



## Prevention of Workplace Violence (PWPV) Departmental Communication 6/2021

Department / Service Laboratory/Pathology	Date(s) of Assessment 4/7/21	Name of Person(s) Conducting Assessment Janice Wolf, Area Lab Ops Dir
<p>This document is designed to communicate unique workplace violence risks confronting staff while on the campus, within the facility and within their department(s). This tool is to recognize and consider historical hazards and risks (minimally – past 12 months), as well as current hazards and risks that are confronting staff. It is to be used to engage and solicit participation from department/service-line staff and representatives in order to develop, implement and review the Workplace Violence Plan, as well as gain greater insight and obtain solutions and/or alternatives for making the workplace a safer environment.</p>		

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<b>Plan Owner Identification</b>	Staff and Representatives Should know who is responsible for implementing your Department and Campus Workplace Violence Plan.	<ul style="list-style-type: none"> <li>-MCAT (Medical Center Administrative Team) is the Plan Business Owner(s).</li> <li>-The Custodian of the PWPV Plan is the Assistant Medical Center Administrator of Support Services</li> <li>-The committee members are made up of Management / Labor partners that collectively work together to reduce violence in the workplace.</li> </ul>																																																			
<b>Community-based, Environmental Risk Factors</b>  	Staff and representatives should be informed of the criminal activity and crimes of violence activity that may have effect on the campus, facility or department / service.	<ul style="list-style-type: none"> <li>-Kaiser Permanente uses the CAP Index® CRIMECAST Model to forecast crime and risk in the neighborhoods surrounding the medical centers.</li> <li>- The CAP Index® CRIMECAST Model is based upon the strong relationship that exists between a neighborhood’s “social demographics” and the amount of crime that is perpetuated there.</li> <li>- CAP scores range from 0 (lowest risk) to 2000 (highest risk) and indicate the risk of crime at a site compared to an average of 100.</li> <li>-South Bay Medical Center is projected to have a score of 143 out of 2,000 in 2022. A score of 143 indicates that there is low risk of staff being involved in any of the crimes listed below.</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2">National</th> <th colspan="3">This Site's Scores</th> </tr> <tr> <th>PAST 2010</th> <th>CURRENT 2017</th> <th>PROJECTED 2022</th> </tr> </thead> <tbody> <tr> <td>CRIMECAST CATEGORY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CAP Index</td> <td>151</td> <td>145</td> <td>143</td> </tr> <tr> <td>Homicide</td> <td>109</td> <td>173</td> <td>174</td> </tr> <tr> <td>Rape</td> <td>104</td> <td>185</td> <td>174</td> </tr> <tr> <td>Robbery</td> <td>164</td> <td>161</td> <td>158</td> </tr> <tr> <td>Aggravated Assault</td> <td>106</td> <td>140</td> <td>121</td> </tr> <tr> <td>Crimes Against Persons</td> <td>119</td> <td>138</td> <td>119</td> </tr> <tr> <td>Burglary</td> <td>53</td> <td>57</td> <td>56</td> </tr> <tr> <td>Larceny</td> <td>51</td> <td>43</td> <td>41</td> </tr> <tr> <td>Motor Vehicle Theft</td> <td>271</td> <td>205</td> <td>283</td> </tr> <tr> <td>Crimes Against Property</td> <td>60</td> <td>61</td> <td>59</td> </tr> </tbody> </table>	National	This Site's Scores			PAST 2010	CURRENT 2017	PROJECTED 2022	CRIMECAST CATEGORY				CAP Index	151	145	143	Homicide	109	173	174	Rape	104	185	174	Robbery	164	161	158	Aggravated Assault	106	140	121	Crimes Against Persons	119	138	119	Burglary	53	57	56	Larceny	51	43	41	Motor Vehicle Theft	271	205	283	Crimes Against Property	60	61	59
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<b>Exterior Campus, Environmental Risk Factors</b>	Staff and Representatives should be informed of the criminal activity and crimes of violence activity that has occurred on the exterior campus.	In 2020, the following violent or criminal activity have been reported to Security:																																																			

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<b>Building, Environmental Risk Factors</b>	Staff and representatives should be informed of the criminal activity and crimes of violence that have <b>occurred within the building</b> .	Currently we do not have criminal activity data broken out by building.																								

