

PURPOSE

To identify potential safety hazards and educate patients and staff.

To assure safe and healthful working conditions for working men and women by authorizing enforcement of the standards developed under the OSHA Act.

POLICY

- I. The Agency shall furnish to all employees a place of employment which is free from recognized hazards that are causing or are likely to cause death or serious physical harm.
- II. The Agency shall comply with occupational safety and health standards promulgated under the OSHA Act.
- III. Each employee shall comply with occupational safety and health standards and all rules, regulations, and orders issued pursuant to this Act which are applicable to his/her own actions and conduct.
- IV. Anyone reporting an incident should do so without fear of retaliation, coercion, or reprisal.
- V. Agency will promote safety and strive to reduce the potential for patient and/or staff injury in both the home and Agency environments.
- VI. Agency will educate the patient regarding safety issues.
- VII. The Agency does not tolerate violent behavior or threats in the workplace.
- VIII. Handguns (concealed and/or open carry) and weapons of any kind are not allowed in the workplace.

DEFINITIONS

- I. Safety - freedom from the occurrence or risk of injury, danger, or loss.
- II. Workplace - can be the Home health office, the patient's/client's home, a healthcare facility or anywhere business is conducted.

- III. Workplace Violence - physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.
- IV. Active Shooter - An active shooter is defined as an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearm(s) and there is no pattern or method to their selection of victims.

RATIONALE

OSHA has produced voluntary guidelines for healthcare workers in response to the serious problems of violent assaults in healthcare workplaces. Hospice providers can be cited for failure to recognize workplace violence.

OSHA's guidelines for workplace violence prevention programs for healthcare workers established three "risk factors" which include:

- I. Environmental - this risk factor includes the prevalence of hand guns, a decrease in availability of medical attention to the mentally ill, patients right to refuse medication, and sites which contain medication or money and are viewed as a source to rob.
- II. Administrative and Work Practices - this risk factor includes shortages in staff, reduction of trained regular staff, working alone at night or in a remote area, and poorly lit parking areas.
- III. Perpetrator and Victim - people with a history of violence, people seeking revenge, gang members, drug or alcohol, social deviants, or individuals who feel threatened and desperate.

PROCEDURE

SAFETY

- I. Patient Care Site:
 - A. Agency staff will assess the patient care environment upon admission, and if the patient environment changes, and will document findings in the patient's medical record these may include:

1. Fire response,
 2. Electrical, environmental,
 3. Mobility,
 4. Bathroom safety
 5. Medication safety risks related to patient care
 6. Equipment used by the patient within the patient's environment.
 7. Unsafe conditions that pose a potential threat to the Agency's employees, such as violence in the patient's/client's home, presence of illegal drugs, uncontrollable pets, etc.
- B. Follow-up educational activities and goals for the patient will be established and referrals made when appropriate.
- C. Staff interventions and progress toward goals will be documented in the clinical progress notes and/or case conference notes.
- D. When it is determined the patient has chosen not to adhere to agency teaching, this decision will be documented in the patient's medical record and further interventions will primarily be for assessment.
- II. Agency Site(s):
- A. Agency site(s) will be assessed to identify any environmental hazards and/or unsafe practices. Management will address ergonomics and the prevention of work-related musculoskeletal disorders (MSDs) in the office.
 - B. Identified areas for review or recommendations for improvement will be reported to the Clinical Manager. The report data will be reviewed by management and to the Safety Committee when needed.
 - C. It is the responsibility of the Clinical Manager to ensure appropriate follow-up measures.

- D. Agency will educate the staff upon hire on proper body mechanics related to job-specific tasks such as:
1. Patient care staff - lifting patients,
 2. Clerical staff - lifting heavy boxes and/or correct posture when sitting for extended periods.
- E. Agency staff will be educated regarding the list of approved hospitals for work-related injuries.
- F. The Agency will document all work-related injuries on an "Occurrence/Incident Report" and log on the OSHA form 300 Log of Work-Related Injuries and Illnesses. The OSHA form must be completed within seven (7) working days after the Agency receives information about the injury. All data must be kept current to a date within forty-five (45) calendar days. The Agency will summarize the occupational injuries and illnesses annually on the OSHA 300A Summary of Work-Related Injuries and Illnesses. The Agency will post the summary by February 1 of the year following the year covered by the form and keep it posted until April 30 of that year. The summary includes:
1. Totals from the appropriate OSHA form;
 2. Calendar year covered;
 3. Agency name;
 4. Agency address; and
 5. Certification signature and date.
- G. If an employee experiences a work-related injury, he/she will be referred to an Agency-approved physician for evaluation and follow-up.
- H. Agency will evaluate the circumstances surrounding the injury for continued potential risks and initiate performance improvement activities as indicated.

