

Workplace Violence Prevention Plan

SUBJECT: Violence in the Workplace

POLICY:

Nothing is more important to Danbury Health Systems than the safety and security of our employees, patients and visitors. Threats, threatening behavior or acts of violence against employees, visitors or patients of Danbury Health Systems will not be tolerated. Violations of this policy will lead to disciplinary action, up to and including termination. In addition, Danbury Health Systems is sensitive to issues of domestic violence and the potential danger it poses to our employees and our workplace. Accordingly, it will contact the appropriate law enforcement authorities in the event of any threatening behavior or act of violence against employees, visitors or patients of its community, and to initiate criminal prosecution, if appropriate.

PRACTICE:

1. Non-permitted Items

A. No employee shall be permitted to bring any guns, knives or other items, which could be used as weapons onto Danbury Health Systems premises.

B. Employees may in some circumstances be permitted to bring pepper spray, mace or other non-lethal personal protective devices, provided that they have the proper legal authorization and that they obtained advance written approval from a member of management.

C. Danbury Health Systems reserves the right to prohibit employees from carrying any items which management, in its sole discretion, deems to be dangerous or potentially dangerous.

D. Danbury Health Systems reserves the right to request and conduct searches and inspections at any time and any place on Danbury Health Systems property including, but not limited to, vehicles, machines, equipment, lockers, tool boxes, work stations, desks, file cabinets, and other containers, when it has reason to believe that an employee may be in possession of any firearms, knives, or other items Danbury Health Systems deems to be potentially dangerous. The execution of a consent form will be required of each employee submitting to a search or inspection. Refusal to comply with any aspect of these provisions will result in discipline up to and including termination.

2. Complaint Procedure

A. If the employee becomes aware, either directly or indirectly, of any violence or threats of violence, whether vague, direct or indirect, notify your supervisor immediately.

B. In addition, Danbury Health Systems requests that employees who currently hold or seek to obtain temporary or permanent restraining orders against others who have threatened or committed violent acts against them to so inform the Human Resources Department, in order to apprise Danbury Health Systems of any potential threats to your security or the security of others within our workplace.

Danbury Health Systems understands the sensitivity of this type of information, and will make every effort to protect the confidentiality and privacy of the person(s) involved.

EFFECTIVE DATE:

AUTHORITY: Human Resources

Reviewed:

Revised: 01/07/09

SUBJECT: Violent/Threatening Persons

POLICY:

Patients and visitors to the Hospital are expected to conduct themselves in a manner that does not cause injury to themselves or others, or damage to property. The Hospital may seek criminal prosecution of any person who engages in violent or inappropriate behavior.

Exceptions: In the event that an individual has been committed to the psychiatric unit, contacting the police or other authorities through Hospital Security may occur only when the psychiatrist determines at the time of discharge that there is substantial risk of imminent physical injury by the patient to himself or others.

Emergency Department

Whereas all patients with suspected or known behavioral problems should be considered and evaluated for risk, patients arriving who have demonstrated by their pre-arrival behavior they are violent, should be considered high risk.

Temporary utilization of the Police bringing such patients may be requested. This pre-arrival behavior and high risk consideration must be shared among the MDs, Nurses, CI and Security staff that may be or are caring for the patient.

In the event that a patient or visitor or other person is assaulting or unruly while in the Emergency Department, Hospital Security should be called for assistance. Where possible, an Emergency Department physician shall be notified and requested to determine whether or not the police should be notified.

The ED Physician may utilize de-escalation techniques and CI as indicated. **The ED Attending or CI consultant can request a call to the police by asking for a consultation from Dr. Blueman.**

In an emergency where the patient or visitor represents an immediate and serious threat, the police may be notified by Hospital Security without physician authorization.

If a patient, visitor or other person has, obtains or fashions any object that is or may be used as or considered a weapon, any ED Staff member may and should call Police.

Any patient, visitor or other person, who is considered a threat to staff and others and is attempting to leave before the necessary help is present to safely control the patient and the risk to others, may be allowed to leave without resistance with Police assistance and apprehension to follow.

Placement of violent or potentially violent high-risk patients is indicated by the acute primary presenting need of the patient as determined by an initial Nurse Triage and subsequent ED MD assessment.

If the primary acute need is behavioral the patient is placed in the observation room with appropriate medical/surgical support.

If the primary acute need of the patient is medical/surgical the appropriate room in the ED EC UC areas is utilized with the appropriate security and CI support. Such rooms will be made as environmentally safe as possible with security oversight.

Other Hospital Locations

In the event that a patient or visitor or other person is assaulting or unruly, Hospital Security should be notified in order to determine whether or not the police should be notified.

PROCEDURE:

On-Site Occurrence:

1. Dial 55 for immediate Security assistance.
2. Provide immediate medical treatment of injuries.
3. Security will attempt to identify and detain the person(s) who has/have committed an assault or apparently criminal act. If the person(s) has/have left the Hospital, Security will investigate in an effort to establish identification.
4. Security will notify the Danbury Police Department and request that an officer respond to investigate.
5. Security will assist the victim in filing a criminal complaint.

