

## **Workplace Violence / No Weapons Policy & Procedure**

### **PURPOSE:**

To provide a work environment that minimizes the risk of threats and violence.

To outline appropriate response to any report of violent or abusive behavior, threats, and violence.

### **APPLICABILITY:**

All Aspirus entities

All Aspirus and allied health providers clinical staff, employees, contractors, vendors, volunteers, patients, visitors, or others interacting with aforementioned individuals.

### **DEFINITIONS:**

**Aspirus Property:** Includes, without limitation, all Aspirus owned or leased buildings and surrounding areas such as sidewalks, walkways, driveways and parking lots under the ownership or control of Aspirus. Aspirus vehicles are always covered by this policy regardless of whether they are on Aspirus property at the time.

**Combative Person:** An individual who displays violent and abusive or other behavior that causes the Aspirus Health staff to perceive the need for immediate assistance to protect the health and safety of the individual or others. (Included in workplace violence for the purposes of this policy.)

**Sentinel Event:** For purposes of this policy, those sentinel events and serious harm events as defined by The Joint Commission where life-threatening harm interfering with or resulting in loss of functional ability or quality of life occurs to employees and homicide, sexual abuse/assault, or physical assault (leading to death, permanent harm, or severe harm) of a staff member, licensed independent practitioner, visitor, or vendor while on site at the organization or while providing care or supervision to patients.

**Serious and Imminent Threat:** Facts and circumstances that cause the Aspirus Health staff to perceive that serious physical harm or death could soon occur to themselves, a patient, another person, or the public, based on workplace violence, violent acts, or weapons.

**Violent Act:** An event that causes the Aspirus Health staff to perceive the need for immediate assistance to protect the health and safety of themselves, individual or others.

**Security Alert Form:** Form used for the purposes to create awareness of security risks associated to individuals, building or property across key entrances or departments in the hospital or building, as impacted.

**Violent and Abusive Behavior:** Any threat or act of violence against an employee/faculty member, vendor, customer, patient, family member, visitor or Aspirus Facility that occurs on Aspirus property. (Included in workplace violence for the purposes of this policy.)

Situations may include, but are not limited to:

- Written, verbal or physical threat to harm.
- Offensive or threatening language.
- Coercive or harassing behavior that causes physical or emotional harm.
- Physical contact that is unwelcome and/or has the intent to cause distress or injury.
- Approaching or threatening another with a weapon.
- Causing or attempting to cause injury or intimidation to another person.

**Weapon:** Any object used to intimidate, inflict bodily harm, or kill (e.g., firearms, electronic control devices [Taser, stun gun], clubs, brass knuckles, knives, razors, explosives, mace, pepper spray, switchblades, swords, martial art apparatuses [nunchucks, metal stars]).

**Workplace Violence:** 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 actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors (per The Joint Commission's accreditation manual's Glossary). For purposes of this policy, workplace violence includes combative person(s), violent acts, and violent and abusive behavior.

**POLICY:**

- I. Aspirus is committed to ensuring the safety and security of its providers, clinical staff, employees, contractors, vendors, volunteers, patients, visitors and property. Aspirus does not tolerate serious and imminent threats, violent acts, violent and abusive behavior, possession of weapons, and any form of workplace violence.
- II. Aspirus prohibits all persons who enter Aspirus properties from possessing a weapon while on Aspirus Health property regardless of whether the person is licensed to carry the weapon or not. This excludes on-duty and off-duty law enforcement personnel carrying appropriate credentials or department issued badge.
- III. Individuals observing any individual possessing a weapon on Aspirus property must report immediately to the Hospital Supervisor, Administrator on Call, senior leader of the facility, and/or the Security Department as applicable at that location. All reporting under this policy and related to workplace violence will be held in the strictest confidence and Aspirus will ensure there are no reprisals against employees who report.
- IV. All Aspirus or allied health clinical staff, employees, contractors, vendors, and volunteers not adhering to this policy/procedure or engaging in activities prohibited by this policy/procedure are subject to disciplinary action up to and including termination, law enforcement involvement, and charges per applicable local ordinances and state/federal law.
- V. Patients, visitors, or others who choose not to comply with this policy are subject to law enforcement involvement and charges per applicable local ordinances and state/federal law.

