

POLICY NUMBER		ON107PCS
ORIGINAL DATE:		September 2010
TITLE:	CONFLICT MANAGEMENT	
KEYWORDS:	Dispute, disagreement, bullying	

ACCOUNTABILITY:

SVP & Chief Nursing Officer
 VP Patient Care Services
 VP Human Resources

OBJECTIVES:

The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities. To fulfill this mission, CHI St. Vincent will commit to protect the quality and safety of care by managing conflict between staff and or leadership groups.

DEFINITIONS:

Conflict: when two or more values, perspectives and opinions are contradictory in nature and have no current alignment or agreement.

Facilitator: an individual who is skilled in conflict management. Skill can be obtained through education, experience or training. A facilitator can be internal or external.

POLICY:

1. When conflict arises between individuals or groups that, if not managed, could adversely affect patient safety or quality of care, the following process will be implemented and coordinated by Human Resources.
 - A. Utilize Chain of Command for resolution.
 - B. If the conflict cannot be resolved between the two individuals or groups privately, a facilitator will be identified. Staff may have the option of confidentially expressing concerns regarding staff members or situations without retribution to management or Human Resources.
 - C. The facilitator is to meet with the involved parties as early as possible to identify the root cause and/or contributing factors behind the conflict.
 - D. The facilitator should consider, if additional information can be gained/obtained by talking with other stakeholders or leadership group members, reviewing policies or business plans, observing meeting interactions and considering other methods of gathering information as appropriate to the conflict.

Conflict Management

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- E. The facilitator arranges a schedule of meetings with the involved parties in order to manage and when possible resolve the conflict.
- F. The facilitator works with the involved parties to develop, implement and sustain a plan of action.
- G. The facilitator follows up with the involved parties to debrief the conflict and the management process to help prevent or minimize future conflicts and protect the safety and quality of care.

SOURCES:

The Joint Commission Leadership Standard LD.02.04.01

ANA Code of Ethics, 2015, Provision One.

Approved by Market Policy Review Committee, November 2023



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Document Metadata

Document Name:	Conflict Management.doc
Policy Number:	ON107PCS
Original Location:	/CHI St. Vincent Hospitals/Patient Care Services/1 - General Use
Created on:	09/30/2010
Published on:	01/31/2024
Last Review on:	11/29/2023
Next Review on:	11/29/2024
Effective on:	05/31/2017
Creator:	Wilson, Jessica <i>Regulatory</i>
Committee / Policy Team:	Policy Management
Owner/SME:	Alexander, Sunetta <i>Director</i>
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Author(s):	Morgan, Melissa <i>Director</i>
Approver(s):	Longing, Angie <i>Chief Nursing Officer</i>
Publisher:	Wilson, Jessica <i>Regulatory</i>

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POLICY NUMBER		ON096PCS
ORIGINAL DATE:		September 2010
TITLE:	CHAIN OF COMMAND	
KEYWORDS:	Conflict, Reporting, Supervisor	

ACCOUNTABILITY:

Chief Medical Officer
SVP & Chief Nursing Officer

OBJECTIVES:

The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities. To fulfill this mission, CHI St. Vincent will provide co-workers an organized system for reporting and resolution of issues involving conflicts in patient care, the plan of care, to obtain a necessary intervention in patient care, support patient safety, and provide adequate risk management by mitigating risk.

