

UC San Diego Health

Policy Name and Number	539.0, Workplace Violence Prevention Program
Effective Date:	September 27, 2016
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Revised Date(s):	N/A

ABSTRACT:

This policy defines UC San Diego Health's Workplace Violence Prevention Program and is designed to recognize and prevent workplace violence. The program is a comprehensive attempt to prevent physical harm and, through education, emotional distress. The Program relies on every employee participating in the reporting of workplace incidents.

RELATED POLICIES:

UCSDH [MCP 538.2](#) Security Management Program
UCSDH [MCP 321.6](#) Event Reporting (iReport)
UCSDH [MCP 306.3](#) Safe Patient Handling and Mobility (SPHM)
UCSDH [MCP 612.3](#) Injury and Illness Prevention Program (IIPP)
UCSDH [MCP 1](#) HIPAA Administrative Requirements and Training
[UC Workplace Violence Prevention Policy.](#)

I. DEFINITIONS

- A. Aggressive Behavior: Disruptive, intimidating, threatening, or violent behaviors.
- B. Disruptive Behavior: Examples of disruptive behavior include, but are not limited to, yelling, using profanity or derogatory epithets, aggressive gestures using arms, legs, or fists, making inappropriate demands for time and attention, making unreasonable demands for action and/or refusing reasonable requests for identification. Such behavior must interfere with and/or prevent normal work functions to be deemed disruptive.
- C. Threatening Behavior – A verbal or written statement or physical action that would cause a reasonable person to fear for their safety or the safety of others.
- D. Violent Behavior - A physical assault on a person or a physical action intended to damage property.

- E. Sexually Inappropriate Behavior - attempts and/or successes at touching, groping, grabbing others in their private areas or making physical contact of a perceived sexual nature which is unwanted by the other person, to include sexual comments and innuendo that are written and/or verbal.
- F. Staff Safety Alert – an alert in the EMR used to communicate information that may be useful in the care and treatment of a patient and advise staff with strategies to create a safe environment.
- G. Workplace Violence – any act of violence or credible threat of violence including intimidation, harassment, and coercion or stalking of employees, patients, or visitors that occurs at the work site. This does not include lawful acts of self-defense or defense of others.

II. POLICY

The intent of the UC Workplace Violence Prevention Plan is to protect employees from injury, psychological trauma or stress by placing a high priority on identification of safety and security hazards and mitigation of potential risks. The plan includes guidelines for the management of a violent or potentially violent patient or visitor who demonstrates behavior that threatens or compromises safety to other patients, visitors and staff.

- A. Workplace Violence Prevention Program Management
 - 1. Security Services
 - 2. The Director, Security Services is responsible for the development and oversight of the UC Workplace Violence Prevention Program and will report out to the Environment of Care on a quarterly basis.
 - 3. The Director, Security Services and the Security Services are responsible for addressing security concerns regarding patients, visitors, personnel and property. The Director, Security Services, is responsible for addressing these concerns and reporting them to the UCSDH Leadership.
 - 4. UC San Diego Health will report all violent incidents on an annual basis to Cal/OSHA on their internet website.
 - a) If the incident results in an injury, involves the use of a firearm or other dangerous weapon, or presents an urgent or emergent threat to the welfare, health, or safety of personnel, UC San Diego Health will report the incident to the division within 24 Hours.
 - b) All other incidents of violence that involve the use physical force will be reported to the division within 72 Hours.

- c) Reports to Cal OSHA shall be redacted of unnecessary patient protected health information (PHI) identifiers to protect patient privacy.
- d) Any workplace violence incidents involving patient harm shall also be reported to UCSDH Regulatory Compliance who will notify California Department of Public Health (CDPH), as appropriate.

B. Threat Assessment and Management Committee (TAMC)

1. The Committee is formed with intra-professional members to include, at a minimum: security, psychiatry, human resources, nursing, environmental health and safety, risk management, and UC police department. Discussions are considered confidential.
2. Guests are invited/approved by the co-chairs.
3. The Committee meets regularly but not less than quarterly.
4. The Committee has a process to evaluate all reports and records of assaults and incidents of aggression.
5. The Committee provides recommendations for program enhancements and hazard correction.
6. The Committee will review all investigations and track corrective actions from the investigation to ensure they are properly implemented and communicate those results to appropriate units and teams.
7. The Committee ensures ongoing staff education is available.
8. The Committee will review all EMR Staff Safety Alerts initially and periodically for ongoing appropriateness.

