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<input checked="" type="checkbox"/>	GSRMC	<input checked="" type="checkbox"/>	SNLH
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Policy & Procedure

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Revision #: 5

Owner: Safety, Security & Emergency Management

Authorized by: Director Safety, Security & Emergency Management

Workplace Safety and Violence Reduction

APPLICATION

All employees of Samaritan Health Services (SHS) and affiliated organizations.

POLICY

Samaritan Health Services has established a policy that provides zero tolerance for actual or threatened violence against co-workers, patients, or any other persons who are either on our premises or have contact with employees in the course of their duties. Samaritan Health Services is committed to providing a workplace that is free from acts of violence or threats of violence.

Security and safety in the workplace is every employee's responsibility. Compliance with this workplace safety policy is a condition of employment and will be evaluated along with other aspects of performance. Employees who engage in or contribute to violent behavior, or who threaten others with violence, may be subject to corrective action up to and including termination.

Examples of prohibited conduct include the following:

- ❖ Attempted or actual attack(s)
- ❖ Bringing any type of weapon on to the premises (including the parking lot)
- ❖ Threats of harm
- ❖ Aggressive conduct (such as throwing things or damaging property)
- ❖ Abusive language or gestures

To promote efforts to provide a safe and secure workplace that is free from violence, Samaritan Health Services has established emergency security procedures that are all-hazards based. To provide for a safe environment SHS will perform risk assessments to identify potential hazards. As hazards are identified staff will receive training that address the areas assessed to be the highest risk.

Employees are required to report any incident involving a threat of violence or act of violence immediately without fear of retaliation.

All reported incidents will be investigated by the appropriate person(s) dependent on the circumstances of the incident (see SHS Human Resources Policy Employee Corrective Action Guide). In addition, certain actions may cause the employee to be held liable under state and/or federal law.

PROCEDURE

DEFINITIONS:

1. Workplace Violence is defined by OSHA as “violent acts (including physical assaults and threats of assaults) directed towards persons at work or on duty”.

IMPLEMENTATION:

Threat Assessment Team

The SHS Workplace Safety and Violence Reduction program includes a Threat Assessment Team responsible for Hazard Assessments, Review of Incident Reporting, Investigation, Follow-up and Evaluation of Reports. The Threat Assessment Team includes senior management, supervisors, and other employees. The team may also include representatives from Operations, Facilities/Engineering, Employee Assistance, Security, Employee Health, Safety, Legal and Human Resources staff. The resulting workplace violence risk assessment will be reviewed on an annual basis.

Identification and Assessment of Workplace Violence Hazards

Identification of hazards is accomplished through a formal workplace violence risk assessment. The assessment provides quantifiable means of identifying the components of risk:

1. The hazard itself.
2. The vulnerability to that hazard.
3. The consequences of the hazard occurring.

Following identification of these component root causes, creation of situationally appropriate processes and/or refinements to existing processes will be made.

Workplace Hazard Control and Prevention

Following the worksite assessment and analysis, means of achieving control and prevention of workplace violence is necessary. To achieve this the following 5 steps will be undertaken:

1. Identification and evaluation of control options for workplace hazards.
2. Select effective and feasible controls to eliminate or reduce hazards.
3. Implement these controls in the workplace.
4. Follow up to confirm that these controls are being used and maintained properly.
5. Evaluate the effectiveness of controls and improve, expand, or update them as needed.

Training and Education

For designated staff, training in workplace violence and de-escalation techniques will occur upon hire and annually thereafter. Additional training may occur as risks are identified.

Investigation

1. All complaints and incident reports will be investigated thoroughly by the appropriate parties, dependent on the circumstances, questioning both the complainant and the alleged perpetrator. The complaint, investigative steps and findings must be documented. All documentation, including names, will be kept secure and reported on a “need to know” basis only.
2. Follow-up and evaluation of response and outcomes will be undertaken, and recommendations for policy and/or procedure changes will be made where indicated.
3. Employees who are dissatisfied with the resolution of an incident may file a complaint according to the Grievance Policy.

Record Keeping

Per OSHA regulation (29 CFR 1904.36) on recordkeeping, records will be maintained and available for a period of no less than five (5) years. Records may include but are not limited to the following: documentation of injuries, patient history, illnesses, incidents and assaults; hazards, corrective actions, Safety Committee meeting minutes and training. These and other records help determine the severity of the problem; identify any developing trends or patterns in particular locations, jobs or departments; evaluate methods of hazard control; identify training needs and develop solutions.

Post-Incident Procedures and Services

If a workplace violence incident does occur, the affected employee should immediately report the incident to his or her Manager, Supervisor, or the Nursing Supervisor. A Security Incident Report/Code 5 Debriefing form is used to document the incident.

- ❖ If the manager is the source of the alleged incident, the employee should report the problem to another available Supervisor, Manager, Vice President or the Director of Human Resources.
 - ❖ Depending on the nature of the incident, it may be appropriate to report the incident to the local law enforcement agency.
 - ❖ If an employee is injured as a result of an incident, the employee should seek medical treatment and complete an Employee Accident Report form.
1. Managers who receive a complaint involving violence, destruction, and/or misuse of hospital assets, resources, and property should report the complaint to Administration and SHS Security.
 2. Complaints relating to any form of Harassment should be reported to Management and Human Resources. Another reporting avenue is the Compliance Department.

REFERENCES

- SHS Security Incident Report Form
- SHS Employee Accident Report Form
- SHS Corporate Integrity Program – Addendum A – Code of Conduct
- Guidelines for Preventing Workplace Violence for Healthcare and Social Services Workers, OSHA website available at www.osha.gov
- OSHA Injury and Illness Recordkeeping and Reporting Requirements available at: <https://www.osha.gov/recordkeeping/index.html>

REVIEW/REVISION HISTORY

Date of Revision	Revision #	Revision / Review	Revision Description	Collaborated With (i.e. Standardization Committee, VP's, Quality, Risk)
Date Released	0	New		
10/02/2014	0-2	Revision	Archived	
10/02/2014	3	Revision	Replaced '801 form' with 'Employee Accident Report form.' Added section on tracking and analyzing workplace	Human Resources

			violence incidents.	
08/10/2016	4	Review	Annual Review	Human Resources
08/10/2016	4	Revision	Removed standardized data collection tracking tool language.	Employee Health, Emergency Management/Security
4/2/2018	5	Revision	Updated language adding clarity on all-hazards assessments, threat assessment team, follow-up, training and evaluation.	Security, Emergency Management, Employee Health, Risk, Human Resources & Professional Development.
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