**PROCEDURE:**

- I. **Serious and Imminent Threats**
  - A. **Individuals who perceive a serious and imminent threat shall:**
    1. **Take available measures to immediately remove self and others from the active threat.**
    2. **Activate appropriate security alarms/notifications and resources at the location.**
    3. **Call 911 (if not automatic based on local security alarms/notifications).**
  - B. After the serious and imminent threat is mitigated, the appropriate operational leader should notify and involve other support resources as needed and available, including, but not limited to:
    1. Emergency Department
    2. Administrator On Call
    3. Security
    4. Employee Health
    5. Human Resources
    6. Employee Assistance Program
    7. Care Coordination
    8. Clinical Risk Management
    9. Chaplain
    10. Critical Incident Staff Support Team
    11. On call psychiatry
    12. Marketing & Communications

C. Continue as applicable from Workplace Violence, II. B. of this policy.

## II. Workplace Violence

- A. **Immediate Action:** Individuals who observe or are a witness to workplace violence shall:
1. **Take available measures to reduce risk of harm to self, patient, and others** (including requesting/ordering applicable clinical measures for patients receiving assessment, care, and treatment).
  2. **Immediately contact attending provider and clinical staff, if applicable, and your supervisor.**
  3. **If appropriate and available, page/notify a "Security Response" or "Emergency Response Team"** to report to the location. For a weapons incident, a "Security Alert Internal Lockdown" (where applicable).
  4. **If the workplace violence involves illegal activity, call 911 to notify law enforcement.**
- B. **Employee Injury:** Immediate first aid should be rendered, and an event entered in the event reporting system (SafetyZone) by the employee or employee's supervisor and submitted to Employee Health.
- C. **Behavior Agreement:** Operational leaders will ensure that patients identified as a risk for escalation of behaviors or continued combative behavior disrupting the patient care plan will be required to complete a behavior agreement to establish patient/visitor expectations during their visit.
- D. **Verbal Events:** Events at a verbal level should first be addressed by the immediate supervisor. The Hospital Supervisor and/or Administrator On Call will be notified of the incident. De-escalation methods should be used and documented in the electronic medical record. Individuals should be informed of the unacceptable behaviors and advised of appropriate behavior that must occur to resolve the situation. If the situation escalates Security will be notified if available at the site.
- E. **Additional Notification:** Individuals who perceive that they are being or have been subjected to workplace violence must advise Security (where present), their operational leader, and Human Resources.
1. **Reporting in Event Reporting System (SafetyZone):** A SafetyZone Workplace Violence Event should be completed by the individual(s) directly involved or with the most knowledge of the event. Security or the appropriate department leader on the behalf of the individual(s) directly involved or with the most knowledge may complete the event. A Security Alert Form may be developed and disseminated to key areas based on the risk of the factors regarding the situation or individual. The following may be included in either the SafetyZone event or Security Alert Form:
    - a. Employee Health
    - b. Operational Leader(s) of area affected
    - c. Human Resources
    - d. Clinical Risk Management & Patient Safety
    - e. Telecommunications and Reception Desk will also be notified if appropriate.
    - f. Manager of Facilities Management and Security
- F. **Investigation and Follow-up:** Upon receipt of a SafetyZone Event report, Human Resources and the applicable onsite operational leader will work collaboratively with others notified via the event reporting system, as applicable, to initiate an investigation. Human Resources should be notified, and the assistance of the Security personnel (if available at site) obtained before an operational leader intervenes into any situation that may constitute a violation of this policy unless immediate intervention is required.
1. **Patient Safety Plan:** Once the immediate event has been controlled, Security, nursing and operational leaders, the direct patient care team(s), and appropriate resources should collaborate to determine a safety plan if the combative person is a patient. That safety plan should be communicated in the patient's EHR. (Safety plans may include expedited admission, discharge, behavioral contracting, medical management revisions, etc.)

