

PIT RIVER HEALTH SERVICE, INC.
Violence in the Workplace Policies



Approved:

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Date

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Violence in the Workplace Policies

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PIT RIVER HEALTH SERVICE, INC.
Violence in the Workplace Policies

SECTION 1: *Policy*

It is the policy of Pit River Health Service to provide a safe and secure work environment that has zero tolerance for violence (threats, harassments, intimidation or assaults) in the workplace. Threats made against another person life, health, well being, family or property, whether direct or indirect regardless of intent, are unacceptable and will not be tolerated.

Employees of any rank who engage in any of these activities will be subject to disciplinary action up to and including termination as outlined in the Personnel Policies.

Any threat by a patient or employee (veiled or overt) that expresses the intention to harm a person, or any aggressive acting out (pointing a finger, shouting, hitting walls, instigating fights, verbally, assaulting another, vulgar name calling or physical assault) will be met with severe action and or prosecution by Administration and the Board of Directors.

Any direct or indirect, explicit or in an implied manner of prescription manipulation, fraud, and/or fabrication will result in immediate termination and/or criminal prosecution to the fullest of the law.

Accountability

Board of Directors
Administrator
Medical Director
Managers
All Contracted Staff
All Staff

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SECTION 2: *Guidelines*

Violence in the workplace takes several forms. It is not just homicide or physical assault. It is verbal abuse, threats, intimidations and more. PRHS categorizes in codes:

A. Code 1 Violence – Behavioral patterns consist of:

- Verbal abuse
- Consistently argumentative
- Routinely negative towards policies/procedures
- Insights of harmful rumors
- Frequently display signs of anger i.e. finger pointing, shouting, clinched fists, etc.

Intervention: When a Code 1 pattern occurs, it must be reported by the supervisor. The supervisor will complete a written report.

If the identified person is a PRHS patient, the supervisor along with the administrative representative will discuss the behavior with the patient. The patient will be advised that further patterns of this behavior may jeopardize further treatment at PRHS. The incident supervisor is responsible for ensuring the incident is on the next Quality Improvement Committee meeting agenda for discussion.

B. Code 2 Violence – Behaviors that consist of:

- Being disobedient of policies and procedures in and open/belligerent manner
- Expressing a desire or intent to harm someone or to destroy property
- Acting out angry feelings (slamming doors, kicking objects, throwing things)

Intervention: Code 2 violence must be reported immediately to the Administrator, or the designee. An intervention plan must be developed immediately.

The Administrator or designee will inform the patient that he/she must leave the premises immediately. Code 2 is recognized as a bridge to more dangerous behavior. An intervention plan will be developed, which may include discussions with the law enforcement and other resources.

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C. Code 3 Violence – Typically consist of:

- Engaging in major destruction of property (arson, explosives, weapons of any kind displayed or threatens to be displayed).
- Making threats or expressions of harmful intent that would likely be lethal if carried out (threats to obtain weapons and to get even).
- Physically assaulting another (hitting, pushing, chasing and will not stop when ordered).
- Committing any illegal act

Intervention: When a Code 3 occurs, it has a high potential for psychological harm, even if physical harm does not occur. Such behavior is unacceptable. The staff members do not put themselves or other patients in danger by direct intervention. As soon as possible, the incident must be reported to Administration.

The correct response will almost always be to call 911.

SECTION 3: *Violation of Policies*

Violation of Policies will result in the following action(s):

1. Suspension of services at PRHS in the following increments:
 - a. 90 days (1st violation)
 - b. 6 months (2nd violation)
 - c. 1 year (3rd violation)

A letter of compliance is required before the patient's services will be reinstated.