OFF-SITE OCCURRENCE: CALL 911 FOR IMMEDIATE ASSISTANCE

1. Notify Security by calling 797-7999. A security supervisor shall respond and assist the victim in filing a criminal complaint.

EFFECTIVE DATE: 7/24/01

AUTHORITY: Administration

Reviewed: 5/03, 3/07, 6/2010

Revised: 3/06



DANBURY HOSPITAL

Danbury Health Systems

SUBJECT: Assault of Hospital Employee or Medical Staff Member

POLICY:

It is the sole decision of any employee or member of the Medical Staff who is the victim of a criminal **assault**, which occurs within the scope of his/her employment or practice in the Hospital, whether or not to press criminal charges against the assailant. The employee, or member of the Medical Staff, who does decide to press charges shall be assisted by the Hospital in the identification and prosecution of the assailant to the extent reasonably possible. Under these circumstances, there is no issue of patient confidentiality.

DEFINITION:

Generally, criminal **assault** is defined by three types of conduct: intentionally causing physical injury to another; recklessly causing serious physical injury to another; and criminally negligent conduct causing physical injury to another by means of a deadly weapon or dangerous instrument.

PROCEDURE:

On-Site Occurrence:

1. Dial 55 for immediate Security assistance.
2. Provide immediate medical treatment of injuries.
3. Security will attempt to identify and detain the person(s) who has/have committed the **assault**. If the person(s) has/have left the Hospital, Security will investigate in an effort to establish identification.
4. Security will notify the Danbury Police Department and request that an officer respond to investigate.
5. Security will assist the victim in filing a criminal complaint.

OFF-SITE OCCURRENCE: CALL 911 FOR IMMEDIATE ASSISTANCE

1. Notify Security by calling 797-7999. A security supervisor shall respond and assist the victim in filing a criminal complaint.

EFFECTIVE DATE: 1/95

AUTHORITY: Administration

Reviewed: 2/01, 5/03, 9/04, 6/2010

Revised: 8/96, 2/98

SUBJECT: Anti-Harassment Policy and Complaint Procedure

POLICY:

Danbury Health Systems, Inc. (DHS) recognizes the importance of maintaining an environment free from discrimination and harassment. Discrimination and harassment violate the law, and Danbury Health Systems will not permit **any** employee to harass or discriminate against another employee in any way. DHS prohibits conduct having the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive environment on the basis of an employee's race, religion, national origin, gender, sexual preference, age, disability, or other similar characteristic or circumstance. Harassment is strictly prohibited and grounds for disciplinary action up to and including termination.

PRACTICE:

Because Danbury Health Systems takes allegations of harassment seriously, we will respond promptly to complaints of harassment and where it is determined that such inappropriate conduct has occurred, we will act promptly to eliminate the conduct and impose such corrective action as is necessary, including disciplinary action where appropriate.

Please note that while this policy sets forth our goals of promoting a workplace that is free of harassment, the policy is not designed or intended to limit our authority to discipline or take remedial action for workplace conduct which we deem unacceptable, regardless of whether that conduct satisfies the definition of sexual or other harassment.

1. Definition of Sexual Harassment

Sexual harassment refers to behavior that is not welcome, is personally offensive, fails to respect the rights of others, lowers morale and, therefore, interferes with our work effectiveness. "Sexual harassment" means sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature when:

- A. Submission to or rejection of such advances, requests, or conduct is made either explicitly or implicitly a term or condition of employment or as a basis for employment decisions; or,
- B. Such advances, requests or conduct have the purpose or effect of unreasonably interfering with an individual's work performance by creating an intimidating, hostile, humiliating, or sexually offensive work environment.

Under these definitions, direct or implied requests by a supervisor for sexual favors in exchange for actual or promised job benefits such as favorable reviews, salary increases, promotions, increased benefits, or continued employment constitute sexual harassment.

The definition of sexual harassment is broad and in addition to the above examples, other sexually-oriented conduct, whether it is intended or not, that is unwelcome and has the effect of creating a workplace environment that is hostile, offensive, intimidating, or humiliating to male or female employees may also constitute sexual harassment.

2. Examples of Sexual Harassment

While it is not possible to list all types of conduct that may constitute sexual harassment, the following are some examples of conduct, which, if unwelcome, may constitute sexual harassment depending upon the totality of the circumstances including the severity of the conduct and its pervasiveness:

- A. Unwelcome sexual advances - whether they involve physical touching or not;
- B. Sexual epithets, jokes, written or oral references to sexual conduct, gossip regarding one's sex life; comment on an individual's body, comment about an individual's sexual activity, deficiencies, or prowess;
- C. Displaying sexually suggestive objects, pictures, cartoons;
- D. Unwelcome leering, whistling, brushing against the body, sexual gestures, suggestive or insulting comments;
- E. Inquiries into one's sexual experiences; and,
- F. Discussion of one's sexual activities.

