Office of Origin: Environment of Care

I. PURPOSE AND SCOPE
To provide guidelines for the multifaceted Workplace Violence Prevention (WVP) Program that covers all patient care clinics, units, services, and operations under the licenses of UCSF Health and Langley Porter Psychiatric Hospital and Clinics. As part of Injury and Illness Prevention Plan (IIPP), the WVP Program is specific to the hazards and corrective measures for the unit, service, and/or operational locations within the scope of the policy and will be available to employees at all times.

The WVP Program covered by this policy includes any act of violence or threat of violence that occurs at the worksite.

II. AUTHORITY
The leadership for the WVP Program resides with the Chief Operating Officer and/or his/her designee, who is responsible for the establishment of this program. Some of the elements of the plan align with the administrative aspects of the Environment of Care Committee (EOC), other elements of the plan align with the clinical aspects of the behavior task force groups. Technical representatives from both groups form a joint oversight Workplace Violence Prevention committee responsible for the development, implementation, evaluation, and revision of this plan.

III. REFERENCES
UCSF Campus Administrative Policy:
150-27 – Violence in the Workplace

UCSF Health Administrative Policies:
1.01.03 – Alcohol/Drug Usage or Possession by Patients/Visitors
1.01.09 – Dangerous Items (Weapons Possession)
1.01.19 – Smoke-Free Environment
1.02.09 – Code of Conduct and Principles of Compliance
1.03.14 – Visitors: Identification, Hours and Control
2.01.06 – Workplace Violence
2.07.01 – Security Management Plan
3.06.03 – Incident Reporting
6.03.03 – Discontinuation of Care
6.03.17 – Elopement/AMA
6.04.04 – Patient Complaints and Grievances
6.04.10 – Patient’s Rights and Responsibilities
6.05.06 – Evaluation and Consultation for Psychiatric Risk in Adult Patients
6.07.10 – Restraints
IV. DEFINITIONS

Act of workplace violence: Any act of violence or threat of violence that occurs on UCSF Health property. The term does not include lawful acts of self-defense or defense of others. An act of workplace violence includes the following:

- The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury;
- An incident involving the threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury.
- Four workplace violence types:
  a) “Type 1 Violence” means workplace violence committed by a person who has no legitimate business in the work site, and includes violent acts by anyone who enters the workplace with intent to commit a crime.
  b) “Type 2 Violence” means workplace violence directed at employees by customers, clients, patients, students, or visitors or other individuals accompanying a patient.
  c) “Type 3 Violence” means workplace violence against an employee by a present or former employee, supervisor, or manager”.
  d) “Type 4 Violence” means workplace violence committed by someone who does not work there, but has or is known to have had a personal relationship with the employee.

Cal-OSHA Reportable Events:

Events that must be reported to Cal/OSHA within 24 hours:

1. An employee was “injured” in an act of violence in the workplace. “Injury” involving a fatality or an injury that requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement;
2. A firearm or other “dangerous weapon” was used by an aggressor(s) in an act or threat of violence in a workplace location covered by the scope of this policy, regardless of whether the employee sustains an injury. “Dangerous Weapon” being an instrument capable of inflicting death or serious bodily injury.
3. An incident of violence occurred in the workplace that presents an urgent or emergent threat to welfare, health, or safety of hospital personnel. An “urgent or emergent threat” to welfare, health or safety meaning employee(s) are exposed to a realistic possibility of death
or serious physical harm.

Events that must be reported to Cal/OSHA within 72 hours:
1. All other incidents involving the use of physical force against an employee by a patient or person accompanying a patient that results in, or has a high likelihood of resulting in, injury, psychological trauma or stress, regardless of whether the employee sustains an injury.

