Workplace Violence Prevention Plan

I. PURPOSE and SCOPE

To comply with Cal/OSHA regulations [Title 8 CCR § 3342, Violence Prevention in Healthcare] UCI Health, as part of the UCI Health Injury and Illness Prevention Plan (IIPP), will establish, implement, and maintain an effective Workplace Violence Prevention Plan (Plan). This Plan applies to and is in effect at all times in every unit, service, and operation, including UCI Health and all affiliated off-site locations operating under the hospital license.

"Workplace violence" as covered by this plan includes any act of violence or threat of violence that occurs at the worksite. This includes the threat or use of physical force against an employee as well as the threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons.

Acts or threats of physical violence which involve or affect UCI Health employees, patients, or visitors or which occur on UCI Health property will not be tolerated. This prohibition against threats and acts of violence applies to all persons involved in the operation of UCI Health including, but not limited to, UCI Health personnel, contract and temporary employees, patients, vendors, and visitors. Violations of this policy, by any individual while on UCI Health property is considered misconduct and will lead to disciplinary and/or legal action as appropriate and in accordance with applicable personnel policies, bargaining unit agreements and California law.

II. ROLES and RESPONSIBILITIES

- **Workplace Violence Prevention Plan Administrator**
  - The Workplace Violence Prevention Plan Administrator is the Director, Environmental Health & Safety, who has the authority and responsibility for implementing the provisions of this Plan for UCI Health.

- **Managers/Supervisors**
  - All managers and supervisors are responsible for implementing and maintaining the Plan in their work areas and for answering employee questions about the program.
  - Managers of units designated 'high risk' for workplace violence exposure will ensure that a unit specific workplace violence prevention plan (Unit Specific Plan), which is to incorporate the unique risk factors of the unit, service or operation, is developed for their unit. Managers will ensure the staff on the unit are engaged and involved in the process of developing and reviewing (per requirements in section VI, below) the unit specific plan. This requirement applies to the following units:
Managers of units that utilize contract or temporary employees are responsible for ensuring that such employees are informed of the Plan, that those employees understand their respective roles as provided in the Plan, that workplace violence incidents involving any employee are reported, investigated and recorded and that, as applicable, contract and temporary employees are provided and complete any required workplace violence prevention training.

- **Employees**
  - All employees are responsible for being knowledgeable of this Plan, their respective Unit Specific Plan (if applicable), and adhering to its requirements.

- **Workplace Violence and Threat Consultation Team**
  This team is responsible for the overall implementation and maintenance of the Workplace Violence Prevention Plan. Members include representatives from the following UCI Health departments: Public Safety, Environmental Health & Safety, Human Resources, Legal, Risk Management, Nursing Administration (CNO or designee), Psychiatry and a School of Medicine representative. When appropriate, other hospital personnel may be invited to participate to expedite the resolution of a particular situation.

  The Workplace Violence and Threat Consultation Team responsibilities include, but are not limited to, improving the medical center's readiness to address workplace violence by:
  - Responding with direction to reports of threats or acts of violence.
  - Conducting threat assessments when warranted to assess the risk of future violence from a potential aggressor and determine an appropriate organizational response.
  - Reviewing and discussing incidents involving workplace violence, hazard assessments and corrective actions.
  - Tracking and trending of incident data.
  - Assessing the vulnerability to workplace violence at UCI Health and determine preventive actions to be taken.
  - Establishing and maintaining policies for dealing with issues of workplace violence.
  - Developing an expertise among team members and members of management regarding issues of workplace violence and establishing a threat management strategy.
  - Providing oversight and coordination of workplace violence prevention training.
  - Conducting and documenting the annual review of this Plan.

### III. PROCEDURE

- **Reporting Acts and Threats of Violence and Workplace Violence Concerns**

  Acts or threats of workplace violence that are urgent in nature and which threaten the safety of UCI Health employees or affiliated individuals must be immediately reported to UCI Health Public Safety (Public Safety) by dialing 714.456.5493 or by calling 911. Affiliated off-site locations dial 911 for local police assistance. These procedures are effective for obtaining assistance from the appropriate law enforcement agency during all work shifts.

