



Section: 100 – 200 Administration

Subject: Workplace Violence & Prevention

Table of Contents

I. Purpose.....	1
II. Definitions	1
III. Procedure.....	4
A. Scope.....	4
B. Reporting and Responding to Workplace Violence Threats	5
C. Investigations	7
D. Monitoring and reducing workplace violence	7
E. Education	7
F. Resources for Victims of Workplace Violence	7
G. Documentation.....	7
IV. References.....	8
V. Attachments	9
A. Debriefing and Evaluation Form	9
B. Immediate Threat of Violence Algorithm.....	12
C. Non-Immediate Threat of Violence Algorithm.....	13

I. Purpose

To uphold the goal of Jackson Health System (JHS) to prevent and reduce episodes (threats and/or incidents) of workplace violence to employees, patients or visitors; and to foster a culture of safety.

Jackson Health System is committed to provide a safe, healthy and supportive environment free of violence to employees, patients and visitors. Our workplace violence prevention program recognizes that violent events can and do happen. JHS recognizes that workplace violence occurs, and although it is difficult to completely eliminate workplace violence, it is possible to reduce the frequency of events and increase the awareness of behaviors that could rise to the level of workplace violence if left unaddressed.

In keeping with this goal, this policy describes JHS' workplace violence prevention program, the strategies it employs to foster a culture of safety, definitions of workplace violence, and the avenues to report threats and events of workplace violence.

II. Definitions

Abuse: Intentional mistreatment that may cause either physical or psychological injury. See also mental abuse, neglect, assault, physical abuse, sexual misconduct.

Accidental Violence: Based on the victim's perception, the violent action was not intended to cause harm.

Assault: is any intent to inflict injury on another, coupled with an apparent ability to do so; or any intentional display of force that causes the victim to fear immediate bodily harm.



Section: 100 – 200 Administration

Subject: Workplace Violence & Prevention

Behaviors That Undermine a Culture of Safety: Conduct by staff that intimidates others to the extent that quality and safety could be compromised. These behaviors, as determined by the organization, may be verbal or nonverbal, may be threatening, or may involve physical contact.

Behavior Management: The use of basic behavioral or learning-based programs designed to help the patient or resident develop socially appropriate and safe replacement behavior. Characteristics of a behavior management program are that all the direct care staff are trained in the application of the program; it is a written, planned program; it is applied at all times the patient or resident is under the supervision of direct care staff; and it is distinct from other therapeutic interactions with the patient or resident.

Debriefing: a direct and intentional conversation with involved/ necessary parties to identify what was done correctly and identify areas of improvement.

De-escalation: combination of strategies, techniques, and methods intended to reduce a potentially violent situation.

Disruptive and inappropriate behavior: behavior that has a negative impact on the workplace. This includes, but is not limited to, verbal or non-verbal conduct that: (1) is violent or threatening to any other person, (2) negatively affects quality of patient care and/or disrupts the operation of the healthcare setting, (3) affects the ability of others to do their jobs, (4) creates a hostile work and/or care environment for JHS employees, medical staff or patients, (5) interferes with an individual's ability to practice competently, or (6) adversely affects or impacts the community's confidence in JHS' ability to provide quality patient care. **See also" Behaviors that undermine a culture of Safety."**

Domestic Violence: A pattern of behavior in any relationship that is used to maintain power or control over an intimate partner. Domestic abuse can be physical, verbal or emotional.

Family: A person or persons who play a significant role in an individual's life. A family is a group of two or more persons united by blood or adoptive, marital, domestic partnership, or other legal ties. The family may also be a person or persons not legally related to the individual (such as a significant other, friend, support person, or caregiver) whom the individual personally considers to be family. A family member may be the surrogate decision-maker if authorized to make care decisions for the individual should the individual lose decision-making capacity or choose to delegate decision making to another.

Fear-Eliciting: Intentionally causing undue fear, fright, panic, or terror in order to obtain compliance by the individual.