2. **Employees Filing Charges and Law Enforcement Involvement:** Human Resources will contact local law enforcement agencies if necessary. If the threat or violation occurs after normal working hours, individuals responsible for security will contact the Hospital Supervisor or Administrator On Call who will determine if law enforcement will be contacted. Aspirus resources (Human Resources, Legal, Risk, insurance) will provide support, as applicable, to employees that choose to pursue a criminal complaint against any individual that engages in workplace violence.
  3. **Security Alert Form:** Actions taken will be documented and maintained with the original Security Alert Form (kept in Security or with the designated onsite administrators copy).
  4. **Employee Assistance Program:** If any individual feels they have been traumatized so severely that post incident counseling may be necessary, services provided under the Employee Assistance Program policy will apply and be provided by Human Resources with consultation of Employee Health.
  5. **Critical Incident Stress Debriefing:** Individuals involved in a serious or imminent threat or workplace violence at an Aspirus facility will be provided the opportunity to participate in any critical incident stress debriefing offerings and, as appropriate, other human services arrangements, as necessary.
  6. **Visitors or Family Members:** Visitors or family members who engage in workplace violence and/or pose a serious or imminent threat may be removed from the Aspirus location immediately for a minimum of 24 hours, and the ability of the visitors or family members to reenter will be determined by Security, the Administrator On Call, and the patient's treatment team. Visitors or family members that do not abide by the restriction will cause the location to engage law enforcement for trespassing and other remedies available under the applicable local ordinances and state/federal laws.
  7. **Patients and Domestic Violence:** Employees working with patients presenting with injuries sustained by potential domestic violence situations should ask the patient if they knew their attacker and if they are concerned that the attacker might follow them to the facility. With confirmation that the attacker may present to the facility, additional steps should be taken. Obtain description of individual, control access to their treatment location and, if in the hospital setting, notify Security if available at the site so that they can provide additional security to the area, as necessary. If Security is not available department leadership should work with Law Enforcement.
  8. **Euthanasia Concerns:** Employees that hear conversations in reference to euthanasia by family members should report the information to their immediate supervisor and Security. Steps should be taken to consult with the patient's attending provider and social worker and consider an ethics consult. Additional security measures should be discussed with Security and the Hospital Supervisor, attending provider, and Social Worker to implement. Law enforcement should be consulted as the situation warrants.
  9. **Sentinel Events:** Workplace violence that constitutes a sentinel event per The Joint Commission will undergo a comprehensive and systematic analysis resulting in a corrective action plan to reduce risk and prevent recurrence within 45 business days of the event or becoming aware of the event, consistent with the Aspirus Sentinel Event policy. Employee Health leadership shall lead such events.
- G. **Electronic Medical Record Flag for Combative Persons** will be applied and labeled "Disruptive Patient" on the medical records of any patients will be flagged as "Disruptive Patient" in the electronic medical record indicating the behavior and risk.
1. Clinical staff providing care will be responsible for initiating the flagged status and providing details of risk per the approved department process.
  2. Patients who are flagged as "Disruptive Patient" have the right to receive appropriate & equitable care and treatment.

3. Flags identifying Violent Patients will remain in the patients record for three years unless the patient's attending or primary care provider, with consultation of available social worker, determine removal of the Violent Patient Flag is warranted earlier.
4. Primary care and attending providers will be notified by staff of a patient flagged as a Violent Patient in the electronic medical record and can choose to enact a behavior agreement with the patient to reduce the chance of behavior recurring.
5. Primary care providers, Nursing Directors/VPs, HR leaders, Social Workers, and designated Security personnel of Hospital and Clinics will have access to listings of Violent Patients based on their operational location to reference as needed for care planning purposes with providers and staff.
6. A multidisciplinary team including representatives from Employee Health, Social Work, Human Resources, medical staff, nursing, will review and validate those newly flagged as Violent Patients or those flagged that are automatically expiring and make changes if review of patient history justifies it.