**Dangerous Weapon:** An instrument capable of inflicting death or serious bodily injury.

**Departmental WVP Plan:** UCSF Health departments where patient care is provided will collaborate with the Safety office to develop a WVP plan for their departments describing the unit-specific framework that will ensure patients are cared for safely while maintaining a safe work environment for employees. This department WVP plan must include, but is not limited to the following:

- Staff WVP training (Section VIII. Training)
- Unit/Facility WVP assessments (Section VI. Workplace Hazard Assessment)
- Procedures for documenting and addressing WVP concerns for the unit (Section V. Procedures)
- Unit-specific roles and responsibilities in reference to WVP, including how staff can participate in evaluating the program (Section IV. Roles and Responsibilities)
- Responding/reporting to incidents of workplace violence (Section V. Procedures)

**Employee:** UCSF employee, physician or other practitioner, faculty member of UCSF Health in a workplace covered by the scope of this policy.

**Incident Report:** Generated using the on-line incident reporting system; an IR is a confidential report prepared by Medical Center staff and physicians to document the facts of an incident, provide notice of a potential claim and to evaluate systems and improve quality of care. The incident report is a confidential, non-punitive protected document that is not included in the patient’s medical record.

**Imminent Hazard:** Emergent threat to welfare, health, or safety.

**Injury:** Work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. A work-related injury is any injury or illness arising out of and during the course of employment. The determination as to whether an injury or illness is considered work-related is determined by the University’s third-party administrator using all available information. That information may include statements by the employee, manager and witnesses, medical information from the treating physician, and prior medical records of the injured worker. Whether medical expenses and compensation are payable and the amount and duration of such payments are prescribed by state or other statutes and not by the University or the third-party administrator.

**Patient:** Refers to any individual receiving care in a UCSF Medical Center Facility or through one of UCSF Health’s Programs.

**Responder Personnel:** UCSF Health Security and UCSF Health employees with direct patient contact duties that are assigned to respond to alarms and code activations of violent
incidents or whose assignment involves confronting or controlling persons exhibiting aggressive or violent behavior.

**Threat of Violence:** A physical or verbal act which threatens bodily harm to another person or damage to the property of another.

**UCSF Property:** Any or all of the main centers of activity of the University under the jurisdiction of the Chancellor and includes University-owned or leased property, buildings, space, and University-owned passenger vehicles and moving equipment, including light and heavy trucks, cargo and passenger vans, buses, and any other mobile equipment with an enclosed or enclosable driver/passenger compartment. All UCSF Campus and Medical Center site locations are included.

**UCSF Reportable Event:** An act of physical violence that results in or has a high likelihood of resulting in injury, psychological trauma or stress, regardless of whether the employee sustains an injury that occurs at the workplace, or an incident involving the use of a firearm or other dangerous weapon is covered by the scope of this policy.

**Visitor:** Refers to any individual who is not an employee or a patient, who is on UCSF Health property or is contacting an employee in their work capacity. Visitors include patients’ family members, patients’ friends, trespassers, and staff member relations.

V. **ROLES AND RESPONSIBILITIES**

**Directors, Managers, Supervisors**

- Ensure UCSF Medical Center policies and procedures for reporting, documenting, and investigating incidents of workplace violence are implemented and performed
- Complete an online incident report in the UCSF Incident Reporting System within 24 hours of an incident of workplace violence
- Ensure Workplace Violence Prevention Signage is posted outside of the patient’s room to inform all staff of potential for violent behavior.
- Provide employees affected by workplace violence with emergency medical care or first aid through Occupational Health Services, as needed.
- Provide employees affected by workplace violence support and referral to Faculty and Staff Assistance Program (FSAP), Spiritual Care Services, or Caring for the Caregiver resources
- Document and communicate to employees between shifts and units, and UCSF Health Security when there are conditions that may increase the potential for workplace violence
- Ensure required information and training is provided
- Ensure that risk assessments are conducted and appropriate controls are identified and implemented in their area(s) of responsibility to eliminate or reduce risks
- Ensure the Workplace Violence Prevention Unit/Department Plan was developed with staff involvement and implemented in their area(s) of responsibility
• Ensure all employees who are exposed to a significant risk of violence in the workplace are informed of the results of the risk assessments
• Provide copies of the complete Risk Assessments and the Correction Plan (if required) to the Safety Office
• Review the Risk Assessments and Prevention Plan as required, annually or in follow-up to incidents