<b>Department or Service Risk and Hazard Recognition</b>		
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<b>Department or Service, Environmental Risk Factors – Other Incidents</b>	Staff and representatives should be informed of “other” workplace violence incidents of concern; including threatening behavior that adversely affects a violence free work environment <b>within the department</b> or service. These incidents may or may not have been reported to security.	<p>The following chart illustrates threatening behaviors that affects the workplace:</p> <p><b>Level 1: Service Recovery</b> - verbal or dissatisfaction without a specific or implied threat of violence.</p> <p><b>Level 2: Intimidation/Foul Language/Vague Threat</b> - No specific threat has been made but behavior causes staff to feel intimidated.</p> <p><b>Level 3: Indirect Threat, Inappropriate Sexual conduct</b> - Verbal threat to commit an act of violence; perceived as “general” in nature. Inappropriate sexual comment or conduct.</p> <p><b>Level 4: Identifiable target</b> - A threat of violence, usually to an identified target, but lacking immediacy with or without a specific plan.</p> <p><b>Level 5: Act of Violence</b> - An act of violence has been committed against an individual staff member or the members of a specific department. Weapon sighted.</p> <p>-Escalation and notification to Security and your Manager helps contribute to staff &amp; physician awareness, increased communication and training to make the workplace safer.</p>
<b>Department or Service, Environmental Risk Factors – General Engineering Controls</b>	Staff and Representatives should be informed of department space configuration and furnishing placement opportunities to minimize opportunities for staff evacuation, lighting, patient lines of sight improvement or other engineering controls (e.g. card readers, barrier enhancements or alarms) that would reasonably assist with reducing workplace violence risks.	<p>- To reduce workplace violence risks, ensure all doors are secured, locked, operating properly &amp; not propped open.</p> <p>- Ensure that department is properly lit and furniture in exam room &amp; offices are set up so that staff and providers can easily evacuate (ex. Avoid having your back to the doorway, reposition desk to face door, consider adding a mirror to decrease blind spots in office)</p> <p>-Staff should be educated on how to use the KP Secure App on their computers and iphone.</p>
<b>Department or Service,</b>	Staff and Representatives should be informed of Work Practice Controls that	-Assess workspace to ensure that it is clear and free of objects that can be used as weapons

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<b>Environmental Risk Factors – Work Practice Controls</b>	would reasonably assist with reducing workplace violence risks (minimizing or removing furnishings or objects that can be used as improvised weapons, means of improving alerting security, establishing effective response plans, special procedures for isolated work location.	<ul style="list-style-type: none"> <li>- For all emergency situations contact Security directly (on-campus 6500) or 911 (off-campus)</li> <li>- Ensure staff are aware of lockdown and evacuation procedures (ex. Code silver or active shooter). Staff should know where all stairwell and emergency exits are located</li> </ul>
<b>Department or Service, Environmental Risk Factors – Workplace Violence Hazard Correction</b>	Staff and Representatives should be informed regarding procedures to correct workplace violence hazards in a timely manner. (Imminent Hazards – protected immediately; Serious Hazard within 7 Days)	<ul style="list-style-type: none"> <li>-Imminent hazard (ex. Assault, bodily injury or hospitalizations) require a 24-hour remediation such as notifying law enforcement, filing a Cal OSHA report.</li> <li>-Serious hazard (ex. Verbal threat, property damage/vandalism) require a 7-day correction deadline examples include reporting to threat management team or Security, repairing damage to property.</li> </ul>