Harassment: behavior or communication designed or intended to intimidate or frighten another person.

Immediate Threat of Violence: imminent or impending threat of violence which has an increased likelihood of resulting in serious harm, injury or death if there was no response.

Intentional Violence: Based on the victim's perception, the violent action was intended to cause harm.

Near miss: incidents that could have resulted in injury, illness or damage but did not.

Non-Immediate Threat of Violence: threat with the potential for future harm, injury of death.



Section: 100 – 200 Administration

Subject: Workplace Violence & Prevention

Occupational illness (or disease): any abnormal condition or disorder, caused by exposure to factors associated with employment.

Patients: any individual seeking and/or receiving health care services from the JHS.

Physical Abuse: Any unwanted or violent physical contact including beating, slapping, hitting, punching, shoving, shooting, pinching, smashing, throwing objects.

Physical Attack: is hostile physical contact including hitting, shoving, pushing, punching, biting, spitting, groping, pinching, or kicking the victim, unwelcome displays of affection.

Psychological/Mental abuse: is an act that provokes fear or diminishes an individual's dignity or self-worth or that intentionally inflicts psychological trauma on another.

Risk assessment, proactive: An assessment that examines a process in detail including sequencing of events, actual and potential risks, and failure or points of vulnerability and that prioritizes, through a logical process, areas for improvement based on the actual or potential impact (that is, criticality) of care, treatment, or services provided.

Safety: The degree to which the risk of an intervention (for example, use of a drug, or a procedure) and risk in the care environment are reduced for a patient, staff or others present in JHS facilities. Safety risks may arise from the performance of tasks, from the structure of the physical environment, or from situations beyond the organization's control (such as weather).

Safety management: Activities selected and implemented by the organization to assess and control the impact of environmental risk, and to improve general environmental safety.

Security: Protection of people and property against harm or loss (for example, workplace violence, theft, access to medications). Security incidents may be caused by persons from outside or inside the organization.

Sexual Misconduct: constitutes each of the following: sexual exploitation, abuse, assault, harassment/intimidation, and any sexual contact, conduct, or acts committed in the presence of a vulnerable patient (including minors), employee or member of the public, with or without that person's expressed consent.

Staff: Physicians (non-employed physicians are considered to be staff for the purposes of this policy), residents, employees, volunteers. As appropriate to their roles and responsibilities, all individuals who provide care, treatment, or services in the organization, including those receiving pay (for example, permanent, temporary, part-time personnel, as well as contract employees), volunteers and health profession students..

Threat: is a statement (verbal or written) of intent to hurt or punish another person (s):

- A **conditional threat** involves a condition, it warns that a violent act will happen unless certain demands or terms are met, for example, "If you do not leave me alone you will regret it."
- **Direct threat** is clear and explicit communication indicating that the potential offender intends to do harm, for example, "I am going to make you pay for what you did to me." Includes civil disturbance, gang related activity, labor unrest or other acts of violence which may present to JHS.



Section: 100 – 200 Administration

Subject: Workplace Violence & Prevention

- **Indirect threat of violence:** includes but not limited to phone calls, notes, mail or e-mail, vandalism, etc.
- **Veiled threats** are one that strongly implies but does not specifically threaten violence.

Threat Assessment Team: this is the group of individuals who are in house or immediately available at the time of the reported threat or act of violence and can quickly move to investigate the complaint, notify internal leaders and police if required, and mitigate further harm. These individuals are also responsible for documenting findings and actions. This team should at minimum include: security, administration and the department leader.

Violence in Healthcare: Violence in health care refers to a broad range of behaviors included (but not limited to) physical violence, intimidation and or behaviors that are disruptive to JHS environment and generate concern for the personal safety of JHS patients, employees and others who are present in JHS facilities.

Visitors: Family members, friends, clergy, vendors, consultants.

Workplace: physical location where JHS work or operations are performed including all JHS facilities satellite locations and remote locations..