All employees should take special note that retaliation against an individual who has complained about sexual harassment, and retaliation against individuals for cooperating with an investigation of a sexual harassment complaint, is unlawful and will not be tolerated by this organization.

3. Complaints of Harassment

- A. If any of our employees believes that he/she has been subjected to harassment, the employee has the right to file a complaint with our organization. This may be done orally although Danbury Health Systems reserves the right to request the complaint be put in writing.
- B. Danbury Health Systems urges the employee, if he/she feels comfortable in so doing, to firmly and promptly notify the offender that his or her behavior is unwelcome and request that it be stopped.
- C. In the event that such communication between individuals is either ineffective or impractical, the incident should be reported to the department manager or to the Senior Partner, Human Resources. These persons are also available to discuss any concerns the employee may have and to provide information to him or her about our policy on harassment and the complaint process.

4. Harassment Investigation

A. When Danbury Health Systems receive the complaint, it will promptly investigate the allegation in a fair and expeditious manner. The investigation will be conducted in such a way as to maintain confidentiality to the extent practicable under the circumstances.

B. When DHS has completed the investigation, it will, to the extent appropriate, inform the person filing the complaint and the person alleged to have committed the conduct of the results of that investigation.

C. If it is determined that inappropriate conduct has occurred, Danbury Health Systems will act promptly to eliminate the offending conduct.

D. If either party directly involved in a harassment investigation is dissatisfied with the findings of the investigation, that individual will have the right to appeal those findings in accordance with the established Employee Complaint Procedure.

5. Disciplinary Action

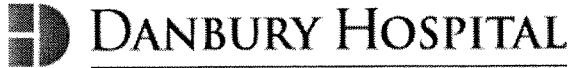
If it is determined that inappropriate conduct has been committed by a DHS employee, Danbury Health Systems will take such action as is appropriate under the circumstances. Such action may range from counseling to termination from employment, and may include such other forms of disciplinary action as Danbury Health Systems deems appropriate under the circumstances.

EFFECTIVE DATE:

AUTHORITY: Human Resources

Reviewed: 3/10/03; 6/2010

Revised: 1/07/09



Danbury Health Systems

SUBJECT: EMPLOYEE SUPPORT TEAM

POLICY:

Danbury Health Systems recognized that a variety of issues may effect the employee's well being and ability to perform on the job. These issues may include death of a co-worker, patient care concerns, or crises involving their fellow staff members.

PURPOSE:

The Employee Support Team is supported 24/7 by Crisis Intervention. The purpose of this team is to support the needs of individual employees or groups of employees during times of crisis surrounding personal, staff, and patient issues. The Employee Support Team will assess the needs of the individual and/or group and facilitate the appropriate support.

GUIDELINES:

1. Should an event occur to an individual or group of employees where employee support is needed, the individual, group, or manager may contact the Employee Support Team by calling 739-7770.
2. Using the **SBAR** format as a guide, the employee, group, or manager communicates their needs to the Employee Support Team.
 - **S**ituation
 - **B**ackground
 - **A**ssessment
 - **R**ecommendation
3. The Employee Support Team will assess and indentify the initial needs by asking a list of standard questions. After determining the needs of the individual, manager or group, the Employee Support Team will arrange for the appropriate resource for support. Resources/referrals may include:
 - a. Immediate or planned Crisis Support counseling;
 - b. Referral; to the Employee Assistance Program (EAP);
 - c. Pastoral Care;
 - d. Ethics Committee/Schwartz Rounds;
 - e. Referral to the Department of Psychiatry;
 - f. Referral to the Healing Hearts Program;
 - g. Others as indicated;
4. If immediate support is required, the Employee Support Team will meet with staff or arrange for an appropriate resource to meet with the staff member or group in their department, or a designated, private area.
5. If immediate support is not required, the Employee Support Team will schedule a planned meeting with the appropriate resource and staff at a specific date and time agreed upon by both parties.

6. Should the employee call the hotline number and be connected to an answering machine, they will be directed to leave a message and contact information. The Employee Support Team will continuously monitor this phone line for messages. All calls will be returned within 1 ½ hours.
7. After the initial meeting or phone call, the Employee Support Team will follow up with the Individual, group, manager or unit to determine if additional support is needed.

EFFECTIVE DATE: 12/1/08

AUTHORITY: Depts. Psychiatry/Nursing

Reviewed: 6/2010

Revised:

Patient Care Policy

Emergency Department, Inpatient,
Ambulatory Surgery

SUBJECT:

SAFETY ASSESSMENT FOR DANGEROUS ITEMS

Danbury Hospital is committed to maintaining a safe and therapeutic environment at all times for patients, staff, and visitors. Items that have the potential for being used as weapons or are otherwise considered dangerous are strictly prohibited. Safety assessments for such items may be conducted as appropriate. Restricting identified items that have the potential of being harmful to the patient or others will be strictly enforced.