<b>Department or Service Administrative Requirements</b>		
<b>Risk Factor or Task</b>	<b>Requirement</b>	<b>What You Need to Know</b>
<b>Active involvement of Staff and representatives</b>	Staff and representatives should be informed of the procedures to review & implement changes to the Workplace Violence Plan?	The Prevention of Workplace Violence Plan is reviewed and updated annually. Suggested revisions can be sent to the PWPV committee.
<b>Supplemental Workers</b>	All staff including supplemental workers should be informed of the Workplace Violence Plan.	<ul style="list-style-type: none"> <li>-Supplemental workers include contracted nurses or staff, volunteers, per diems, etc.</li> <li>-Contracted staff and vendors working in your departments should also be familiar with the PWPV Plan and receive the same training as KP staff.</li> <li>-All contracted workers must complete KP Learn course.</li> </ul>
<b>Non-retaliation (Reporting)</b>	Staff and representatives should be informed of KP's Non-Retaliation Policy which prohibits and disallows taking punitive or retaliatory action against individuals who report acts or threats of violence; or who seek assistance and intervention from, internal KP resources, local emergency services or law enforcement.	-Kaiser Permanente has a Nat'l policy prohibiting retaliatory actions.
<b>Workplace Violence Communications</b>	Staff and representatives should be informed of processes and procedures to communicate with staff regarding Workplace Violence matters, how to document/communicate conditions that increase potential incidents with other staff members, how to report violent incidents, threats, or concerns and how concerns are investigated and how staff is informed of the results of an investigation.	<ul style="list-style-type: none"> <li>-Dept huddles and meetings.</li> <li>-Violent incidents are reported through VIR and TMT SharePoint site.</li> <li>-Threat Management action items and conclusions to investigations are shared with Department Administrators.</li> <li>-Department Administrators are responsible for circling back with the staff on the conclusion of the investigation.</li> </ul>
<b>Post Incident Response</b>	Staff and representatives should be informed of processes and procedures to: (1) Provide immediate medical care or 1 <sup>st</sup>	<ul style="list-style-type: none"> <li>-It is important to debrief any incidents that has impacted staff.</li> <li>-Provide EAP and emotional support for staff &amp; physicians post event.</li> </ul>

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	aid to all affected by incident, (2) identify all Staff involved in the incident, (3) provide post trauma counseling (EAP), (4) conducting post incident debriefing for all involved, (5) review of all patient –specific risk factors & risk reduction measures, (6) review if correct action measures were effectively implemented, and (7) solicit from injured & affected staff opinion regarding cause and if other measure would have prevented the injury.	-If necessary, develop a cause map or root cause analysis that involves staff, management and Risk Management and/or Threat Management.
<b>Workplace Violence Reporting</b>	Staff and representatives should be informed of the expectation of <u>immediately</u> reporting to Security and Manager/Supervisor (1) Threatening behavior (2) The use of force against a hospital employee (3) An incident involving the use of a weapon, regardless to whether the staff member sustains an injury?  There is a procedure in place that complies with the state regulatory reporting requirements (content and timelines) as applicable.	-Escalate to your Manager or House Supervisor in real time.  -Call Security (if needed)  --All workplace violence incidents should be reported to your Manager. The Manager is responsible for submitting violent incidents via the SFR/VIR system.  -All threatening behavior should be reported by submitting a threat report  -The Environmental Health and Safety Coordinator will notify Cal/OSHA of all incidents resulting in serious bodily injury or death.
<b>Training</b>	An effective procedure for obtaining the active involvement of staff and their representatives in developing training curriculum, training materials, conducting training sessions, and reviewing and revising the training program is in place.  Timelines and content consistent with the state regulatory guidelines are included as applicable.	-Online KP Learning module training. -
<b>Recordkeeping</b>	The following records are kept. 1. Records of workplace hazard identification (assessments), evaluations and corrective actions 2. Training records 3. Violent Incident Logs 4. Violent Incident Reports – injury or non-injury Violent incident injury investigations	All records and violent incidents are tracked by the Environmental Health & Safety Specialist.
<b>Annual Review</b>	The Plan is reviewed annually (department-level) with staff and representatives on the department-level assessments/ plans, respective work areas, community/common areas, services, operations, as they relate to the Prevention of Workplace Violence Plan.	The PWPV Plan should be reviewed annually and discussed with staff.

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	<p>The review include an assessment of the prior year incidents, and include considerations for:</p> <ol style="list-style-type: none"> <li>1. Staffing and patient classifications systems</li> <li>2. Appropriate security systems</li> <li>3. Equipment and facilities</li> <li>4. Security risks associated with specific areas (day/time/locations, etc.).</li> </ol> <p>Results of the annual reviews used to revise the Prevention of Workplace Violence Plan as needed.</p>	