Workplace Violence: any actual, attempted or threatened conduct of a person that causes or is likely to cause physical and/or psychological harm/injury/illness or that gives a person reason to believe that they or another individual are at risk of physical and/or psychological harm/injury/illness. This includes any actual or attempted verbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; assault, near miss, verbal, psychological abuse, sexual misconduct, and harassment involving JHS employees, agents, vendors, consultants, patients and visitors.

Workplace Violence Prevention: includes a broad range of strategies and control measures that reduce or eliminate the occurrence of workplace violence.

Workplace Violence Prevention Committee: an interdisciplinary committee comprised of; Security Services, Environmental Health & Safety, Risk Management, Regulatory Affairs, Human Resources/Employee Labor Relations, Administration, and other Adhoc Services.

III. Procedure

A. Scope

1. This policy applies to all JHS staff including:
 - a. All medical staff,
 - b. Residents,
 - c. Clinical and non-clinical staff,
 - d. Agency staff,
 - e. Volunteers,
 - f. Contract workers,
 - g. Agents,
 - h. Payers,
 - i. Vendors,
 - j. Consultants,
 - k. Patients and visitors.



Section: 100 – 200 Administration

Subject: Workplace Violence & Prevention

2. JHS has **zero tolerance** for workplace violence.
3. Violations of this policy will lead to corrective action, up to and including termination.
4. JHS is also committed to supporting the efforts of external agencies, including law enforcement who are investigating incidents of workplace violence on JHS property or involving JHS employees.
5. The Objective of the Policy is to:
 - a. Define violence in the healthcare setting.
 - b. Identify procedures in the event of a violent act.
 - c. Identify the expectations of JHS administrators, employees and others present during or after an incident/threat.
 - d. Outline a commitment to prevent and reduce workplace violence.
 - e. Lessen the impact of violence.
6. Workplace violence includes, but is not limited to the following acts and relationships:
 - a. Incidents of violence towards patients, staff or visitors from internal or external sources,
 - b. Direct and Indirect Threats,
 - c. Domestic issues that impact the workplace,
 - d. Verbal and Physical abuse.
7. Workplace violence includes any or all of the following relationships:
 - a. Patient to staff or staff to patient,
 - b. Patient to patient,
 - c. Staff to staff,
 - d. Family/Visitors to staff,
 - e. Vendor to staff.
8. Non-Retaliation:
 - a. Staff will not be retaliated against for reporting any type of violence or participating in an investigation of a violent act.
 - b. Discrimination against victims or reports of violence will not be tolerated.
9. In accordance with The Joint Commission Standard EC.02.01.01 EP 17, JHS conducts an annual worksite analysis related to its workplace violence prevention program and takes actions to mitigate or resolve the workplace violence safety and security risks based upon findings from the analysis.
 - a. Also in accordance with The Joint Commission Standard EC.04.01.01 EP 1, JHS establishes a process for continually monitoring, internally reporting, and investigating safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence.

B. Reporting and Responding to Workplace Violence Threats

1. Immediate Threat of Violence
 - a. If there is assigned JHS Public Safety personnel at the JHS facility; any JHS staff who observes or experiences an immediate threat of violence, must activate **Code Gray** and provide a detailed description of the threat to Security Services Command Center at that JHS Facility
 - i. Jackson Memorial Medical Center (JMMC) - 305-585-6111
 - ii. Jackson North Medical Center (JNMC) -305-654-3070
 - iii. Jackson South Medical Center (JSMC) - 305-256-5222
 - iv. Jackson West Medial Center (JWMC) - 786-466-1111
 - b. Facilities with no uniformed JHS Public safety must first contact 911.
 - i. Thereafter, the complainant must call the JMH Security Command Center at 305-585-6111.