  UCI Health is prohibited from disallowing an employee from, or taking punitive or retaliatory action against an employee for, seeking assistance and intervention from local emergency services or law enforcement when a violent incident occurs.

  All workplace violence incidents, regardless of severity, shall be reported as soon as possible to the employee's manager or supervisor and to Public Safety; Public Safety will take an incident report as
appropriate depending on the circumstances of the incident.

All acts or threats of workplace violence must also be documented by the involved staff member(s) or their supervisor/manager as soon as reasonably possible after an incident using the online Safety & Quality Information System (SQIS) reporting system. Incident Reports should be submitted in the category for Safety/Security/Workplace Violence. If multiple staff are involved in an incident, one person shall be designated to complete the report with input from the other involved individuals.

UCI Health employees or affiliated individuals can report any and all workplace violence incidents or concerns using the above methods, without fear of reprisal. Employees will not be discharged or discriminated against for reporting workplace violence incidents or concerns. Such reports will be investigated per established procedures (see also the UCI Health policy for Incident Reporting). Upon completion of the investigation, the employee who submitted the IR will receive a notification from the online SQIS reporting system when the report is closed and this notification may include information regarding the results of the investigation and any corrective actions that have been or will be taken. Alternatively, the employee may be informed verbally by their direct supervisor/manager who will also ensure that any other employees involved or affected by the incident are likewise informed. At any time, the individual can inquire with a member of management regarding the status of an investigation or its outcome.

• *Post Incident Response and Investigation*

The Unit Manager or Supervisor in charge at the time of incident is responsible for initiating the Post Incident Response and Investigation process after any act of physical violence that results in employee injury or had the high likelihood of causing injury. This process includes the following elements:

- Providing immediate medical care or first aid to employees who have been injured in the incident. (see also the UCI Health policy for Work-Incurred Injuries and/or Illnesses).
- Making available individual trauma counseling (via the Employee Assistance Program) to all employees affected by the incident.
- Identifying all employees, including name and title, involved in the incident.
- Conducting a post-incident debriefing as soon as possible after the incident with all employees, supervisors, and security involved in the incident.
- Reviewing any patient-specific risk factors and any risk reduction measures that were specified for that patient.
- Reviewing whether appropriate corrective measures developed under the Plan - such as adequate staffing, provision and use of alarms or other means of summoning assistance, and response by staff or law enforcement - were effectively implemented.
- Soliciting from the injured employee and other personnel involved in the incident their opinions regarding the cause of the incident, and whether any measure would have prevented the injury.

A paper-based Post Incident Debriefing Form [Attachment B] should be used to document the post-incident debriefing and other required elements of the Post Incident Response and Investigation process, as outlined above. When complete, this form should be submitted to the Unit Manager who will either upload/attach the form to the corresponding incident report in the online SQIS reporting system or, alternatively, email the form to: wpvppgm@hs.uci.edu. After submitting the form electronically, the paper-based version should be properly disposed of in a confidential waste bin.
The Post Incident Response and Investigation process will be continued by the Workplace Violence and Threat Consultation Team by:
  ◦ Reviewing all reported incidents of workplace violence.
  ◦ Following up with involved employees and supervisory personnel to obtain any additional information required for investigative or documentation purposes.
  ◦ Reviewing all investigations and tracking corrective actions from the investigation to ensure they are properly implemented and results communicated to appropriate units and teams.

• Communication
  Managers and Supervisors will be responsible for documenting and communicating to employees between shifts and units when there are conditions that may increase the potential for workplace violence, including the arrival or presence of patients determined to possess an increased risk of violence toward staff. (see also, section IV Patient Specific Hazard Assessment, below). This information will also be reported as appropriate through other communication channels to include contacting Public Safety and/or filing an online incident report via the SQIS reporting system.

• Employee Participation/Involvement in the WPVP Program
  In order to obtain the active involvement of employees and their representatives in the workplace violence prevention efforts of UCI Health, staff from designated units/areas and union representatives will be invited to attend quarterly meetings with representatives of the Workplace Violence and Threat Consultation Team. At this forum, members can raise and discuss issues pertaining to workplace violence prevention in their units/service/operation. Additionally, an annual employee workplace violence survey will be conducted, and all employees invited to participate. All staff will also be informed at the end of the initial (awareness level) training that if they would like to be involved in reviewing and revising the Plan to contact the program administrator and a contact method provided.