III. PROCEDURES AND RESPONSIBILITIES

- A. All UC San Diego Health employees are required to report any acts of violence or potential risks to their supervisor and/or security services.
- B. Any UC San Diego Health employee or contractor can report any type of workplace violence internally through iReport and/or to Security Services without fear of reprisal or to the UC confidential Hot Line (1.800.403.4744). Employees will not be discharged or discriminated against for reporting workplace violence incidents.
<http://www.ucop.edu/uc-whistleblower/>

- C. Acts of threats of workplace violence must be reported as soon as possible, preferably before the end of shift.
- D. Urgent or dangerous incidents must be report immediately to the Security Department by dialing extension 36111 or 619.543.6111.
 - 1. Once an incident has been reported, Managers and Supervisors will be responsible for ensuring the incident is documented in iReport.
 - 2. Immediately following the incident, a post incident huddle will be conducted with involved staff by Security using Attachment A (Reflection Form).
 - 3. Occupation Health Services will be responsible for providing for medical care for an employee who has been injured during a violent incident. After hours medical care will be provided by the [UCSDH](#) Emergency Department.
 - 4. Human Resources will be responsible for providing resources such as trauma counseling for all affected employees.
- E. Staff Responsibilities
 - 1. After an incident of assault, violent, sexual or threatening behavior, staff will do the following immediately:
 - a) Notify security and their supervisor/manager.
 - b) Document in the iReport system in the category of workplace violence and/or employee event if injury occurs.
 - c) Discuss in handoff to the next person encountering patient.
 - d) If nursing, update the plan of care and discuss during handoffs.
 - 2. Staff can self-refer to the Employee Assistance Program
- F. Nurse Manager or designee
 - 1. Conducting the post-incident investigation and document findings in the iReport
 - a) Evaluating the need for a timely Staff Safety Alert in the EMR. If situation meets the criteria for placement, will create a safety alert in a SBAR format and activate the banner in chart. Attachment B
 - b) The SBAR will delineate a personalized nursing care plan pertinent to the situation.

c) The Manager will remind staff about the resource of the Employee Assistance Program

2. Non-inpatient managers will discuss with Security Director

G. Training Program

1. All employees, including temporary employees, working in the facility, unit, service, or operation will receive initial training on this plan, how to report to law enforcement, how to recognize the potential for violence, strategies to avoid harm, workplace violence hazards that have been identified, corrective measures that have been implemented and the activities that each employee is expected to perform under the plan. All employees and their supervisors who provide direct care to patients will receive education and training at least annually. The training will provide an opportunity for interactive questions and answers with a person knowledgeable about the workplace violence prevention plan and non-violent crisis intervention.

2. Employees who are assigned to departments identified as High Risk or whose assignments involve confronting or controlling persons exhibiting aggressive or violent behavior will have additional training prior to initial assignment and annually thereafter. This additional training will include: general and personal safety measures, aggression and violence predictive factors, the assault cycle, characteristics of aggressive and violent patients, verbal and physical maneuvers to defuse and prevent violent behavior, strategies to prevent physical harm, restraint techniques, appropriate use of medications as chemical restraints, and an opportunity to practice maneuvers and techniques outlined in the training.

3. UC San Diego Health will conduct periodic drills to assess staff knowledge and understanding of the WPVP plan.

H. Workplace Hazard Assessment

The Facilities Evaluation Committee, together with Managers and Supervisors will be responsible for conducting workplace hazard assessments. These assessments will also include a review of any workplace violence incidents that occurred in the facility in the past year. The environmental risk assessments will include, but not be limited to the following factors: employees working alone, remotely or at early or late hours, poor illumination or visibility, lack of physical barriers, lack of effective escape routes, obstacles and impediments to access alarm systems, locations where alarm systems are not operational, entryways where unauthorized entrances may occur, presence of furnishings or objects that could be used as weapons in patient contact areas and storage of high value items, currency or pharmaceuticals.

1. Fixed Workplaces

Workplace hazard assessments will be conducted for every facility, unit,

service or operation as necessary based on environmental factors, but not less than annually. Assessments will be conducted using the workplace violence environmental hazard assessment tool and must be conducted in every unit and area, including outdoor areas like parking lots and grounds.

2. Field Operations

Employees engaged in field operations, such as mobile clinics, dispensing operations, medical outreach, home health care or home-based hospice will be trained to conduct environmental hazard assessments for their off-site operations. Prior to patient-contact work being conducted the hazard assessments must be completed and communication procedures created for dispatching law enforcement and notifying management, as appropriate. If during the course of the field operations conditions change, the risk assessment must be updated.

3. Patient Specific Hazard Assessment

- a. Employees will be notified by Charge Nurse of patient's mental status and conditions that may cause the patient to be nonresponsive to instruction or to behave unpredictably, disruptively, uncooperatively, or aggressively, or if the patient has a known history of violence against others.
- b. Paramedics or emergency medical service providers will follow established communication rules for dispatching authorities to the scene and to notify law enforcement and the receiving Emergency Department of any risk factors they are aware of at the scene.
- c. Any disruptive or threatening behavior displayed by a patient will be relayed to the Charge Nurse as required based on the behaviors.
- d. Upon request, Security, together with the unit/ service/ or operation Supervisor, will be responsible for assessing visitors and allowing or denying access to the facility.

I. Recordkeeping

- a. All records of workplace violence hazard assessment, evaluation and correction will be created and maintained as required by the UC San Diego Health Workplace Violence Prevention Plan by the Director of Security. Training records will be created and maintained within the LMS for five (5) years and will include the training date, summary of the training, name and qualification of the person conducting the training and the name and job titles of those in attendance.
- b. Records of violent incidents, including the violent incident log will be maintained for a minimum of 5 years by UC San Diego Health.