This Patient Safety Assessment policy is specific to all patients that present with changes in mood, affect, or communications that suggest a potential for threatening or violent behavior; for patients that feel personally threatened; are under police protective custody; or there is a concern for patient or staff safety after speaking with the patient, patient's family/or significant other.

Patients may not refuse the safety assessment if it is determined to be warranted. Refer to the *Safety Assessment for Dangerous Items, Patient Belongings form for Emergency Department, Inpatient, and ASU.*

For patients triaged to the Behavioral Care Unit/CI (Zone 4) in the Emergency Department: Refer to the Behavioral Health Policy for BCU/CI and 7 West: Contraband and Patient Safety Assessment.

WEAPONS AND DANGEROUS ITEMS

The following items are considered contraband and should be removed as per policy. Contraband is broadly defined as potentially dangerous items.

- Firearms
- Knives of any kind
- Box Cutters
- Razors – straight blades, shaving. (Disposable safety razors may be allowed)
- Matches
- Lighters
- Drugs of any kind
- Cigarettes; All forms of Tobacco

- Tools of any kind; Screws, Drill Bits
- Liquid Substances
- ***Backpacks, bags – Inspect and remove contraband items

PROCEDURE – EMERGENCY DEPARTMENT

When a patient enters the Emergency Department for a medical evaluation and/or treatment and presents with changes in mood, affect, or communications that suggest a potential for threatening or violent behavior; feels personally threatened; is under police protective custody; or there is a concern for patient or staff safety after speaking with the patient, patient’s family/or significant other, the ED staff will be responsible for directing the patient to undergo a safety assessment.

- The patient will be asked to disrobe.
- Before proceeding, two ED staff members will work collaboratively and attempt to engage the patient. Staff will explain the rationale to the patient, focusing on the medical care staff wish to provide and the need for a physical exam.
- Each patient will be treated with dignity, privacy, and sensitivity.
- **If the patient’s behavior is erratic or unpredictable, notify Security for assistance at extension 7999.**
- The ED staff will perform a visual safety assessment of the patient while checking for potentially dangerous items and weapons.
- **If weapons are found during the assessment, staff should NOT attempt to remove these items. Notify Security immediately at extension 7999 in order to secure the items.**
- Dangerous contraband will be secured and processed as per Security Department policies.
- The patient’s items will be bagged and removed from the patient’s room as quickly as possible. The bagged items will be labeled with the patient’s name and handed to Security for a check and inventory using the *Safety Assessment for Dangerous Items-Patient Belongings form for ED, Inpatient, and ASU*. This form lists only the higher risk contraband items that will be removed during the inventory. These items will be placed in a manila envelope, labeled “Contraband” with the patient’s name.
- Staff performing the safety assessment will check off the appropriate boxes of items removed on the *Safety Assessment for Dangerous Items-Patient Belongings form for ED, Inpatient, and ASU* with their disposition (sent home, sent to security, sent to unit) and initial/date. This form should remain with the patient’s medical record.

- The responsible RN will document the above in HMED.
- The manila “Contraband” envelope will be kept away from the patient in a designated area until the patient’s disposition has been determined.
- If patient is admitted, patient’s belongings bag and the *Safety Assessment for Dangerous Items-Patient Belongings form for ED, Inpatient, and ASU* will accompany the patient to the admitting unit and endorsed to admitting RN. The “Contraband” envelope will be secured and processed by Security in the same manner as patient valuables. It will NOT accompany the patient to the admitting unit.
- If patient is discharged from the ED, the Contraband envelope and all patient belongings will be returned unless clinically indicated for safety. Document the rationale on the *Safety Assessment for Dangerous Items-Patient Belongings form for ED, Inpatient, and ASU*.
- *Safety Assessment for Dangerous Items-Patient Belongings form for ED, Inpatient, and ASU* will be scanned into HMED.

PROCEDURE – DIRECT ADMITS

When a patient is admitted directly to an inpatient unit from a community-based clinician or outpatient clinic and presents with changes in mood, affect, or communications that suggest a potential for threatening or violent behavior; feels personally threatened; or there is a concern for patient or staff safety after speaking with the patient, patient’s family/or significant other, the RN will be responsible for conducting a safety assessment.

- Before proceeding, the RN and another staff member (Nurse, Nursing Assistant, or Unit Coordinator) will work collaboratively to discuss the safety assessment process for the identified patient. Once the plan has been discussed, the RN will explain the need for a safety assessment to the patient.
- Each patient will be treated with dignity, privacy, and sensitivity.
- If the patient’s behavior is erratic or unpredictable, notify Security for assistance at extension 7999.
- The two staff members will conduct a systematic safety assessment of the patient’s belongings using the *Safety Assessment for Dangerous Items-Patient Belongings form for ED, Inpatient, and ASU*, checking for items that have the potential of being used as weapons or are otherwise considered dangerous.
- The safety assessment will be conducted in the patient’s room, when practical.
- Contraband items will be bagged in a manila envelope marked “Contraband” and removed from the patient’s room as quickly as possible. The bagged items will be labeled with the patient’s name and endorsed to Security for safekeeping.