Section: 100 – 200 Administration

Subject: Workplace Violence & Prevention

- c. The Threat Assessment /law enforcement (where applicable) will respond to the threat of violence and will notify the appropriate departments for investigation and inform all victims about the resources available to them including were appropriate:
 - i. Employee Health Services,
 - ii. Emergency Department, and
 - iii. Employee Assistance Program (EAP).
 - d. A post event staff debriefing will be conducted.
 - e. The involved employee(s) or designee must electronically complete the safety report (RLDatix) accessible to all JHS Staff on the Jetportal before the end of shift.
 - i. All reports are reviewed by Risk Management.
 - ii. Risk Management will forward the report to the appropriate departments for follow up and investigation.
 - f. The investigation findings will be reported to the workplace violence prevention committee.
2. Non-Immediate Threat of Violence
- a. Events involving “Patient (s) and employee (s); employee (s) and patient (s); non-patient (s) and employee (s); and employees only
 - i. Employee or designee must notify immediate supervisor and/or Administrator in Charge (AIC).
 - ii. The immediate supervisor and/or AIC must provide a detailed description of the threat to Security Services Command Center.
 - iii. Security Services will notify the appropriate departments for investigation and inform all victims about the resources available to them including were appropriate:
 - (1) Employee Health Services,
 - (2) Emergency Department and
 - (3) Employee Assistance Program (EAP).
 - iv. A post event staff debriefing will be conducted.
 - v. The involved employee(s) or designee must electronically complete the safety report (RLDatix) accessible to all JHS Staff on the Jetportal before the end of shift.
 - (1) All reports are reviewed by Risk Management.
 - (2) Risk Management will forward the report to the appropriate departments for follow up and investigation.
 - vi. The investigation findings will be reported to the Workplace Violence Prevention Committee
 - b. Events involving patients only
 - i. JHS staff who witnesses violence between and amongst patients must notify their immediate supervisor and/or AIC.
 - ii. The immediate supervisor and/or AIC must provide a detailed description of the threat to Security Services Command Center.
 - iii. Security Services will determine whether law enforcement should be notified.
 - iv. A Post event staff debriefing will be conducted.
 - v. The involved employee(s) or designee must electronically complete the safety report (RLDatix) accessible to all JHS Staff on the Jetportal before the end of shift.
 - (1) All reports are reviewed by Risk Management.
 - (2) Risk Management will forward the report to the appropriate departments for follow up and investigation.



Section: 100 – 200 Administration

Subject: Workplace Violence & Prevention

- c. The investigation findings will be reported to the Workplace Violence Prevention Committee.
- C. Investigations
1. All reports of violence, as defined in this policy, will be investigated by Security Services in collaboration with:
 - a. Human Resources/Employee Labor Relations,
 - b. Respective Department Leaders,
 - c. Risk Management and
 - d. Law Enforcement, where appropriate.
 2. Any corrective/disciplinary action taken against an employee for exhibiting violent behavior will be in accordance with JHS Policy No. 305 – Corrective Action.
- D. Monitoring and reducing workplace violence
1. The below summarizes the Workplace Violence Prevention Committee's processes for monitoring, internally reporting and investigating workplace violence incidents.
 - a. All reports of workplace violence will be reviewed weekly by Security Services and reviewed by the Workplace violence prevention committee.
 - b. The Workplace Violence Prevention Committee will meet monthly to analyze workplace violence data, trends and propose solutions.
 - c. The Workplace Violence Prevention Committee will ensure that solutions are implemented on a unit, department or system level by identifying and working with the appropriate stakeholders.
 - d. The hospital conducts an annual work-site analysis related to its Workplace Violence Prevention Program to take actions to mitigate or resolve the workplace violence safety and security risks based upon findings from the analysis.
 - e. The Workplace Violence committee will report their data, trends and proposed solutions to the Environment of Care Committee who will include such information to their report to the PHT Board.
- E. Education
1. All new employees will receive both general and site-specific orientation to the workplace violence prevention program.
 2. In addition, all employees will receive an annual review of both general and site-specific components of the Workplace Violence Prevention Program.
- F. Resources for Victims of Workplace Violence
1. All employees who suffer physical or psychological damages from workplace violence will be referred to Employee Health Services or Emergency Services where appropriate.
 2. All employees who suffer physical or psychological damages from workplace violence will be referred to JHS' Employee Assistance Program (EAP).
 3. EAP resources include:
 - a. Trauma and psychological counseling.
 - b. Individual assessments and referrals to clinical and non-clinical resources as necessary.
- G. Documentation
1. The Workplace Violence Prevention Committee will ensure the following documentation exists:
 - a. Alert in paper or electronic health record for patients identified as high risk for aggressive, threatening or disruptive behavior.