Employees
• Report all incidents of workplace violence to Manager/Supervisor, Security Services, or UCPD immediately
• Complete an online incident report within 24 hours of an incident of workplace violence
• Report any deficiencies, hazards, or concerns to Manager/Supervisor
• Attend training sessions as required
• Cooperate in an investigation of workplace violence
• Participate in risk assessments and WVP planning
• Follow procedures established for the prevention of workplace violence

Medical Center Administration
• Support the implementation and sustainability of this Policy through the Workplace Violence Prevention Committee
• Support a “Culture of Safety” within the Medical Center
• Provide the appropriate equipment and resources to patient caregivers to help create and achieve a violence-free workplace

WVP Plan Administrator
The Medical Center Director of Security Services and the Safety Officer have the authority and responsibility for implementing the provisions of this policy as part of the UCSF Health’s Environment of Care Program. All managers, supervisors, and employees are responsible for implementing and maintaining this policy and their plan in their work areas and for answering employee questions about the program. A WVP report will be presented to UCSF Health’s Quality Improvement Executive Committee as part of the EOC annual report. The WPV Program Manager, as appointed by the WPV Administrator(s), is responsible for all operational aspects of the program including but not limited to disseminating information on workplace violence investigations and corresponding corrective actions.

Workplace Violence Prevention (WVP) Committee
The Workplace Violence Prevention Committee (Appendix 1) is the oversight committee dedicated to providing leadership for the implementation and sustainability of the WVP Program. This group is responsible for reviewing and discussing workplace violence incidents, hazard assessments, and corrective actions. The WVP Committee also conducts an annual evaluation of the WVP Program and Policy.

The WVP Committee meets at least quarterly to review workplace violence incidents, hazard assessments, and corrective actions. The committee is responsible for reporting
all incidents of violence, post-incident investigations, hazard assessments, and all corrective actions to the EOC Committee on a quarterly basis. The WVP Committee is the primary means for system-wide communication with employees.

**Behavior Task Force Groups**
Designated area-specific Behavior Task Force groups (Adult/LPPHC, Pediatrics, Obstetrics, and Ambulatory Care Services) will operate to support the collaborative engagement of both staff and leadership in the implementation of WVP resources. Resource implementation efforts will focus on the prevention and response to disruptive or violent patient behavior. This includes the review and implementation of evidence-based clinical patient risk assessment tools, standard care workflows, and process improvement resources for the management of disruptive or violent patients.

**Facilities Evaluation Team**
UCSF Medical Security/Safety Department and UCSF Campus Police Department assess the environmental vulnerability to workplace violence at UCSF Health and recommend preventive actions through the facilitation of annual campus-wide risk assessments. This team collaborates with the appropriate departmental stakeholders throughout the assessment process. This team is responsible for reviewing and discussing environmental risk assessments and recommended corrective actions with the WVP Committee. It also conducts an annual review of the UCSF’s Medical Center’s Environmental Risk factors.

**Threat Management Team**
When activated, the Threat Management Team shall evaluate incoming potential threats of workplace violence and determine actions that must be taken to mitigate any incidents of violence.

The Threat Management Team may include but is not be limited to:
- FSAP
- Director of Security
- Labor and Employee Relations
- Members of the Risk Management Team
- Members of the appropriate patient caregiver team
- Office of Legal Affairs
- UCSF Police Department
- WVP Program Manager

**Incident Evaluation Team**
The Incident Evaluation Team consists of the WVP Program Manager, Security Services staff, and UCPD staff who are responsible for responding to reported incidents of violence at UCSF Health and determining immediate actions to be taken. Post-incident, the Incident Evaluation Team is responsible for leading the post-incident debrief and documenting the incident investigation including patient-specific and environmental risk factors, and risk-reduction measures. The post-incident investigation shall engage the employee and other personnel involved to obtain complete
information regarding the details of the incident, the cause, and any measures that could have prevented the incident.

The Incident Evaluation Team may include but is not limited to:
- WVP Program Manager
- Security Administration
- UCSF Police Department
- Members of the Risk Management Team
- Members of the patient caregiver team
- Labor and Employee Relations

**Workplace Violence Prevention Huddle**
A meeting will be held on a weekly basis by the Incident Evaluation Team and other individuals designated to review all reported incidents of workplace violence during the last seven (7) days.

