewing past incidents of violence at the hospital
- Reviewing hospital's readiness to respond to issues of workplace violence

- Developing an expertise among safety response team members and other appropriate members of management regarding issues of workplace violence
- Establishing liaison with local law enforcement and emergency services
- Training hospital personnel
- Initial appropriate pre-employment screening of potential hospital personnel in order to minimize the likelihood of hiring an individual with violent propensities
- Establishing and maintaining policies and procedures for dealing with issues of workplace violence among contract and temporary personnel
- The safety response team may assign all or some of these tasks to other individuals within the hospital. Nevertheless, the safety response team remains ultimately responsible for implementing and maintenance of the hospital's workplace violence prevention plan

Managers and supervisors shall be responsible for the following:
- Workplace violence prevention training for personnel under their supervision
- Assisting safety response team with implementing and maintaining the workplace violence program
- All hospital personnel shall obey all approved workplace violence prevention policies
- Managers, supervisors and all employees shall be held accountable for reporting all incidents and following-up on violence related reports.

REPORTING REQUIREMENTS

Hospital Personnel:

Personnel shall report immediately any acts or threats of violence occurring on hospital premises to the Safety Officer, their supervisor, a Management Team member or to the Human Resources Department. No employee will be disciplined or discharged for reporting any threats or acts of violence.

Supervisor:

Supervisors shall report immediately any acts or threats of violence to the Safety Officer, their Department Head, a Management Team member or the Human Resources Department. Supervisors are additionally required to report the occurrences of each warning sign of violence that they observe (i.e., verbal abuse, aggressive behavior, loitering).

Contract Services:

Third parties working on hospital premises, shall be informed of workplace violence prevention requirements by the contracting department prior to doing any actual work on hospital premises.

MEDICAL MANAGEMENT

Employees, who are victims of violence, will be provided with medical and emotional treatment. Employees who are abused by patients, visitors, clients, etc., may experience long and short-term psychological trauma, post traumatic stress, anger, anxiety, irritability, depression, shock, disbelief, self-blame, fear of returning to work, disturbed sleep patterns, headaches, and changes in relationships with family and coworkers.

Employees, who have been the victim of violence will receive immediate physical evaluations, be removed from the work, and treated for acute injuries. Additionally, referrals shall be made for appropriate evaluation, treatment, counseling and assistance both at the time of the incident and for any follow-up treatment necessary

RECORD KEEPING

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

Record keeping includes the following:

1. Entry of injury will be on the OSHA Injury and Illness Log. Injuries that must be recorded include the following:
   Loss of consciousness
   Restriction of work or motions
   Transfer to another job or termination of employment
   Medical treatment beyond first aid

2. All incidents of abuse, verbal attacks or aggressive behavior

3. Recording and communicating mechanism so that all staff who may provide care for an escalating or potentially aggressive, abusive or violent patient will be aware of the patient's status and of any problems experienced in the past

4. Gathering of information to identify any past history of violent behavior, incarceration, probation reports or any other information that assists employees to assess violent status

5. Emergency Department personnel are encouraged to obtain and record information regarding drug abuse, criminal activity or other relevant information

6. Workers' Compensation and insurance records

7. Safety Committee Minutes and inspections are kept in accordance with requirements

8. Training program content and sign-in sheets of all attendees are maintained

FIREARMS AND EXPLOSIVES

The Illinois Concealed Carry Act names hospitals and hospital property as safe zones where firearms aren't allowed. Only authorized personnel may possess any type of firearm, ammunition, or explosives on HCGH property.

Should a person seeking services be armed, the person will be asked to return to their vehicle (is possible) and lock the firearm, holster, and any ammunition in the trunk or glove box of the vehicle. It must not be in view of passersby.

If the person is unable to remove the firearms and a family member is nearby, the firearm (IN ITS HOLSTER) and any ammunition is to be given to the family with the direction to lock it in the vehicle trunk or glove box.

If the person is not able to remove the firearm and holster and no family member is present, staff will remove the firearm by cutting the holster loose and lock it and any ammunition in the HCGH safe. Law enforcement may be contacted to take custody of the firearm, holster, and any ammunition.

If the person refuses to remove the firearm, Law Enforcement will be contacted to take custody of the firearm. No treatment will be provided to the person until the firearm, holster, and any ammunition have been removed.

At no time should staff attempt to remove the firearm from the holster or attempt to unload the firearm. The goal is to secure the weapon in a locked vehicle or safe.

Law enforcement taking the firearm, holster, and any ammunition will give the patient or family a receipt for the firearm and instructions on how to retrieve it from their department.

II. DEFINITIONS

N/A

III. RESPONSIBILITY

All Staff

IV. EQUIPMENT

N/A

V. PROCEDURES

SEE CODE BLACK IN EMERGENCY RESPONSE CODES EOP204

** IN AN EMERGENCY **
For crimes in progress, violent incidents or specific threats of imminent violence, call 911.

Immediately contact the police or have someone call for you if an individual:
- Makes threats of physical harm toward you, others, or him/herself;
- Has a weapon; or
- Behaves in a manner that causes you to fear for your own or another's safety.

Use a phone out of sight/hearing of the individual. The police will respond and take appropriate action.

1. Do not attempt to intervene physically or deal with the situation yourself. It is critical that the police take charge of any incident that can or does involve physical harm.

2. Get yourself and others to safety as quickly as possible.

3. If possible, keep a line open to police until they arrive. If you cannot stay on the line, call 911 and the dispatcher will direct the police to you. The more information the police receive, the more likely they can bring a potentially violent situation to a safe conclusion.

POST INCIDENT RESPONSE
When a violent incident occurs, many are affected: the victim, witnesses, bystanders, as well as friends, relatives, and coworkers of those involved in or witnessing the event. To avoid

long-term difficulties following a violent event (often called post-traumatic stress syndrome) certain follow-up responses and interventions must take place. For post-event counseling and intervention, contact the hospital Social Worker as soon as possible following the incident.

VI. DOCUMENTATION

N/A