IV. WORKPLACE HAZARD ASSESSMENT

Environmental Health and Safety, together with unit Managers and Supervisors, will be responsible for conducting workplace hazard assessments for each unit, service, or operation. Unit Managers will ensure that employees that work in the unit are involved in the process of identifying, evaluating and correcting workplace violence hazards for their respective unit. These assessments will also include a review of any workplace violence incidents that occurred in the facility in the past year. The environmental risk assessments will include, but not be 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.

• Fixed Workplaces
  Workplace hazard assessments will be conducted for every facility, unit, service, or operation as necessary based on environmental factors, but not less than annually. Assessments will be conducted using the workplace violence environmental hazard assessment tool and must be conducted in every unit and area, including outdoor areas like parking lots and grounds.

• Field Operations
  Employees engaged in field operations, such as mobile clinics, dispensing operations, medical outreach, home health care or home-based hospice will be trained to conduct environmental hazard assessments
for their off-site operations. Prior to patient-contact work being conducted the hazard assessments must be completed and communication procedures created for dispatching law enforcement and notifying Supervisors or Management as appropriate. If during the course of the field operations conditions change, the risk assessment must be updated.

**Patient Specific Hazard Assessment**

Employees will be notified by Admitting/Paramedics, Charge Nurse, or Supervisor of patient's mental status and conditions that may cause the patient to be unresponsive to instruction or to behave unpredictably, disruptively, uncooperatively, or aggressively, or if the patient has a known history of violence against others.

Paramedics or emergency medical service providers will follow established communication rules for dispatching authorities to the scene and to notify law enforcement and the receiving Emergency Department of any risk factors they are aware of at the scene.

Notification to staff should occur verbally when the patient initially arrives on the unit and at the start of each shift. At inpatient locations upon the determination of the Unit Manager/Supervisor/Charge Nurse, a “caution” placard [Attachment A] will be affixed to the patient room door. Caution placards will provide visual notification to any/all staff that may enter the patient room that the patient poses an increased risk of violence and prompt the initiation of additional safety precautions.

Criteria for assigning caution placard:

- patient has a history of violence
- patient's current medical status/condition causes confusion and/or disorientation and may cause the patient to be unresponsive to instruction or to behave unpredictably, disruptively, uncooperatively, or aggressively
- patient is under the influence of or withdrawing from drugs/alcohol

The following safety precautions will be taken when a caution placard is affixed to a patient room door:

- remove any/all objects from the room, as able, that the patient might throw or otherwise use as a weapon
- do not enter patient room alone (at least two staff)
- staff will, as much as possible, not place themselves in a position where the patient can block staff from leaving the room
- staff will maintain adequate distance between staff and the patient to react if the patient becomes violent while also allowing for the provision of patient care
- when staff must get close to patient (i.e., provide direct patient care), ensure adequate staff is available to assist
- depending on patient history/behavior, consider calling for security to standby as staff interact with the patient
- limit interactions with the patient as much as possible while still providing required levels of care
- if/when patient becomes violent or threatening toward staff, leave the room and contact others for assistance (Unit Manager/Supervisor, security and/or police) as needed

Patients with a known history of physical violence toward staff will have a FYI alert "Risk Flag" placed on their medical record.

Any disruptive or threatening behavior displayed by a patient will be relayed to the Unit/Department Supervisor and/or Public Safety or local law enforcement as required based on the behaviors.
Upon request, Public Safety or local law enforcement, together with the Unit/Dept. Supervisor, will be responsible for assessing visitors and allowing or denying access to the facility.

V. CORRECTION OF WORKPLACE HAZARDS

UCI Health will take measures to protect employees from imminent hazards immediately and will take measures to protect employees from identified serious hazards within seven days of the discovery of the hazard. When an identified corrective measure cannot be implemented within this timeframe, UCI 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. Correction of workplace hazards will be documented and retained according to the requirements laid out by the UCI Health IIPP, this Plan and any other applicable policies or regulations.