Section: 100 – 200 Administration

Subject: Workplace Violence & Prevention

- b. Patient and Family education about the patient’s rights and responsibilities, including JHS Code of Conduct.
- c. Patient’s receipt of a copy of JHS Code of Conduct.
- d. New-employee orientation regarding the Workplace Violence Prevention Program.
- e. Ongoing employee training regarding the Workplace Violence Prevention Program.
- f. Event reports of workplace violence or discriminatory behaviors.

IV. References

JBHH Policy No. 200 – Prevention and Management of Escalating Behaviors

JHS Code of Conduct

JHS Policy No. 296 – Security Management Plan

JHS Policy No. 305 – Corrective Action

JHS Policy No. 323 – Sexual Misconduct

JHS Policy No. 359 – Disruptive Behavior

Jackson Health System Emergency Operations Plan

Patient Rights and Responsibilities

The Joint Commission Standards:

EC.02.01.01 EP 17

EC.04.01.01 EP 1

Debriefing form

Responsible Party: EVP & Chief Human Resource Office
JHS

Reviewing Committee(s): Workplace Violence Prevention Committee
JHS Policy and Procedure Committee

Authorization: CEO, Jackson Health System



Section: 100 – 200 Administration

Subject: Workplace Violence & Prevention

V. Attachments

A. Debriefing and Evaluation Form

DEBRIEFING AND EVALUATION FORM

To be completed immediately following the Workplace Violence Event (Non-behavioral health locations)

Location of the event: _____ Date/Time: _____

Person in Charge/Team Leader Name: _____

Briefly describe the incident:

Were there any staff/patient/visitor injuries? YES NO (Note: If an injury occurred an incident report is required)

Describe the Injuries: (Not only for Patient, also to include staff, family, and visitors)

Names of Persons Involved (Staff/Patient/Visitors):

Additional Comments (Interventions, medications, etc)

Staff Debriefing Feedback

	<i>Strongly Disagree</i>	<i>Neutral</i>	<i>Strongly Agree</i>
Team feels that the code response was timely and appropriate	1	2	3

What was done well?

What can be improved?

Staff Responding to the Code

Printed Name	Signature	Department



Section: 100 – 200 Administration

Subject: Workplace Violence & Prevention

Form Completed by (Name and signature): _____

Did the response work well?

Yes	No	Somewhat
-----	----	----------

If No or somewhat, what could have been done differently?

Is there anything that could have prevented the incident?

Was a Safety Plan (for example, flags/communication of risk plan) in place for the Person prior to the incident?

Yes	No
-----	----

If Yes, what are the safety strategies?

Answer if Violent Person was a patient. Was the patient prescribed PRN medication for agitation prior to the incident?

Yes	No
-----	----



Section: 100 – 200 Administration

Subject: Workplace Violence & Prevention

If Yes, date and time last administered:

Were supports or resources requested by any employee?

Yes	No
-----	----

If Yes, what was requested?

Were supports or resources offered to any Staff (for example, first aid, peer support, professional mental health services)?