The RN will check the contraband items removed from the patient on the *Safety Assessment for Dangerous Items-Patient Belongings form for ED, Inpatient, and ASU*, sign and date the form, and place the form into the patient's medical record. A copy of the form will be sent with the Contraband manila envelope.

- The RN will document that a safety assessment has been performed in the Nursing Progress Note in Soarian.

- **If weapons are found during the assessment, staff should NOT attempt to remove these items. Notify Security immediately at extension 7999 in order to secure the items.**

- Dangerous contraband will be secured and processed as per Security Department policies.

- When the patient is discharged: the Contraband envelope and all patient belongings will be returned unless clinically indicated for safety. Document the rationale on the *Safety Assessment for Dangerous Items-Patient Belongings form for ED, Inpatient, and ASU*.

PROCEDURE – INPATIENT UNITS

During hospitalization, when a patient presents with changes in mood, affect, or communications that suggest a potential for threatening or violent behavior; feels personally threatened; or there is a concern for patient or staff safety after speaking with the patient, patient's family/or significant other, the RN will be responsible for conducting a safety assessment.

- Before proceeding, the RN and another staff member (Nurse, Nursing Assistant, or Unit Coordinator) will work collaboratively to discuss the safety assessment process for the identified patient.

- The RN will explain the need for a safety assessment to the patient.

- The safety assessment should be conducted in the patient's room, when practical.

- Each patient will be treated with dignity, privacy, and sensitivity.

- If the patient's behavior is erratic or unpredictable, notify Security for assistance at extension 7999.

- The two staff members will conduct a systematic safety assessment of the patient's belongings using the *Safety Assessment for Dangerous Items-Patient Belongings form for ED, Inpatient, and ASU*, checking for items that have the potential of being used as weapons or are otherwise considered dangerous.

- Contraband items will be bagged in a manila envelope marked "Contraband" and removed from the patient's room as quickly as possible. The bagged items will be labeled with the patient's name and endorsed to Security for safekeeping.

The RN will check the contraband items removed from the patient on the *Safety Assessment for Dangerous Items-Patient Belongings form for ED, Inpatient, and ASU*, sign and date the form, and place the form into the patient's medical record. A copy of the form will be sent with the Contraband manila envelope.

- The RN will document that a safety assessment has been performed in the Nursing Progress Note in Soarian.

- **If weapons are found during the assessment, staff should NOT attempt to remove these items. Notify Security immediately at extension 7999 in order to secure the items.**

- Dangerous contraband will be secured and processed as per Security Department policies.

- When the patient is discharged: the Contraband envelope and all patient belongings will be returned unless clinically indicated for safety. Document the rationale on the *Safety Assessment for Dangerous Items-Patient Belongings form for ED, Inpatient, and ASU*.

PROCEDURE – AMBULATORY SURGERY (ASU)

When a patient enters the Ambulatory Surgical Unit for a surgical procedure and presents with changes in mood, affect, or communications that suggest a potential for threatening or violent behavior; feels personally threatened; or there is a concern for patient or staff safety after speaking with the patient, patient's family/or significant other, the ASU staff will be responsible for directing the patient to undergo a safety assessment.

- Patients scheduled for an ambulatory procedure (discharge to home after surgery) will have their clothing and belongings placed in a labeled clothing bag.

- Two ASU staff members will conduct a systematic safety assessment of the patient's belongings using the *Safety Assessment for Dangerous Items-Patient Belongings form for ED, Inpatient, and ASU*, checking for items that have the potential of being used as weapons or are otherwise considered dangerous.

- If items are found that have the potential of being used as weapons or are otherwise considered dangerous, these items will be removed from the patient's belongings, inventoried, and documented on the *Safety Assessment for Dangerous Items-Patient Belongings form for ED, Inpatient, and ASU*. All other clothing and belongings will be locked in the ASU closet.

- All removed items will be placed in a manila envelope with patient's full name and labeled "Contraband." This envelope will be kept away from the patient in a designated area until the patient's disposition has been determined.

- **If weapons are found during the safety assessment, staff should NOT attempt to remove these items. Notify Security immediately for assistance at extension 7999 in order to secure the items.**

- Dangerous contraband will be secured and processed as per Security Department policies.

- If patient is admitted, the patient's clothing bag and the *Safety Assessment for Dangerous Items-Patient Belongings form for ED, Inpatient, and ASU* will accompany the patient to the admitting unit and endorsed to admitting RN. The "Contraband" envelope will be secured and processed by Security in the same manner as patient valuables. It will NOT accompany the patient to the admitting unit.