### VI. PROCEDURES

**Reporting Acts and Threats of Violence**
Any UCSF Health employee or contractor can report any type of workplace violence internally by calling Medical Center Security, UCSF Police Department (UCPD) or through the UCSF Health Incident Reporting System **without fear of reprisal**.

Urgent or dangerous incidents must be reported immediately to the Medical Center Security Department (1-415-885-7890) or by calling 9-911 for UCPD assistance. Acts or threats of workplace violence must be reported as soon as possible to the employee’s immediate supervisor. All acts or threats of workplace violence must be documented as soon as possible through the UCSF Health Incident Reporting System (See 3.06.03 Incident Reporting Policy) under the appropriate category within 24 hours of the event. Additionally, there is an anonymous whistleblower hotline (1-800-403-4744) maintained by UCOP that is available for reporting. The incident report is a confidential and protected document. The incident report is not part of the patient’s medical record.

**Communication**
UCSF Health Human Resources (via Workforce Logiq Inc.) and UCSF Health Security (via Vendor Mate) are responsible for informing employers of contract or temporary employees of UCSF Health’s WVP Program, including the Plan, WVP training, proper methods to report and investigation of workplace violence incidents that may affect their employees. Unit Managers/Supervisors are responsible for providing unit-specific plan information to all contract or temporary employees assigned to their unit/area.

**Incident Response and Investigation** (Appendices 2 and 3)
Once an incident is reported, Managers and Supervisors are responsible for documenting the incident using the UCSF Health Incident Reporting System. Together with the Incident Evaluation Team, Managers and Supervisors are responsible for:
- Identifying the employees involved
• Conducting post-incident debriefing as soon as possible after the incident
• Conducting and documenting the post-incident investigation

If an employee injury requires emergent care, take the employee to the UCSF Health Emergency Department. For non-emergent employee injuries, immediately call Occupational Health Services at 415-885-7580 for follow-up care. Managers/Supervisors are responsible for providing FSAP resource information for all affected employees. Chaplains are also available 24/7 for emotional and spiritual support. The Workplace Violence Prevention Committee reviews all investigations and tracks corrective actions from the investigation to ensure they are properly implemented and communicated to appropriate units and teams.

VII. WORKPLACE HAZARD ASSESSMENT

The Facilities Evaluation Committee, together with Managers and Supervisors are responsible for conducting unit and department specific workplace environmental hazard assessments. These assessments include a review of any workplace violence incidents that occurred in the facility in the past year. The environmental risk assessments include, but are not limited to the following factors: employees working alone, remotely or at early or late hours, poor illumination or visibility, lack of physical barriers, lack of effective escape routes, obstacles and impediments to access alarm systems, locations where alarm systems are not operational, entryways where unauthorized entrances may occur, presence of furnishings or objects that could be used as weapons in patient contact areas and storage of high value items, currency or pharmaceuticals. Hazard assessment forms are attached as Appendices.

Hospital Campuses
Workplace hazard assessments are conducted for every Hospital Campus through an annual evaluation conducted by UCSF Health Security based on environmental factors. Assessments are conducted using a workplace violence environmental hazard assessment tool and include areas that serve employees, patients and visitors such as outdoor areas like parking lots and grounds.

Department Specific Hazard Assessment
Department/Unit-based hazard assessments are conducted not less than annually for every patient care unit/department based on built environmental factors. Assessments are conducted using the department/unit environmental hazard assessment tool and maintained within the department’s WVP plan located within their EOC manual.

Patient Specific Hazard Assessment
If known and there is prior history, employees are notified through the APeX FYI alert or in the patient’s medical record if a patient has behavioral challenges and/or conditions that may cause the patient to be non-responsive to instruction or to behave unpredictably, disruptively, uncooperatively, or aggressively, or if the patient has a known history of violence against others. To request a patient FYI alert, please contact your department supervisor or manager.