Yes	No
-----	----

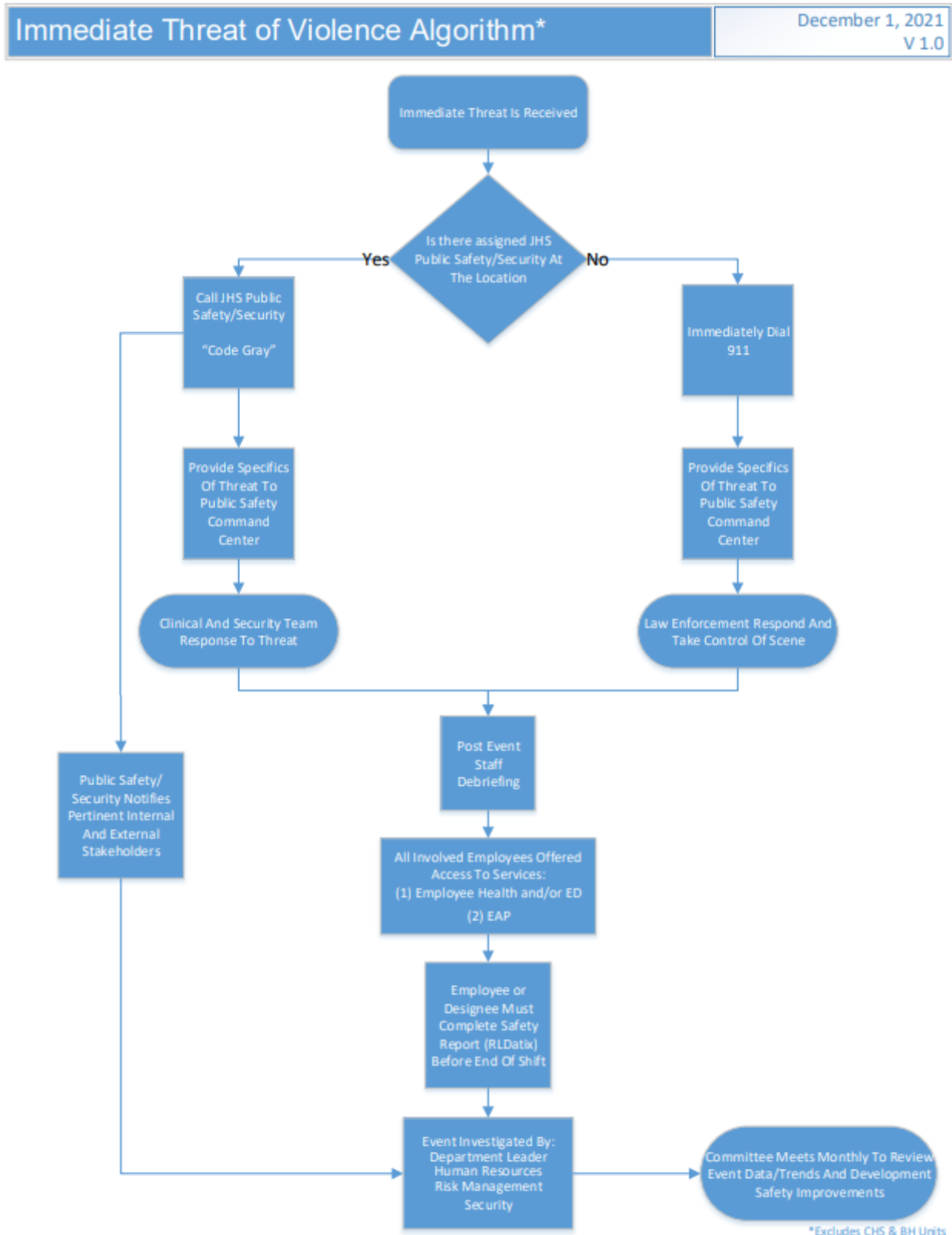
If Yes, what was offered?