EFFECTIVE DATE: 4/19/10

AUTHORITY: Administration

Reviewed: 4/9/10

Revised: 4/15/10; 6/17/10



DANBURY HOSPITAL

Danbury Health Systems

SAFETY ASSESSMENT FOR DANGEROUS ITEMS PATIENT VALUABLES (BCU/CI - 7 WEST)

PLACE
PATIENT
LABEL
HERE

The items listed are considered **potentially dangerous and unsafe to have in your possession** during your hospitalization on 6/7 West and in the Behavioral Care Unit. Items found will be sent home or taken by Security or staff for safety, including medication.

UPON DISCHARGE: All items will be returned unless otherwise clinically indicated for safety.

By signing below, I understand this policy and verify that the items inventoried and secured by staff are correct. **The hospital cannot assume responsibility for items retained in your possession.**

Patient unable or refuses to sign Yes No Witness _____ Date _____

DH STAFF: Check the appropriate boxes regarding disposition of contraband and/or valuables when present. **Circle item(s)** when there is more than one option. Initial and date boxes. Staff and patient sign above Place removed contraband in manila envelope. Label envelope "Contraband" with patient's first and last name. Place valuables in personal belongings bag with patient's full name. Relocate envelope and bag to designated area until disposition of patient is determined. **IF ADMITTED:** Send Contraband envelope and Valuables envelope with a copy of the Safety Assessment form to the hospital safe with security. All other personal belongings, including medical items will be sent with the patient to the unit. **IF DISCHARGED:** Initial and date boxes of all items returned to patient. Document any items not returned due to concerns for safety. Obtain patient's signature. Send completed form to Medical Records with patient's chart.

BELONGINGS	Sent Home	Security Hold	To Safe	Staff Initials	Returned at D/C	BELONGINGS	Sent Home	Security Hold	To Safe	Staff Initials	Returned at D/C
CONTRABAND											
Firearms						Pins-straight / safety					
Knives of any Kind; Box Cutter						Metal Nail Files, Nail Clippers					
Razors – straight blades, shaving, safety						Medication=pills, liquids, creams, OTC, vitamins					
Matches, Lighter						Pencil Sharpeners					
Illicit Drugs of any kind; Alcohol						Scissors; Stapler; Paper Clips; Staples					
Belts, shoelaces, neckties, scarves, pantyhose						Tools of any kind; Screws; Drill Bits					
Cigarettes; All Forms of Tobacco						Cameras; Cell Phones with/without camera;					
Metal Spiral Notebooks						Palm Pilots, Pagers, Blackberry					
All recording devices						Videos of any Kind					
Glass of any kind; Mirrors						Aerosol Cans; Metal Cans; Plastic soda bottles					
Anything that						Back Packs,					

hangs or ties around the neck; dangles						Bags with Long Straps					
--	--	--	--	--	--	--------------------------	--	--	--	--	--

SAFETY ASSESSMENT COMPLETED. NO DANGEROUS ITEMS FOUND **Staff**
Signature _____

VALUABLES **ALL ITEMS TO UNIT** **ALL ITEMS= HOME, SECURITY HOLD,**
or SAFE

Glasses						Watch					
Dentures: upper/lower, full, partial						Jewelry: Rings, earrings, necklace, bracelet, chain					
Hearing Aid Left/Right						Money \$					
Cane/Walker						Credit cards					

Workplace Violence Defined:

Workplace violence is conduct having the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive environment.

Threatening behavior, verbal abuse or any physical assault occurring in the work setting constitutes workplace violence.

Workplace violence may also include (but is not limited to) threats, harassment (including sexual harassment) stalking, and physical or emotional abuse.

Purpose of The Plan:

The purpose of the Danbury Health Systems Workplace Violence Prevention Plan (The Plan) is to document the Health System's measures that demonstrate a commitment to an employee supportive environment that balances the importance of employee safety and health with our services to patients, visitors and business partners.

The Plan describes the responsibilities of individuals and work teams who assess, manage, mitigate respond to and recover from incidents that may or actually threaten individuals' personal safety.

Responsibilities:

1. Leadership:

The Leadership Team, under the direction of the President, CEO, is responsible for ensuring that:

- The Health System disseminates a clear policy of zero tolerance for workplace violence, verbal and non-verbal threats, and related actions;
- All subordinate levels of management and staff, patients, visitors and business partners are aware of the policy;
- No employee who reports or experiences workplace violence will face reprisals;
- Employees are encouraged to promptly report incidents and suggest ways to reduce or eliminate risks.
- Records of incidents are maintained to assess risks and measure progress of our risk management efforts;
- Outline a comprehensive plan for maintaining security in the workplace, including but not limited to, other resources (e.g. law enforcement, subject matter experts, consultants, etc.) who can help identify ways to prevent and mitigate workplace violence;
- Assign responsibility and authority for the plan to individuals or teams of individuals with appropriate training and skills.
- Ensure that adequate resources are available to the responsible individuals or teams to develop expertise on workplace violence prevention in our healthcare setting.
- The Health System affirms that management is committed to an employee supportive environment that balances the importance of employee safety and health with our services to patients, visitors and business partners.