### III. No Weapons

- A. Signage will be posted at all public entrances and at entrances into the parking areas indicating that the premises do not allow weapons, including firearms.
- B. All Aspirus employees are prohibited from possessing a weapon while in the course and scope of performing their job for Aspirus, whether they are on Aspirus property at the time or not and whether they are licensed to carry a firearm or not. Employees may not carry a weapon covered by this policy while performing any task on the behalf of Aspirus.
- C. Employee personal vehicles may contain weapons while on Aspirus property, but the weapon must remain in a locked vehicle. The only exceptions to this are persons who have been given written consent by Aspirus to carry a weapon while performing specific tasks on behalf of Aspirus.
- D. Weapons are prohibited at any Aspirus sponsored functions such as parties or picnics.
- E. Individuals with question about whether an item is covered by this policy should contact Human Resources or the location's Security if available. Individuals are responsible for making sure that any potentially covered item they possess is not prohibited by this policy.
- F. Upon identification of an individual with a weapon, staff must politely inform the individual of our policy and request that they secure the weapon in their locked vehicle.
  1. If the individual refuses, Security, the operational leader and/or the Administrator On Call should be notified (using Chain of Command as applicable).
  2. Security and/or the operational leader will again request the individual to secure their weapon in their locked vehicle.
  3. If response is refusal, Security or the operational leader must request local law enforcement presence to remove the individual from the property and use available legal remedies (including but not limited to trespassing).
- G. If a patient is brought into the facility by Emergency Medical Services to a hospital's Emergency Department and a weapon is discovered:
  1. Security or the appropriate department leader must be contacted.
  2. If a family member is present, they will be asked to take possession of the weapon and to secure it in their locked vehicle.
  3. If family is not present, Security will handle the weapon according to the Patient Personal Belongings and Valuables policy. If Security is not available at the site, law enforcement will be contacted to take possession of the weapon according to their department policy.
    - a. The weapon will be secured in a weapons locker or case by security if available at the site.
    - b. If the site does not have a security presence, then the operational leader will ensure the weapon is placed in a weapons locker or case pending arrival of law enforcement.
    - c. Return of the weapon to the patient will be arranged by Security if available at the site or law enforcement.

### IV. Training

- A. De-escalation training is provided to employees to assist with recognizing the early warning signs of escalating behavior or a potentially violent person, how to respond to those individuals, and how to report such incidents. Employee enrollment and training location is available through HealthStream.
1. Staff working in high-risk areas such as the Emergency Department or performing sitter responsibilities are required to complete and maintain Aspirus approved de-escalation training.
  2. All other staff who are responsible for patient care or assist with visitors are encouraged to complete an Aspirus approved de-escalation training course.
  3. Based on hazard vulnerability assessments, site-specific training needs will be determined and supported.

## REFERENCES:

Patient Dismissal Policy: Policy ID# 9872239 <https://aspirus-all.policystat.com/policy/9872239/latest>

Workplace Violence Staff Workflow

OSHA Section 5(a), General Duty Clause  
OSHA 3148, 1996

OSHA. (2017) Workplace Violence. Accessed ##/##/## at: <https://www.osha.gov/SLTC/workplaceviolence/>

Hospital Conditions of Participation. CMS. 482.23 (c)(2)  
HHS.gov HIPAA

Wisconsin Legislature: 2011 Wisconsin Act 35  
Michigan Legislature: Driven by federal standards

The Joint Commission "Hospital Accreditation Standards" EC.02.01.01  
The Joint Commission "Workplace Violence Prevention Standards," effective January 1, 2022.  
The Joint Commission "Sentinel Event Policy and Procedures," last accessed January 13, 2023.

American Nurses Association. Position Statement on Incivility, Bullying, and Workplace Violence. (2015). Retrieved March 2020 from: <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/incivility-bullying-and-workplace-violence>

Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers. OSHA Publication 3148-01R. (2015). Retrieved March 2020 from: <https://www.osha.gov/Publications/osh3148.pdf>

Hospital Conditions of Participation. CMS. 482.23 (c)(2)

System:

Employee Assistance Program  
Potentially Threatening Situation (Security Alert Internal Lockdown)  
Security Management Plan

Policies:

Harassment, Sexual Harassment and Other Inappropriate Behavior  
Patient Personal Belongings and Valuables  
Corrective Action  
Environmental Searches for Contraband

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Patient Dismissal from a Provider's Practice  
Sentinel Event Reporting

**APPROVALS:**

System Workplace Violence/Employee Health: ##/##/##

System Facilities Management Policy Committee: ##/##/##