WORKPLACE VIOLENCE

- I. Agency management should evaluate and implement the appropriate control measures for the Agency. This requires regular evaluation, reassessment and adjustment to changes occurring within an organization. This also includes acknowledging the value of a safe and healthful, violence-free workplace and ensuring equal commitment to the safety and health of employees and patients/clients.
- II. The Agency has adopted guidelines to deal with intimidation, harassment or other threats of or actual violence that may occur onsite or offsite during work-related activities.
 - A. The guidelines may include, but not be limited to the following:
 1. To provide some measure of safety and to keep the employee in contact with headquarters or a source of assistance, cellular phones may be provided for official use when the staff must go into private homes and the community.
 2. All field personnel should carry hand-held alarm or noise devices or other effective alarm devices.
 3. Protective devices, such as pepper spray, should be evaluated and provided if appropriate. Staff should be trained to use the devices appropriately.
 4. Employees should be told not to enter any location where they feel threatened or unsafe. The employee must make this decision based upon procedures that have been developed to help them evaluate the relative danger in a given situation.
 5. Managers should facilitate a "buddy" system or escort services for hazardous situations. Use of this "buddy" system or escort service should be required whenever an employee feels insecure regarding the time of the activity, the location of work, the nature of the client's health problem, patient or family history of aggressive or assaultive behavior, or potential for aggressive acts.

6. Field staff should prepare a daily work plan and keep the contact person at the Agency informed as to their location throughout the work day. This work plan would enable supervisors to locate the individual in emergency situations.
 7. Procedures should be established to reduce the likelihood of assaults and robbery from those seeking drugs, alcohol, or money, as well as procedures to follow in the case of threatening behavior.
 8. All incidents of threats or other aggression must be reported and logged. Records should be maintained and analyzed in order to prevent future security and safety problems, and to develop appropriate training courses.
 9. Employers should provide for the field staff a program of personal safety education on hire and annually. At a minimum, this could be a safety/workplace violence seminar offered by local police departments or other agencies. This training should include awareness, avoidance, and action to take in order to prevent mugging, robbery, rapes, and other assaults.
 10. The employer should respond to incidents of assault promptly and discuss the circumstances with all staff members.
 11. When agencies provide equipment used in the field, including automobiles, it should be well-maintained.
 12. Employees should be encouraged to carry only absolutely required identification and money.
 13. When staff must visit clients who are located in high-rise buildings that seem to present security hazards, they should exercise special care in elevators, stairwells, and unfamiliar residences.
 14. Hospice service providers should establish policies to provide services in a clearly hazardous situation.
- III. Management will treat all threats as serious. A threat assessment should be performed to determine if the purpose of the threat is to intimidate or to actually

cause harm. Appropriate measures will be taken to provide protection.

- IV. Staff should be instructed to call the local law enforcement agency and the Agency Administrator immediately if violence is about to occur or is already in progress.
- V. The Agency may choose to prohibit handguns in the work place, regardless of any license or permit that an individual may have which would otherwise authorize the individual to carry handguns.
 - A. If Agency chooses to prohibit all handguns, this prohibits both concealed and open carry. The Agency must display two prohibition signs, one for law 30.06 (concealed carry) and one for law 30.07 (open carry). The Agency is required to post signs in English and Spanish. The signs must be posted at every entrance/exit. The signs must meet strict rules on appearance, wording and text size.
<http://www.statutes.legis.state.tx.us/Docs/PE/htm/PE.30.htm>
- VI. To assist employees in responding to an active shooter event and in order to preserve life and address the reality of an active shooter event, these guidelines have been established to guide the Agency's response to maximize survivability.
 - A. Upon discovery of an active shooter situation, as soon as possible and when safe to do so, notify law enforcement (911) and provide overhead announcement of an Active Shooter and location.
 - B. Response to an active shooter in the Agency:
 - 1. Evacuate - If there is an accessible escape path, attempt to evacuate the premises.
 - 2. Hide Out - If evacuation is not possible, find a place to hide where the active shooter is less likely to be. To prevent an active shooter from entering your hiding place, lock the door and blockade the door with heavy furniture, if at all possible. Hide behind large items (i.e., cabinets, desks). Silence your cell phone and/or pager and remain quiet.

3. If evacuation and hiding out are not possible, remain calm, dial 911, if possible, to alert police to the active shooter's location. If you cannot speak, leave the line open and allow the dispatcher to listen.
 4. As a last resort, and only when your life is in imminent danger, take action against the active shooter - attempt to disrupt and/or incapacitate the active shooter by:
 - a. Acting as aggressively as possible against him/her;
 - b. Throwing items and improvising weapons;
 - c. Yelling; and
 - d. Committing to your actions.
- C. Safety & Security Officers and/or the Administrator/Person in Charge will meet and guide law enforcement officers if possible and as appropriate. The goal of law enforcement is to locate, isolate, and neutralize the shooter as quickly as possible to prevent additional deaths or injuries.

Resources:

Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. U.S. Department of Labor Occupational Safety and Health Administration. OSHA 3148-04R 2015.

Summary of federal Handgun Laws.

New laws for Handgun Licensing Program (Formerly known as Concealed Handgun Licensing) Summary of new laws passed in the 84th Regular Legislative Session that Impact Handgun Licensing. Open Carry-House Bill 910 Effective: January 1, 2016. www.txdps.state.tx.us.

United States Department of Homeland Security-Active Shooter Preparedness. For more detailed information www.dhs.gov/active-shooter-preparedness.

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