POLICY:

- I. Co-workers will be provided with a system through which they may obtain resolution of issues or where they have identified a need which is beyond their power and resources to meet. Issues may include, but are not limited to:
 - A. Conflicts concerning the plan of care for patients
 - B. Unclear or potentially unsafe orders
 - C. Unavailability or unresponsiveness of a care provider
 - D. Unprofessional or non-compliant behaviors
 - E. Lack of needed equipment for patient care
- II. **When a need has been identified it should be brought forth to the immediate supervisor, nurse in charge or manager at once. If considered urgent (patient safety, lack of needed equipment, etc) the employee should not leave without initiating a request for assistance through the chain of command.**
- III. The chain of command is as follows:
 - A. Nursing (Days Monday-Friday):
 - i. RN in Charge
 - ii. Nurse Manager / Supervisor
 - iii. Clinical Director
 - iv. CNO/VP Patient Care Services of facility

Chain of Command

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- v. President of facility
 - vi. Chief Executive Officer (CEO)
- B. Nursing (Evenings/Nights/Weekends/Holidays):
 - i. RN in Charge
 - ii. CHI SVI/CHI SVHS/CHI SVN House Supervisor (or ED Nurse in Charge at CHI SVM)
 - iii. Administrator on Call (AOC)
- C. Non-Nursing (Days Monday-Friday)
 - i. Department/team lead and/or supervisor
 - ii. Department Director
 - iii. Reporting Leader
 - iv. VP Patient Care Services of facility / Chief Medical Officer (if clinical / patient care issue)
 - v. President of facility
 - vi. Chief Executive Officer (CEO)
- D. Non-Nursing (Evenings/Nights/Weekends/Holidays):
 - i. Department team lead or supervisor
 - ii. CHI SVI / CHI SVHS House Supervisor (or ED Nurse in Charge at CHI SVN/CHI SVM)
 - iii. Administrator on Call (AOC)
- E. Medicine (Days, Monday-Friday):
 - i. Attending Physician
 - ii. Section chief if applicable
 - iii. Department chair (Medicine and Surgery only)
 - iv. Chief Medical Officer
 - v. Chief of Staff
- F. Medicine (Evenings/Nights/Weekends/Holidays):
 - i. Attending Physician
 - ii. Section chief if applicable
 - iii. Department chair (Medicine/Surgery only)
 - iv. Administrator on Call (AOC)
 - v. Chief Medical Officer (CMO)
- IV. The chain of command may continue, or a direct call may be made to the Administrator on call (AOC), VP Patient Care Services (VP PCS) of facility, President or Chief Medical Officer (CMO) in urgent situations. After hours the administrator on call may be reached via the house supervisor.
- V. The speed and level at which the chain of command is accessed depends upon the urgency of the situation and the specific circumstances.

- VI. Any matter involving patient safety must be addressed immediately using the chain of command process.

SOURCE:

ANA Scope and Standards of Practice; Standard 11, 2nd Edition, 2010.

ANA Code of Ethics for Nurses, Provision 4, 2015.

Approved by Market Policy Review Committee, November 2023



Chain of Command

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Document Metadata

Document Name:	Chain of Command.doc
Policy Number:	ON096PCS
Original Location:	/CHI St. Vincent Hospitals/Patient Care Services/1 - General Use
Created on:	09/30/2010
Published on:	01/02/2024
Last Review on:	11/30/2023
Next Review on:	11/30/2024
Effective on:	02/25/2019
Creator:	Wilson, Jessica <i>Regulatory</i>
Committee / Policy Team:	Policy Management
Owner/SME:	Longing, Angie <i>Chief Nursing Officer</i>
Manager:	Ross, Douglas <i>Chief Medical Officer</i>
Approver(s):	Ross, Douglas <i>Chief Medical Officer</i> Longing, Angie <i>Chief Nursing Officer</i>
Publisher:	Wilson, Jessica <i>Regulatory</i>

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POLICY NUMBER:		602
ORIGINAL DATE:		July 01, 2003
TITLE:	CODE OF CONDUCT	
KEYWORDS:		

ACCOUNTABILITY:

VP of Human Resources

OBJECTIVES:

The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social communities as we create healthier communities.

POLICY:

It is the Policy of CHI St. Vincent to hold all employees to a high standard of service in the following key areas:

- Communication with Patients and Customers
- Addressing the needs of Patients/Customers
- Respecting fellow employees
- Maintaining an appropriate work environment

COMMENTS:

CHI St. Vincent has established quality standards to ensure that the organization fulfills its goal of achieving the most exceptional service quality in the area.