VI. REVIEW OF PLAN

An annual review of this Plan will be conducted to review the effectiveness of the Plan for the overall facility or operation, in conjunction with employees and their representatives regarding the employees’ respective work areas, services and operations. Workplace hazards found during the review shall be corrected per the procedures outlined above. This review will include an evaluation of staffing, including staffing patterns and patient classification systems that contribute to, or are insufficient to address, the risk of violence; sufficiency of security systems, including alarms, emergency response and security personnel availability; job design, equipment and facilities; security risks associated with specific units, areas of the facility with uncontrolled access, late-night or early morning shifts and employee security in areas surrounding the facility, such as parking lots and other outdoor areas.

The Plan as it applies to units within a facility, the facility as a whole, or the particular operation, shall also be reviewed for the unit, facility or operation and updated whenever necessary as follows: (a) to reflect new or modified tasks and procedures which may affect how the Plan is implemented; (b) to include newly recognized workplace violence hazards; (c) to review and evaluate workplace violence incidents which result in a serious injury or fatality; or (d) to review and respond to information indicating that the Plan is deficient in any area. When a revision to the Plan is needed for only part of the facility or operation, the review process will be limited to the employees in the unit(s) or operation(s) affected by the revision.

VII. TRAINING

- Initial Training
  All employees, including contract and temporary employees, working in the facility, unit, service, or operation will receive initial training; such training will include all required elements as per 8CCR3342(f)(1). This training requirement is met by completing the UCLC course: "Workplace Violence Prevention in Healthcare." Any unit which utilizes contract or temporary employees will ensure such employees are provisioned with access to UCLC at the time of hire/assignment (responsibility of unit Manager).

- Annual Refresher Training
  All employees, including temporary and contract employees, performing patient contact activities and their supervisors will receive annual refresher training which will include a review of the topics in the initial training and the results of the annual review of the workplace violence prevention plan. This training requirement is met by completing the UCLC course: "Workplace Violence Prevention in Healthcare."
• Responder Training
All employees, including temporary and contract employees, assigned to respond to alarms or other
notifications of violent incidents or whose assignments involve confronting or controlling persons
exhibiting aggressive or violent behavior will receive additional training prior to initial assignment and
annually thereafter. This additional training will include all required elements as per 8CCR3342(f)(3). This
training requirement is met by completing the in-person training class: CPI Nonviolent Crisis Intervention.
The course is an (8) hour initial training and (4) hour annual refresher training. This applies to those
employees assigned to work in the Emergency Department, the inpatient psychiatry units (1North, 2North,
2South), and any Security/Public Safety/UCIPD personnel assigned to UCI Health Medical Center.

• Opportunity for Interactive Q&A
All training will provide an opportunity for interactive questions and answers with a person knowledgeable
about the Plan; training not given in person shall provide for interactive questions to be answered within
one business day. All computer-based training modules will provide an opportunity for attendees to
submit their questions, comments, and feedback via email upon conclusion of the training. Any questions
submitted will be answered within the required time frame by a person knowledgeable about the Plan.

• Additional Training
Additional training will be provided when new equipment or work practices are introduced or when a new
or previously unrecognized workplace violence hazard has been identified; this training will be limited to
addressing the new equipment or work practice or new workplace hazard.

• Employee Participation
Employee feedback will be solicited upon the conclusion of training activities and any recommendations
for modifying training curricula and materials based on employee feedback will be considered on an
ongoing basis.

VIII. RECORDKEEPING

A Violent Incident Log will be maintained that will record information about every incident, post-incident
response and workplace violence injury investigation.

All records of workplace violence hazard identification, evaluation and correction will be created and
maintained as required by the UCI Health IIPP and this Plan, by the Director, Environmental Health & Safety,
or designee.

Training records will be created and maintained for one year and will include the training dates, a summary of
the training, names and qualifications of persons conducting the training and the names and job titles of those
in attendance.

Records of violent incidents, including the Violent Incident Log, reports to Cal/OSHA of workplace violence
incidents, and workplace violence injury investigations, will be maintained for a minimum of 5 years.

Attachments

Attachment A - Caution Placard.pdf
Attachment B - Post Incident Debriefing Form
## Approval Signatures

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