

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICY MANUAL**

Workplace Violence Prevention Program

Effective Date:	10/08	Policy No:	AD121
Cross Referenced:		Origin:	Security Team
Reviewed Date:	12/10, 07/11, 11/12	Authority:	Safety Officer
Revised Date:	07/11	Page:	1 of 4

I. SCOPE

The Workplace Violence Prevention Program is a hospital-wide program and applies to all departments and services of Hackettstown Regional Medical Center (HRMC). Violent incidents (subsection f. of NJDOHSS S1761), the Log of Work-Related Injuries and Illnesses (OSHA Form 300) and worker's compensation records will be maintained according to regulation.

II. DEFINITIONS

Health care worker: an individual who is employed by a covered health care facility. Violence or violent act: any physical assault, or any physical or verbal threat of assault or harm against a health care worker.

III. PURPOSE

To outline the structure of the Workplace Violence Prevention Program which creates a safe, violence free, environment for our employees. Data analysis is integrated into an annual risk assessment and vulnerability analysis which are communicated organization-wide to improve the safety and security of the workplace.

IV. RESPONSIBILITY

- A. Governing Board – The authority for the Workplace Violence Prevention Program rests with the Governing Board (The Board). The Board delegates the authority to implement and maintain the activities described herein to the President of the hospital.
- B. President – The President of HRMC through management and administrative staff, supports ongoing efforts to identify workplace violence risks and reduce the likelihood of occurrence. The President of the hospital appoints an Administrative Director and Lead Security Coordinator as co-chairs of the Security Committee which has oversight of the organization-wide Workplace Violence Prevention Program. The Administrative Director serves also as the hospital's Safety Officer.
- C. Administrative Directors, Directors & Managers – All Administrative Directors, Directors and Managers are responsible for correction of working conditions, processes, and procedures that increase the likelihood of workplace violence; for ensuring that employees under their direction receive relevant information and education concerning the Workplace Violence Prevention Program; for ensuring prompt reporting of events or situations of actual or potential workplace violence; and for promoting a climate of continuous workplace safety.
- D. Security Committee – This committee is a stand alone committee that oversees the activities of the Workplace Violence Prevention Program and reports key findings to the Safety Committee. Membership includes the Administrative Director/Safety Officer, Lead Security Coordinator, Registered Nurses from Emergency Department, Maternal/Child Health,

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Medical/Surgical Department, Critical Care Department, Registrars, Volunteer Coordinator, and other members as needed. The Security Committee meets no less than four (4) times each year.

V. DUTIES OF THE SECURITY COMMITTEE

- A. Developing and maintaining a Workplace Violence Prevention Plan (WVPP).
- B. Performing an annual workplace violence risk assessment and vulnerability analysis which includes, but is not limited to, access, staffing levels, crime rate, lighting, communication devices, alarm and/or surveillance systems, presence of individuals who may pose a risk, review of historical data related to workplace violence.
- C. Timely reporting of incidents, actual or threatened, of workplace violence.
- D. Developing measures to minimize preventable events and reviewing evidenced based practices to enhance workplace safety.
- E. Identify violence prevention policies, i.e. Code Gray.
- F. Specify methods to reduce identified risks, i.e. training, changes in job design, staffing, equipment, or facility modifications.

VI. REPORTING OF WORKPLACE VIOLENCE EVENTS

- A. Non-Punitive Reporting Policy
The hospital recognizes that if we are to succeed in creating a safe environment, we must create an environment in which it is safe for healthcare workers to report violent acts. The hospital will promote openness and require that any violent act be reported, while insuring that reported acts will be handled without a threat of retaliation.
- B. Reporting and Internal Tracking
 - 1. Employees and professional staff members are required to report any violent act.
 - 2. An Incident Report will be completed in accordance with the policy on Incident Reporting using HERCULES. The Department Manager will assure completion of the Incident Report.
 - 3. Any Manager receiving a report of an actual or possible violent act will assure prompt notification of the Employee Health RN, Human Resources Director, and/or the Administrator on Call.
 - 4. The Employee Health RN is the individual responsible for timely reporting of workplace violence to regulatory agencies as required. Reports will be maintained for five (5) years.
 - 3. In the absence of the Employee Health RN, the Director of Human Resources will report.
 - 4. The Administrative Coordinator will notify the Administrator on Call of the event if it occurs in off hours.

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VII. SUPPORT FOR THE HEALTHCARE WORKER

When an event has occurred with significant consequences for the healthcare worker, appropriate support from within the hospital should be mobilized in a coordinated fashion. Support may include but not be limited to Employee Assistance Program, Pastoral Care, Social Services and Human Resources.

VIII. DATA COLLECTION AND RISK ASSESSMENT

The goal of data collection and risk assessment is to determine potential frequency and type of violent acts to reduce the likelihood of incidents with the potential for injury.

A. Data Sources (including but not limited to):

Internal:

Incident Reports

Risk Management and Safety/Security findings

Departmental PI/Service indicators

External:

Joint Commission Sentinel Event Alerts

Accreditation/regulatory deficiencies

Professional Liability Carrier recommendations and alerts

NJ Department of Health & Senior Services

OSHA Alerts

Joint Commission's Briefings on Hospital Safety

Healthcare Security Alerts

B. MEASURE (Data Evaluation)

Evaluation of collected data will be undertaken to identify trends or patterns that vary significantly from what is expected, possibly requiring a change in systems or processes.

IX. PROACTIVE RISK REVIEW

A. HRMC proactively evaluates its current practices to ensure incorporation of best practices established through external data sources.

B. Data analysis provides information for both the annual Risk Assessment and the annual review of the Workplace Violence Prevention Program.

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X. EDUCATION & COMMUNICATION

- A. Information on the Workplace Violence Prevention Program will be provided in New Employee Orientation.
- B. Completion of the Learning Suite module on Workplace Violence Prevention will be completed by staff members annually.
- C. Security staff and key hospital staff receive additional training in techniques to de-escalate and minimize violent behavior, appropriate responses to workplace violence, and identifying aggressive or violent predicting factors.

XI. ONGOING AND ANNUAL PROGRAM REVIEW

- A. A report on workplace violence incidents identified, and actions taken to improve safety, will be submitted at least annually to the Safety Committee, Professional Practice Committee of the Governing Board, and Governing Board.
- B. The following documents will be provided annually for review and approval by the Safety Committee, Professional Practice Committee of the Governing Board and the Governing Board:
 - The Workplace Violence Prevention Program and Evaluation
 - The Workplace Violence Prevention Risk Assessment