Positive and memorable patient/customer interactions are essential in the delivery of patient care and are significant factors in attracting patients and ensuring that existing patients continue to desire service at CHI St. Vincent. These standards are developed to exceed the expectations of patients, their families, visitors, physicians as well as our internal customers.

STANDARD:

Communication with Patients/Customers

- When meeting patients/customers introduce yourself and explain your role.
- Offer warm, sincere greetings and ask what name the patient/customer prefers; use this name whenever possible.
- Answer all telephone calls within three rings when possible and use professional telephone etiquette.
- Identify yourself and the name of your department when answering the telephone; ask for the caller's name and use it throughout the conversation.

CODE OF CONDUCT

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January 11, 2020

- Immediately acknowledge a person upon their arrival at your workstation. If you are on the telephone, acknowledgement can be displayed by gesturing or nodding to communicate you will be with them in a moment.
- Maintain eye contact when speaking with patients/customers and smile when appropriate.
- Connect a caller to a recorded message only if they have requested access to voice mail.
- Offer assistance if a patient/customer appears lost or confused.
- Refer patients or visitors to someone who can directly give assistance when they require help you cannot provide.
- Provide patients/customers with information (appropriate to your position). Inform patients/customers immediately if there is a delay and the reason for it, if appropriate.
- Communicate with patients and visitors in a manner appropriate to their age specific needs.
- Avoid hospital jargon, acronyms and other confusing terms when speaking to patients (i.e., I.C.U. = Intensive Care Unit; E. R. = Emergency Room, etc.).
- DO NOT ignore patients/customers or speak about them as if they are not there. Avoid interrupting a patient while he or she is speaking.
- Make sure there is no other assistance you can provide before ending a conversation with a patient/customer.
- End every patient/customer contact with a courteous “good-bye.”

Addressing the Needs of Patients/Customers

- Escort patients/customers personally whenever possible.
- Allow patients and visitors right of way when entering elevators, opening doors or walking down hallways.
- Respect patient/customer privacy and confidentiality
- Provide additional service amenities for patients who have been inconvenienced or who may need special assistance.
- Take ownership of complaints received from patients/customers and follow through until the concern is resolved.

Respecting Fellow Employees

- Recognize and respect differing viewpoints.
- Communicate approximate time for the delivery of a service and consistently meet this deadline.
- Accept responsibility for your own actions and practices.
- Promote growth and development of yourself and others.
- Give positive feedback publicly; give constructive criticism thoughtfully and privately.
- Be punctual for meetings and appointments.
- When leaving a voicemail message, speak clearly and state your name, phone number and the time you can be reached.
- Be considerate when paging staff. Page only if necessary and be available to staff who have been paged when they call you.
- Use proper etiquette when sending and receiving electronic mail messages. Be respectful of employee and patient confidentiality when using electronic communication devices.
- Send electronic mail messages only to those who have a need for the information.

CODE OF CONDUCT

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Maintaining an Appropriate Work Environment

- Protect patient/customer safety and security.
- Do not eat at your workstation
- Take care with equipment or facilities and report all problems immediately to the appropriate area.
- Use material resources prudently
- Maintain a well-organized, clutter-free work area.
- Ask patients/customers what you can do to make their environment more comfortable.
- Manage time in a manner that is productive and is not wasteful.
- Offer, promote and adapt to change and the process improvement.
- Remain sensitive to costs associated with time, materials, and utilities.
- Comply with the CHI St. Vincent Dress Code Policy.

Manager's Responsibility

Each manager is responsible for establishing job-specific quality standards within the work unit. These standards are to ensure patients and customers are provided with high quality, reliable and consistent service. All standards are to be reviewed with new employees as part of the departmental orientation. Additionally, managers are responsible for monitoring employee compliance with these standards on an on-going basis.