Section: 100 – 200 Administration

Subject: Workplace Violence & Prevention

B. Immediate Threat of Violence Algorithm

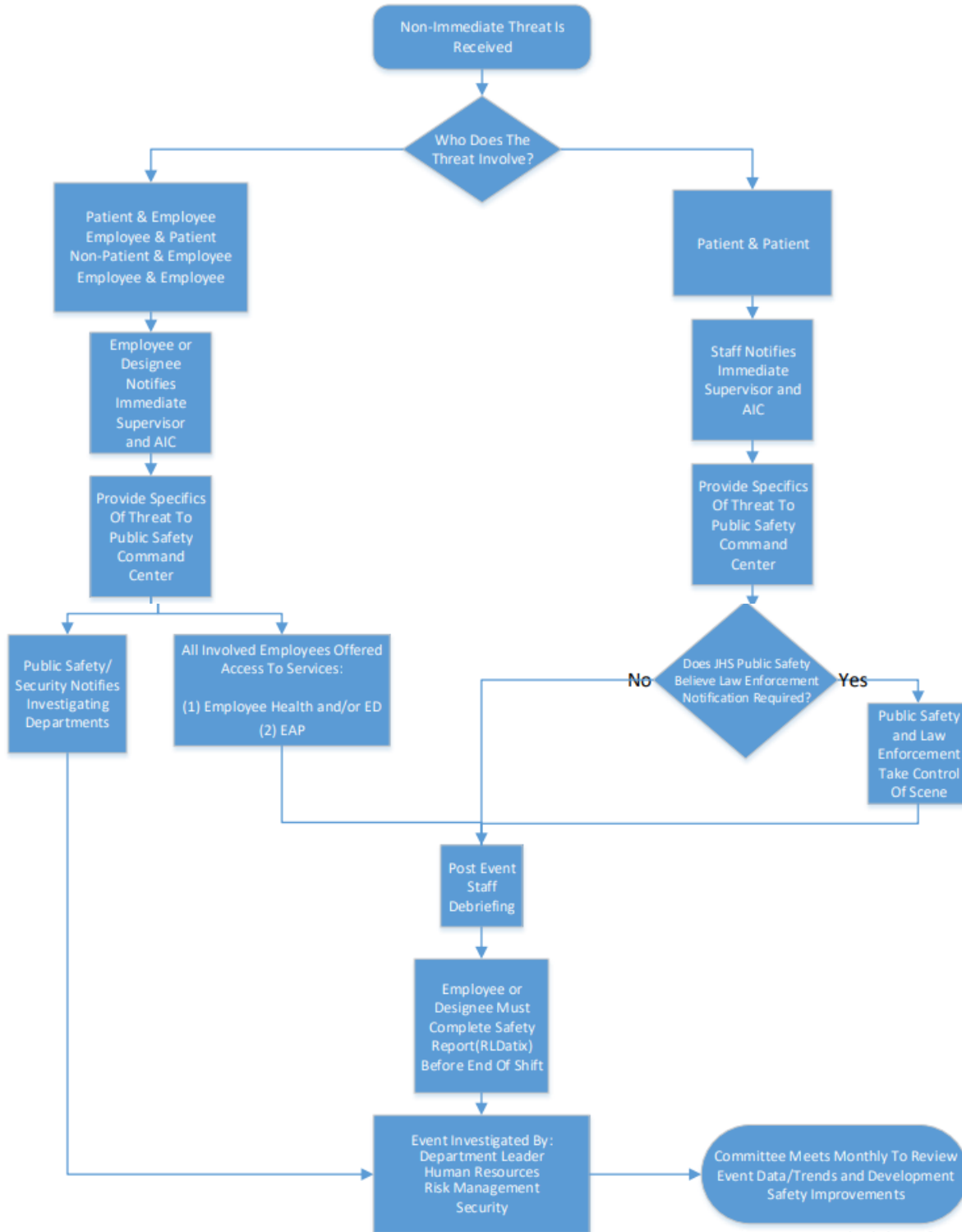




C. Non-Immediate Threat of Violence Algorithm

Non-Immediate Threat of Violence Algorithm*

November 30, 2021
V 1.0



*Exclude CHS & BH Units