For staff without access to APeX, Workplace Violence Prevention signage (Appendix 4) provided by the Safety Office will be posted outside of the patient’s room informing all individuals to speak to the nurse prior to any patient interaction.
Paramedics or emergency medical service providers follow established communication rules for dispatching authorities to the scene and to notify law enforcement and the receiving Emergency Department of any known risk factors at the scene. Any disruptive or threatening behavior displayed by a patient or visitor must be relayed to UCSF Health Security. Upon request, Security, together with the unit/service/operation Supervisor, is responsible for assessing visitors and allowing or denying access to the facility.

VIII. CORRECTION OF WORKPLACE HAZARDS

UCSF Health will immediately take measures to protect employees from imminent and identified serious hazards within seven days of the discovery of the hazard. When an identified corrective measure cannot be implemented within this timeframe, UCSF Health will take interim measures to abate the imminent or serious nature of the hazard while completing the permanent control measures. Engineering and work practice controls will be used to eliminate or minimize employee exposure to the identified hazards to the extent feasible.

IX. TRAINING

All employees covered by the scope of this policy shall receive training on this policy that covers, but are not limited to the following:

• how to report to law enforcement
• how to recognize the potential for violence
• strategies to avoid harm
• how workplace violence hazards are identified in the work environment
• how corrective measures have been implemented
• activities that each employee is expected to perform under their department specific plan and this policy

All employees and their supervisors who provide direct care to patients shall receive education and training at least annually via the UC Learning Center’s online workplace violence prevention awareness module. The training provides an opportunity for interactive questions and answers with a person knowledgeable about the WVP plan and non-violent crisis intervention.

Employees who are assigned to respond to alarms or whose assignments involve confronting or controlling persons exhibiting aggressive or violent behavior receive additional training prior to initial assignment and annually thereafter. This additional training includes but is not limited to:

• general and personal safety measures
• aggression and violence predictive factors
• the assault cycle
• characteristics of aggressive and violent patients
• verbal and physical maneuvers to defuse and prevent violent behavior
• strategies to prevent physical harm
• restraint techniques
• appropriate use of medications as chemical restraints
• an opportunity to practice maneuvers and techniques outlined in the training

X. RECORD-KEEPING
All records of workplace violence hazard assessment, evaluation, and correction are created and maintained as required by the WVP Administrator. Training records are created and maintained within the Learning Management System for one year and include the training date, summary of the training, name and qualifications of the person conducting the training, and the names and job titles of those in attendance. Records of violent incidents, including the violent incident log, are maintained for a minimum of 5 years.

XI. PROGRAM REVIEW
The Workplace Violence Prevention Committee regularly reviews and approves the WVP policy and presents significant revisions to the Environment of Care Committee. An annual evaluation of the program is incorporated into the EOC annual report.

Employees have the opportunity to review and comment in writing about the effectiveness of the WVP policy through the following:
• Annual staff training
• Medical Center Safety Officer or Director of Security
• Medical Center Workplace Violence Prevention Program Manager
• Department Manager(s)
• EOC Committee Members
• Safety Office feedback form located on the Safety Intranet Site
• Annual review and participation in Unit/Department WVP plan

Department WVP Plan Review
Directors/Managers/Supervisors annually review and update their area Risk Assessments and WVP Plans annually, and when any one of the following circumstances occurs:
• You become aware of a type of violence occurring in similar workplaces that was not taken into consideration when the previous violence risk assessment was conducted
• There is significant change in any of the following:
  o circumstances in which work takes place
  o interactions that occur in the course of performing work
  o the physical location or layout of the workplace
  o construction of a new facility or renovation
• An investigation identifies deficiencies in the assessment or plan
• An employee reports deficiencies or offers input for improvement of the assessment or plan
XII. APPENDICES

1. Workplace Violence Prevention Committee Charter
2. Incident Reporting and Follow-up Algorithm
3. Post-Incident Huddle Sheet
4. Workplace Violence Prevention Signage

XIII. APPROVALS

Reviewed:
Ben Gordon – Director, Security Services March 2019
Matt Carlson – Safety Officer March 2019
Workplace Violence Prevention Committee March 2019

Approved:
Environment of Care/Emergency Management Committee June 2019