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Document Metadata

Document Name:	Code of Conduct.docx
Policy Number:	HR Policy 602
Original Location:	/CHI St. Vincent Hospitals/Human Resources
Created on:	07/01/2003
Published on:	03/07/2023
Last Review on:	03/07/2023
Next Review on:	03/07/2024
Effective on:	02/13/2018
Creator:	Henson, Dalindra <i>Coordinator</i>
Committee / Policy Team:	Policy Management
Owner/SME:	Henson, Dalindra <i>Coordinator</i>
Manager:	Alexander, Sunetta <i>Director</i>
Author(s):	Henson, Dalindra <i>Coordinator</i>
Reviewer(s):	Alexander, Sunetta <i>Director</i>
Approver(s):	Alexander, Sunetta <i>Director</i>
Publisher:	Stricklin, Samuel <i>Regulatory</i>

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POLICY NUMBER:		FAC034
ORIGINAL DATE:		NOVEMBER 2022
TITLE:	WORKPLACE VIOLENCE PREVENTION- CHI ST. VINCENT HOT SPRINGS	
KEYWORDS:	Workplace, Violence, Prevention	

ACCOUNTABILITY:

Director, Security- Safety Officer
 Director, Human Resources
 President, Hospital

OBJECTIVES:

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all. To fulfill this mission, CHI St. Vincent strives to ensure a safe environment for all co-workers, patients, and providers and prevent workplace violence.

POLICY:

It is the Policy of CHI St. Vincent Hot Springs (SVHS) to provide a work environment that is safe, secure and free from violence. CHI St Vincent Hot Springs is committed to providing a work environment that is safe, secure and free from violence by adopting a workplace violence prevention plan to protect patients, visitors, vendors, staff, volunteers, physicians and contract employees from aggressive and violent behavior, and establishing a process to investigate and take corrective action to address the violent behavior of an employee, up to and including termination of employment.

Acts or threats of physical violence, including but not limited to, coercion, intimidation, harassment, or destruction of property that involves or affects patients, visitors, vendors, staff, volunteers, physicians and contract employees of SVHS will not be tolerated.

The CHI St. Vincent Hot Springs Facilities ("Facility" is defined as CHI St. Vincent Hot Springs hospital, offsite centers, CHI St Vincent affiliated clinics and St. Vincent Hospital office buildings/property) understand that hospitalization and outpatient care environments are stressful for patients and their family members/visitors. The Facilities recognize and respect patient rights and are committed to responding appropriately to patient complaints about care. Actions and interactions related to disruptive behavior will include consideration of the patient's health care needs and psychosocial issues as well as the facility's obligations related to the safety of its employees, visitors, vendors and patients and responsible use of institutional resources.

Weapons, and other items that may be used as weapons, other than those required and approved in the course of assigned roles, responsibilities and duties are strictly prohibited within the facilities or property.

The Facility shall not take punitive or retaliatory action against an employee for, seeking assistance and intervention from local emergency services or law enforcement when they perceive that a violent incident has or will occur.

WORKPLACE VIOLENCE PREVENTION- CHI ST. VINCENT HOT SPRINGS

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Ongoing conversations about workplace violence are encouraged by leadership in unit huddles and staff meetings. Discussions should include team leaders asking if any team members have been victims of physical or verbal abuse or if any patient/family situations may be prone to violence.