3. Sr. Vice-President Human Resources, or designee:

- Directs the Health System's workplace violence education and training programs;
- Issues policies and procedures that define the responsibilities of all employees in matters of workplace violence prevention;
- Establishes processes for the reporting of workplace violence concerns or complaints;
- Ensures that employee workplace violence concerns or complaints are promptly assigned for investigation and reporting;
- Ensures that reports of workplace violence investigations that relate to alleged employee misconduct are assessed for validity of fact, and as appropriate, initiates disciplinary action;
- Directs the response to workplace violence concerns or complaints that originate from collective bargaining unit nurse employees.

2. Vice President, Quality & Patient Safety:

- Is the liaison to the President, CEO in matters of workplace violence brought forward by regulatory agencies;
- Ensures that workplace violence prevention, mitigation and incident management efforts are consistent with organizational risk management practices;
- Is informed of current workplace violence actual incidents or concerns and reports these matters to Leadership, as deemed appropriate to the circumstances;
- Directs the coordination of our response to workplace violence incidents with the Legal, Risk Management and Security departments.

4. Security Director:

- Develops and implements policy and procedures that address the specific actions employees are to take for an incidence of workplace violence, as well as proper procedures to report those incidents;
- Ensures that security staff members are readily and immediately available to render assistance in the event of a workplace violence incident;
- Ensures that identified risks are addressed in policies or response plans, and that Security staff receive specific training to manage workplace violence prevention, conflict resolution, environment of care safety issues, and active shooter/armed intruder incidents.
- Ensures that the Security Department promptly performs an initial investigation of workplace violence related complaints, and as appropriate, seeks assistance from outside agencies;
- Refers the results of initial investigations to the appropriate higher authority, e.g. Human Resources, Legal Department, etc.
- Maintains an on-going process of workplace violence risk assessment through Security Department patrol rounds of exterior and interior areas, periodically, throughout the day.
- Ensures that patients admitted to the Emergency Department Behavioral Care Unit are searched for weapons, contraband and other items that could be used to inflict injury to the patient or others;
- Ensures that security personnel are assigned to Behavioral Care and the Emergency Department to conduct close supervision patient watches of patients who are identified as having presented with behaviors that reasonably cause a concern for personal safety;
- Ensures that security issues and incidents of a criminal nature that occur within the Health System may be reported to the Security Department at any time of the day or night;
- Ensures that statistical analysis is performed monthly as a tool to identify trends in security incidents, including workplace violence;
- Conducts, reviews, and as appropriate, initiates corrective actions via an annual hazard vulnerability risk assessment that includes workplace violence.

5. Director, Employee Health Services:

- Ensures that the Health System's OSHA reporting process is compliant with regulations;
- Documents employee injuries related to workplace violence;
- Reports monthly workplace violence statistical information to the Environmental Health & Safety Committee.

6. Safety Director

- Through the Environmental Health and Safety Committee the Safety Director is responsible for ensuring that data reports from Employee Health, Workers Compensation Insurance incidents and Risk Management are analyzed to mitigate or limit environmental conditions that may cause or contribute to a risk of injuries from workplace violence incidents;

7. Management Team

- Contribute to plan development representing their respective service lines:
 - Nursing – Chief Nurse Executive, or designee;
 - Behavioral Health – Clinical Director of Nursing
 - Emergency Department – Nurse Manager
 - Occupational Safety – Safety Director
 - Training, Education, Communications
 - Human Resources Learning Center
 - Director, Nursing Education

8. Managers and Supervisors are responsible for:

- Informing employees about our workplace violence prevention plan;
- Evaluating the performance of all employees in complying with our workplace violence prevention measures;
- Recognizing employees who perform work practices which promote security in the workplace.
- Providing training and/or counseling to employees who need to improve work practices designed to ensure workplace security.
- Disciplining employees for failure to comply with workplace security practices.
- Setting an example by following workplace security directives, policies and procedures.
- Periodic review of our Workplace Violence Prevention Program with all personnel.
- Regularly discussing workplace violence prevention at staff meetings;
- Scheduling personnel to attend training programs designed to address specific aspects of workplace security unique their areas;
- Posting or distributing workplace security and violence prevention information as received;
- Reinforcing through discussion our policy protecting employees who report threats from retaliation by the person making the threats.

9. Employees:

- Employees must take an active role in their own security through environmental awareness, understanding security protocols, and participation in training and security procedures.

Worksite Analysis:

- The Security Director, on an annual basis, conducts a hazard vulnerability and risk assessment. The outcome of the studies is presented to the Security Sub-Committee and the Environmental Health and Safety Committee.
- The Security Department performs monthly statistical analysis of services and incidents, including workplace violence. The data is included in the monthly report to the Environmental Health and Safety Committee.
- The Security Director has identified key indicators for performance improvement, with metrics for Committee review.
- In April 2010 the Health System used a nationally accredited expert security consultant who evaluated our facilities, processes and practices, and conducted employee focus groups and interviews. A cross-functional work team, with representatives from clinical and non-clinical areas and the nurses' bargaining unit, developed a complete strategy and implementation plan based on our consultant's recommendations.