IV. ATTACHMENTS

Attachment A – Reflections Form
Attachment B – SBAR – Example Staff Safety Alert

V. FORMS

None

VI. RESOURCES

None

VII. REGULATORY REFERENCES

California Senate Bill 1299
Cal OSHA Regulation 8ccr3342 Workplace Violence Prevention in Healthcare

VIII. APPROVALS

This policy and procedure was approved by the following committee(s):

Committee Name:	Date Approved:
Threat Assessment and Management Committee	May 11, 2016
Nursing Policy and Procedure Committee	August 12, 2016
Nurse Executive Council	August 12, 2016
Environment of Care Committee	August 15, 2016
Medical Staff Executive Committee	September 15, 2016
UC San Diego Health Executive Governing Body	September 27, 2016

Creating a Staff Safety Alert in Epic

Procedure – The staff member affected by the violence should enter a report into the iReport staff under “Workplace Violence.” The Nurse Manager or designee will follow up with the staff member and enter additional details surrounding the event. Details should include:

- Whether this is an isolated event or within a pattern of behaviors
- Causality of behavior (head injury, dementia, psychiatric, drug induced, unknown)
- Strategies that could be effective in reducing the risk of future occurrences of violence. Recommend whether a Staff Safety alert is indicated or not.

A review for a Staff Safety Alert application will be done whenever there is potential for staff harm from patient behavior.

Activation of the safety alert will be noted in the iReport and reviewed for appropriateness and completeness by a subgroup of the Threat Assessment Task Force convened by the Director of Security as soon as possible.

The SBAR format will be used to describe the context of the threat, the possible cause of the behavior, and the recommendation for staff behaviors and measures to employ to minimize the potential for injury. Below is an example.

✔ Staff Safety FYI

Staff Safety Details

Situation: Startles easily and becomes violent towards anyone within arm's reach. Also becomes angry when demands/requests are not met immediately.

Background: Has history of PTSD with decreased vision and hearing.

Assessment: Becomes combative with fists and arms swinging upon sudden waking or touching. When angry, will throw projectiles at staff.

Recommendation:

- Encourage him to wear his hearing aids and glasses. If no hearing aids, must speak very loudly.
- Keep bedside table free of clutter.
- Empty urinals as soon as possible as he will throw.
- Offer drinks in disposable cups rather than bottles, mugs, etc.
- Ask permission and explain procedures prior to touching including vital signs and other routine monitoring.
- Allow ample time for processing information.
- Bundle care to reduce the amount of times to interrupt/wake/startle him.
- Always stand out of arms reach when waking him.
- Attempt to wake verbally prior to touching.
- If need to touch to wake him, start at the foot with a gently touch.
- Provide space between the bed and IV poles, etc. Will swing and hit them when waking in a startled state.
- Place sign for staff/visitors to check in with RN prior to entering room.

Staff Safety and Security Alert

1 Goal:

Our goal is to start with a small sample size of patients that have exhibited threatening or violent behaviors and apply an alert in EPIC to increase awareness of staff prior to interacting with patient in an attempt to maintain safety of staff, visitors, and patients.

2 EPIC Alert:

The Epic Alert will be designed as an FYI flag that will trigger a pop up screen once every 22 hours per each staff that accesses the patient's record. The FYI flag pop up screen will display the date and details of the behaviors that the patient exhibited and recommendations for staff to maintain a safe environment for themselves, visitors, and patients. Examples of recommendations may include notifications to Security or Unit Managers, placement in private room, use of sitter or video monitors, and/or communication preferences for routine care or discharge. Staff will have to acknowledge that they have read the alert prior moving further into the patient's record.

Additionally, the patient header in EPIC will have an FYI flag which can be hovered over or selected on to show the details of the alert. There will also be a green banner titled "Staff Safety and Security" that will display across the screen similar to other banners such as Fall Risk, or Chemotherapy, etc.

3 Criterion:

In order to establish guidelines for deciding to proceed with the application of a FYI Flag, we derived and adapted a set of criterion from the WAVR- 21.

- **Known History of Violence, Criminality, or Conflict:** Violent history, especially if recent or frequent in a health care setting; including domestic/intimate partner violence; assault in the health care setting.
- **Intent and Threats:** Expressed intentions, threats, motives, or plans to harm others (spoken, written).
- **Violence Preoccupation:** Reveals violent ideas, fantasies, and identification with violent perpetrators; sees violence as justified.
- **Menacing Behaviors:** Stalking, harassment, bullying, vindictive actions; security breaches; defiance of workplace rules.
- **Irrational Thinking:** Bizarre or highly suspicious beliefs, especially if they include violent ideas; makes highly irrational accusations, especially towards health care workers.

4 Process:

The sample of 5-10 patients will be selected via the Emergency Department (ED) and in the inpatient setting.

The ED patients will be well known to the system and have exhibited threatening or violent behaviors in the past. The intention is that the alerts will begin at Triage and throughout the visit or admit. Inpatients will be chosen if they exhibit violent or threatening behaviors while admitted and discharge is not imminent.

5 Feedback:

A survey will be given to those that are caring for the patient to determine the effectiveness of the alerts. Survey results will be reviewed and changes will be considered based on the feedback received.