PROCEDURE:

A. Workplace Prevention Plan.

1. Develop and provide a system for responding to, and investigating violent incidents and situations involving violence or the risk of violence involving patients and/or family members.
 - a. An Emergency Mgmt. team meeting may be requested by any member of the medical team, employee and/or administrative team, Risk Mgmt., Security or designee on an ad hoc basis to evaluate threatening/unsafe situations involving patients. The Facility and outpatient care environments are to manage situations where disruptive behavior continues to escalate despite attempts at intervention. The team will continue to evaluate and develop a plan to address the behaviors. Possible plans for resolution may include:
 - i. Leadership and Risk Mgmt. (or designee) support for setting limits with patients and/or families.
 - ii. Team meeting with patient and/or family.
 - iii. Develop care/behavior modification plan.
 - iv. Discuss with the patient and/or family any of the applicable patient rights and responsibilities documents that reference rules and regulations affecting patient care and conduct.
 - v. If no resolution notify nurse manager (or designee) and Security or designee to discuss further action needed (i.e. restriction of visitation and/or discontinuation of care) in conjunction with the attending/primary physician.
 - b. Medically stable patient and/or family/caregiver refusing discharge.
 - i. Notify MD, Case Management and Nursing Supervisor.
 - ii. Security and/or designee may be required to escort through the hospital or care center. Law enforcement may also be required.

WORKPLACE VIOLENCE PREVENTION- CHI ST. VINCENT HOT SPRINGS

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c. Violation of Drug & Alcohol Screening policy, Policy# HR-Policy-101

i. Follow procedures set forth in that specific policy.

2. For all potential work place violence events, utilize engineering controls wherever possible to remove a hazard from the workplace or create a barrier between the worker or other person at risk and the hazard including but not limited to: electronic access controls/locks to employee occupied areas; lighting; separate rooms or areas for high risk patients; removing/securing objects with weapon potential; closed circuit television monitoring.

3. Human Resources will follow the CHI St. Vincent background check policy and verification of licensure boards of prospective employees.

4. The Facility shall establish a system to identify patient specific risk factors such as the prior use of drugs or alcohol, psychiatric condition or diagnosis, any condition or disease that would cause confusion or disorientation, have a history of violence and/or who display disruptive behavior which may increase the likelihood or severity of a workplace violence incident and to assess visitors or other persons who display disruptive behavior or demonstrate a risk of committing workplace violence.

a. Patient specific risk factors may be communicated to receiving Facilities by paramedic and other emergency services or law enforcement prior to or upon arrival to the Facility.

B. Response to Actual or Suspected Workplace Violence:

1. Immediate Danger

a. If an emergency exists with the risk of imminent harm, the person shall:

i. Call Security Services. Methods for calling Facility/clinic/site Security or designee may include but is not limited to:

- Direct Security ext. 2323 or designee phone line(s)
- Direct 2-way radios, in areas where used.
- Desk/Fixed Panic Button, in areas where deployed/used.
- Initiate internal emergency codes or other designated alerts by calling switch board ext. 5555
- If outside of building or offsite call 9-1-1

b. If an emergency exists with an extreme level of threat (Combative Person, Active Shooter or threat by deadly weapon, etc.):

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- i. Call local Law Enforcement immediately by dialing 9-1-1 (from Red phone or cell phone) or 9-9-1-1 (from office/internal phone).
- ii. Call Security or designee, using one of the methods described above in section (B.1.a.i).
- iii. Take emergency steps to protect oneself from immediate harm, such as the run, hide, fight strategy.
- c. Call Security Assistance, using one of the methods described above in section (b.1.a.i), when someone is, or is becoming, verbally aggressive, physically aggressive with a chair or other equipment of any kind. Call Security Alert if someone has a knife, gun, etc.
 - i. Code- Security Alert- Active Shooter/Physical Assault, Policy# ON322PCS
- d. Facilities operators shall call local Law Enforcement if Security or designee is not on-site by dialing 9-1-1 or 9-9-1-1, and take emergency steps to protect oneself from immediate harm, such as leaving the area.