Hazard Prevention & Controls:

- The Hospital Security Operations Center is staffed 24x7 to receive requests for security services and to respond to emergent circumstances and incidents, including workplace violence.
- The Security Department maintains sufficient staffing to perform close supervision patient watches in the Emergency Department, to patrol and to respond to emergencies throughout the Hospital campus.
- Contract security services are utilized at the larger off-site locations, including those that have experienced occurrences that have the potential for workplace violence.
- The Security Director is currently auditing the security needs of all off-site locations and will recommend and implement preventive measures as appropriate.
- The Security Department utilizes technology to supplement personnel:
 - closed circuit cameras are in use
 - digital recording of video is archived
 - electronic access controls are used
 - emergency alarms are used
 - Code Blue
 - garage assistance alarms
 - personal duress wireless alarms
 - area intrusion alarms
 - rf technology infant/pediatric abduction prevention
- Off-site and Health Systems affiliate business entities have localized security protocols that instruct employees to call 911 in the event of an emergency.

Safety & Health Training:

The Health System provides workplace violence prevention training scaled to the employees job function in the organization.

Basic Level- Introduction: “Maintaining a Safe Workplace Together”

- The Health System orients all new employees to our workplace violence prevention methods through an instructor led Power Point presentation.
 - This format is designed for all hospital staff.
 - Current clinical and non-clinical employees are assigned the course as self-directed.
- Addendum 1**

Clinical Level -

- This is an instructor led 2.5 hour training module
- Designed for Direct Care providers
- Didactic: Overview Workplace Violence; Assessing Risk for Violence – Crisis Development Model; Prevention/Intervention Techniques to Diffuse Agitated/Aggressive Behaviors – Verbal, Nonverbal, Paraverbal, Physical; Debriefing
- Interactive: Principles of Personal Safety; Applied Physical Interventions/Personal Safety Techniques

Non-Clinical Level –

- This is an instructor led 1.5 hour training module
- Designed for all non-clinical hospital employees
- Didactic: Workplace Violence Prevention; Principles of Personal Safety; Conflict Resolution

Crisis Prevention Training –

- This is an instructor led eight (8) hour initial training, four (4) hour annual re-fresher training based on the Crisis Prevention Institute curriculum.
 - Certification is required for all Security Officers having responsibility for patient control;
 - In-patient Behavioral Health staff-annual competency
 - Offered as elective training for Emergency Department staff.

Safety Training –

- This is a mandatory annual self-directed course;
 - General occupational safety topics;
 - Workplace violence included.

Unit Specific In-Service Training –

- Although there are commonalities within workplace violence prevention concerns, each Hospital department, business unit, and off-site location may experience conditions that are unique. Each work group is responsible to develop internal safety plans that include response to emergencies, including work place violence training. The Security Director, or designee is available for security consults in these matters.

EMS/ First Responder In-Service Training- (* New – completion in the Fall 2010)

Danbury Hospital exercises medical control over the area paid and volunteer ambulance services. There is a need for the services to perform at the same level of violence prevention as The Health System.

Policies are developed to address EMS management of emotionally distressed persons and altered mental status patients. The Health System EMS Directors coordinate training in the communities.

Recordkeeping & Program Evaluations:

- The Director, Employee Health Services maintains the Health System's OSHA log, and tracks incidents of workplace violence injuries.
- As previously stated under section "Worksite Analysis" Security risk assessments, services analysis and benchmark indicators are included in the Addendum section of this plan. These are "business sensitive documents", and distribution is controlled.
- A Performance Improvement Coordinator is assigned to the Security sub-committee of the Employee Health and Safety Committee, as an advisor to assist with evaluating our Security Programs and how they impact patient safety.
- As previously stated, the findings of an independent expert security consultant are included in the Addendum section of this plan.

Critical Incident Response:

The Plan acknowledges that any occurrence that threatens the personal safety of patients, visitors, employees or business partners is extremely serious. There are however, occurrences that may involve extreme violence, with a risk of death or life threatening injuries. These 'critical incidents' include, but are not limited to :

- Armed intruder
- Active shooter
- Hostage situation
- Infant / pediatric / adult abduction
- Escaped prisoner patient
- Bomb threats

The criminal incidents listed above are addressed in Security Response Plans. The Response Plans contain sensitive information that describe Organizational and law enforcement resolution strategies. They are sensitive business documents not appropriate for public disclosure.

This Plan addresses employee response to criminal incidents through policies and procedures and training modules, including but not limited to:

Refer to Addendums: Code 55 – Site Lockdown
Armed Intruder – Active Shooter

Critical Incident Recovery:

The emotional and/or psychological needs of individuals who experience a critical incident are managed by the Department of Psychiatry. The Employee Support Team is a key resource for incident recovery.