2. Post-Incident Notification of Assault or Battery:

- a. In situations not posing an imminent danger, employees shall immediately notify Security/management/house supervisor of any assaultive conduct so that appropriate action can be taken.
 - i. Employees responding to acts of aggression/assaultive behavior should utilize de-escalation techniques and defensive logistics.
 - ii. If self-defense is needed to handle a situation, the least amount of force should be utilized.
 - iii. Assistance from fellow staff should be requested if needed and under certain circumstances leaving the area may be the best course of action.
- b. Call Security or designee to inform of the incident and involve them in the initial securing of the area. If Security or designee is not available on site, call 911. At the earliest opportunity thereafter, notify the identified site security leadership of the incident.
- c. Examine the workplace for security risk factors associated with the incident to protect employees from imminent hazards

WORKPLACE VIOLENCE PREVENTION- CHI ST. VINCENT HOT SPRINGS

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immediately, and to take measures to protect employees from identified serious hazards within seven days of the discovery of the hazard, where there is a realistic possibility that death or serious physical harm could result from the hazard. If immediate resolution is not achievable, implement interim measures to abate the imminent or serious nature of the hazard while completing the permanent control measures.

This may include but is not limited to:

- i. Any person who makes substantial threats, exhibits threatening behavior or engages in violent acts on the premises shall be removed from the property as quickly as safety permits, and may be asked to remain away from the premises pending the outcome of an investigation into the incident. SVHS Facilities reserve the right to respond to any actual or perceived acts of violence in a manner sufficient to address the event based on the specific facts and circumstances related to the event.
- ii. Identify all employees involved in the incident.
- iii. Any staff member assaulted or battered will be relieved of their duties immediately by management/designee while a statement of the incident and assessment of their injuries is completed.
- iv. Provision of emergency medical care in the event of any violent act upon an employee.
- v. Providing additional employee education/training.
- vi. Relocation of a patient to another patient care unit, area or care center.
- vii. Reassignment of a staff member.
- viii. Assignment of a safety attendant (sitter) or assignment of additional security personnel.
- ix. Post-event counseling or debriefing for those employees desiring such assistance.
- x. Obtaining a restraining order as appropriate.

WORKPLACE VIOLENCE PREVENTION- CHI ST. VINCENT HOT SPRINGS

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- xi. Proactive security measures for the involved employee including special parking arrangements, escorts, and modifications to work location and shift.
 - xii. Post-incident debriefing as soon as possible after the incident with the injured employee, management, and Security or designee, if applicable, involved in the incident.
 - d. Management will notify Human Resources and Security Leadership of actual or suspected acts of workplace violence.
 - e. Management will notify Employee Health and facilitate the completion of an Employee IRIS report by the employee. Employees are also permitted to make these notifications directly.
 - 3. Telephone Threats
 - a. Employees shall immediately inform management and security or designee or call law enforcement if they receive a threat over the telephone. The employee should note the time, date, and the threat was received and phone number of the caller if available.
 - b. If the threat involves and imminent act of violence, such as a bomb threat, report it **immediately** to Security or designee and activate a facility internal emergency.
 - i. Code- Security Alert- Bomb Threat, Policy# ON321PCS
 - 4. Written Threats
 - a. Employees shall immediately inform management and Security or designee of written threats, whether on paper, via electronic mail or social media
 - i. Handle written material and any envelope as little as possible and only by the corners.
 - ii. Place both the written material and the envelope in a larger envelope.
 - iii. Note the names of anyone who may have handled the material after its arrival.
 - 5. If an employee obtains a restraining order against another person, including another employee, the employee should inform management and Human Resources within a reasonable timeframe, and include a description of the

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individual, a photograph, if available, and a copy of the restraining order.

- a. A copy of the restraining order and photograph shall be filed with Human Resources and Security or designee.
 - b. Human Resources and Security or designee will review the situation and take the appropriate steps to ensure a safe environment for all employees.
6. If an employee identifies the unexpected arrival of an individual who has made prior threats, the employee shall inform management of this individual's arrival and notify security or designee if available and/or law enforcement.

C. Management Investigation

1. If the incident complaint is directed at a staff member:
 - a. The manager, together with Human Resources, will determine if the employee(s) who is the subject of an allegation of workplace violence should be placed on administrative leave pending investigation.
 - b. Human Resources shall conduct a thorough investigation which may include some or all of the following:
 - i. Complete a criminal background check on the individual regardless of any prior check being completed.
 - ii. Review the employee's personnel file, looking for any information that indicates a trend toward violence, and/or other pertinent facts.
 - iii. Interview all witnesses to the alleged act of violence, including appropriate employees from the work environment of the suspected employee.
2. Based upon the outcome of the investigation, management and Human Resources will determine the appropriate action to be taken, which may consist of corrective action up to and including termination of employment.
3. Employees who are determined to have intentionally falsely accused other of workplace violence may also be subject to corrective action, up to and including termination of employment.
4. Employee reports to supervisor any injury, no matter how small.
 - a. An injury is reported in IRIS and is filled out in detail by management

WORKPLACE VIOLENCE PREVENTION- CHI ST. VINCENT HOT SPRINGS

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and employee.

- b. Notification Reports and/or manager's Report (IRIS) form shall be completed on all employees when they have sustained an injury.
- c. Completed IRIS reports are to be sent to Employee Health within 24 hours of incident.

D. Record Keeping/Handling

- 1. All actual or perceived threats of violence will be entered into the IRIS system.
- 2. All employee injuries resulting from workplace violence will be entered in the Workers' Compensation claims administration system.
 - a. Information about each incident will be based on information solicited from the employees who experienced the workplace violence.
 - b. Omit any element of personal identifying information sufficient to allow identification of the person involved in the violent incident, such as the person's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the person's identity.
- 3. Annual Review of IRIS Work Place Violence with annual security management plan
- 4. Evidence of annual education will be maintained for a minimum of one year.
- 5. Security reports are filed within the IRIS system.

E. Administrative Oversight

- 1. Emergency Mgmt. team shall annually assess and improve upon factors that may contribute to or help prevent workplace violence, including, but not limited to, the following:
 - a. Security risk assessment to identify locations and situations where violent incidents are more likely to occur.
 - b. Review and evaluate workplace violence incidents which results in a serious injury or fatality.
 - c. Staffing, including staffing patterns and patient classification systems

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that contribute to, or are insufficient to address, the risk of violence.

- d. Sufficiency of security systems, including alarms, emergency response, and security personnel availability.
 - e. Security risks associated with specific units, areas of the facility with:
 - Uncontrolled access
 - Late-night or early morning shifts
 - Employee security in areas surrounding the facility such as employee parking areas, poor illumination or blocked visibility, lack of physical barriers or effective escape routes
 - Obstacles and impediments to accessing alarm systems and/or where alarm systems are not operational
 - Presence of furnishings or any objects that could be used as weapons
 - Storage of high-value items, currency, or pharmaceuticals
 - f. Update the Plan whenever necessary as follows:
 - Review and respond to information indicating that the Plan is deficient in any area
 - To reflect new or modified tasks and procedures which may affect how the Plan is implemented (i.e. changes in staffing, engineering controls, construction, modification of the facility, evacuation procedures, alarm systems and emergency response)
 - Include newly recognized workplace violence hazards
2. Consult (individually, in groups or in committee) with affected employees, recognized collective bargaining agents (if applicable) in the development/revision of the workplace prevention plan as appropriate.
 3. The Emergency Mgmt (EM) team members may include but not be limited to:
 - Safety Officer
 - Regulatory
 - Risk Mgmt
 - Emergency Department
 - Facilities
 - Security
 - Senior Leader
 4. Regularly distribute these workplace violence reports/summaries throughout the organization, including to Quality/Risk and up to the executive and

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governance levels.

- F. Education and Training – training will be provided to employees that address the workplace violence risks they are reasonably anticipated to encounter in their jobs.
1. Employees, including Security, will receive Tier 1 awareness training on workplace violence when newly hired.
 2. The education and training shall cover topics that include, but are not limited to, the following:
 - a. How to recognize potential for violence, factors contributing to the escalation of violence and how to counteract them, and when and how to seek assistance to prevent or respond to violence.
 - b. Strategies to avoid physical harm including Run, Hide, Fight.
 - c. How to recognize and respond to alert, alarms, or other warnings about emergency conditions (i.e. active shooter-Run, Hide, Fight), and how to use identified escape routes or locations for sheltering as applicable.
 - d. How to communicate concerns about workplace violence without fear of reprisal.
 - e. How to report violent threats to law enforcement.
 - f. Any resources available to employees for coping with incidents and situations involving violence or the risk of violence.
 - g. An opportunity for interactive questions and answers with a person knowledgeable about the workplace violence prevention plan.
 - h. Training not given in person shall provide for interactive questions to be answered within one business day by a person knowledgeable about the workplace prevention plan.
 - i. The role of private security personnel, if applicable.
 3. Employees assigned to respond to alarms or other notifications of violent incidents receive additional training:
 - a. Verbal intervention and de-escalation techniques and physical maneuvers to defuse and prevent violent behavior.
 - b. Appropriate and inappropriate use of medications as chemical restraints.

4. All training must be documented and maintained in the employee's education training file for a minimum of one year.
5. Employees performing patient contact activities and those employees' supervisors shall be provided refresher training at least annually, applicable to those employees to review topics included in the initial training as well as the results of the annual workplace violence prevention plan effectiveness reviews.

G. Notifications to Law Enforcement and Regulatory Agencies

1. Applicable notifications will be made to law enforcement or The Joint Commission by the Quality (or designee) Management Department in conjunction with Security.

DEFINITIONS:

Assault: Assault is an unlawful attempt, coupled with a present ability, to commit a violent injury on the person of another.

Battery: Battery is any willful and unlawful use of force or violence upon the person of another.

Injury: 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.

Urgent or emergent threat to the welfare, health, or safety of hospital personnel: Hospital personnel are exposed to a realistic possibility of death or serious physical harm.

Coercion: The practice of persuading someone to do something by using force or threats.

Intimidation: To frighten or threaten someone, usually in order to persuade the person to do something he or she does not want to do.

Harassment: The act of systematic and/or continued unwanted and annoying actions of one party or a group, including threats and demands.

Patient Contact: Providing a patient with treatment, observation, comfort, direct assistance, bedside evaluations, office evaluations, and any other action that involves or allows direct physical contact with the patient.

Threats or Acts of Violence: "Threat of violence" means a statement or conduct that causes a person to fear for his or her safety because there is a reasonable possibility the person might be physically injured, and that serves no legitimate purpose.

Workplace Violence: "Workplace violence" means any act of violence or threat of violence that occurs at the work site. The term workplace violence shall not include lawful acts of self-

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defense or defense of others. Workplace violence includes the following:

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

Document Metadata

Document Name:	Workplace Violence Prevention- CHI St. Vincent Hot Springs.docx
Policy Number:	FAC034
Original Location:	/CHI St. Vincent Hospitals/Facilities/CHI St Vincent Hot Springs Engineering
Created on:	12/12/2022
Published on:	01/06/2023
Last Review on:	12/12/2022
Next Review on:	12/12/2023
Effective on:	01/06/2023
Creator:	Wilson, Jessica <i>Regulatory</i>
Committee / Policy Team:	Policy Management
Owner/SME:	Terry, David <i>Other Title (Not on List)</i>
Manager:	Terry, David <i>Other Title (Not on List)</i>
Approver(s):	Ross, Douglas <i>Chief Medical Officer</i> Whatley, Christina <i>Vice President</i> Alexander, Sunetta <i>Director</i> Bohannon, Crystal <i>Other Title (Not on List)</i>
Publisher:	Wilson, Jessica <i>Regulatory</i>