

Behavioral Patient Safety Precautions

- 1) Never let a behavioral patient between you and the door or closest escape route
- 2) Never let a behavioral patient get behind you
- 3) Never let multiple behavioral patients surround you
- 4) Never sit down when a behavioral patient is standing near you
- 5) Do not get within arm's reach of any behavioral patient
- 6) Do not cross your hands or arms. Always have your hands in front of you ready to defend and block an advancing behavioral patient
- 7) Always have a partner when engaging a violent high-risk behavioral patient
- 8) Do consider a behavioral patient's criminal and behavioral history before engaging with them
- 9) Compassion can be shown, while understanding that any patient may become dangerous or assaultive at any time
- 10) Do not be fearful, but always exercise extreme caution

Remember:

- 1) Some behavioral patients may identify your physical or emotional weaknesses and try to expose them
- 2) Behavioral patients may try to manipulate you to determine what you will and won't allow under your watch. This always begins with something small (ex. can you bring me magazines from home?)
- 3) Many behavioral patients have been in custodial environments in which they will implore the same tactics in your environment
- 4) BEWARE of behavioral patients with violent history, they may strike/hit without warning
- 5) Anything in the immediate area can be used as a weapon including medical equipment
- 6) Always have a plan for escape
- 7) You MUST train to handle both common and extreme behavioral incidents

***Failure to follow these basic safety precautions,
may get you or your co-workers hurt!***



De-escalation of Aggressive Behaviors

Codes Green/Gray/Silver

Clinical Profile – High Risk Populations

- ▶ Psychotic disorders
- ▶ Drug – induced states
- ▶ Personality disorders
- ▶ Stress reactions (frustrated, ill-health, long lines, loss of job, etc)
- ▶ Impaired Cognitive functions (seizure disorders, Alzheimers, head trauma)
- ▶ Displaced anger

Features of Aggression/Impending Violence

Physical

- ▶ Pacing; restlessness – inability to sit still
- ▶ Clenched fists and/or jaw
- ▶ Increased respiration
- ▶ Rocking in chair
- ▶ Fidgeting
- ▶ Staring

Verbal

- ▶ Loud, pressured speech
- ▶ Argumentative
- ▶ Verbal threats to harm self or others
- ▶ Intrusive demands of attention
- ▶ Intensive/persistent complaining
- ▶ Intimidation of others
- ▶ Refusal to follow directions

Interventions

- ▶ Assess the situation
- ▶ Approach in a calm, non-threatening manner
- ▶ Maintain a safe physical distance (personal space)
- ▶ Approach from the front or side, getting the client's attention before moving into talking space (DO NOT STAND BEHIND)

- ▶ Lower your voice
- ▶ Speak softly, be aware of your tone and body language
- ▶ Speak directly to client, maintaining eye contact

Rationale: The client will have to stop yelling or screaming to hear you. Lets the client know you're in control

- ▶ Provide answers to questions
- ▶ Speak calmly and clearly
- ▶ Do not engage in a power struggle
- ▶ Give simple direction
- ▶ Provide/restate behavior expectation
- ▶ Have sufficient staff available to indicate show of strength, if necessary

- ▶ Offer prn medication, if appropriate
- ▶ Encourage client to go to quiet room to decrease environmental stimuli. Escort only when sufficient staff available
- ▶ State consequences of aggressive behavior.
DO NOT MAKE THREATS
- ▶ Set limits: Offer options, stating the positive first

The background is a dark blue-grey color with a faint, light-colored graphic. On the left side, there is a compass rose with a needle pointing towards the top-left. To the right of the compass, there is a faint outline of a map or geographical area. The text is centered and written in a bold, white, sans-serif font.

COMBATIVE OR DISRUPTIVE PERSON RESPONSE

“CODE GRAY”

Policy

- ▶ Code Gray is to be used when aggressive, combative, violent, or abusive behavior is displayed by a visitor, workforce member, patient, or other individual; and in the non-clinical management of disruptive behavior.
- ▶ Any assault or battery that results in an injury to a workforce member, patient, or visitor must be reported immediately.

Early Warning Signs

- ▶ Direct or verbal threats of harm
- ▶ Intimidation of others by words or actions
- ▶ Refusing to follow policies
- ▶ Carrying or flashing a concealed weapon
- ▶ Hypersensitivity or extreme suspiciousness
- ▶ Extreme moral righteousness
- ▶ Inability to take criticism regarding job Performance

- ▶ Holding a grudge, especially against a supervisor an/or frequently verbalizing hopes that something will happen to that individual
- ▶ Expression of extreme desperation over recent problems
- ▶ Intentional disregard for the safety of others
- ▶ Destruction of property

Notification

- ▶ In the event of aggressive, combative, violent, or abusive behavior that is displayed by an individual, staff will call x111 and inform the Operator a "Code Gray" is occurring, the location, and a brief description of the disruption.
- ▶ The Operator will immediately contact Sheriff Dispatch; and announce "Code Gray" and the location three times.

Response

- ▶ Any member of the workforce that is confronted with or witnesses a combative situation should initiate a Code Gray.
- ▶ Verbal abuse
 - a. Assist in attempts to verbally de-escalate the assailant
 - b. Call in a second person to assist
 - c. Add distance/barriers between the victim and the assailant

▶ Physical battery or assault with a weapon

- a. Notify Operator x111 or Sheriff Dispatch x3409 or (818) 364-3409
- b. Initiate "Code Gray" response procedure
- c. Protect self and others; assist the victim
- d. Create a diversion
- e. Obtain medical assistance, if needed

▶ Active shooter or hostage situation

- a. Notify Operator x111 or Sheriff Dispatch x3409 or (818) 364-3409
- b. Initiate "Code Silver" response procedure – "Person with a Weapon and/or Hostage Situation Response" (see Code Silver policy for more details)

Code Green vs Code Gray

- ▶ A patient's violent or self destructive behavior jeopardizes the immediate physical safety of a patient, a staff member or others
- ▶ Non-clinical management of disruptive behavior which calls for law enforcement response, i.e, family members, visitors, trespassers, etc

Scenarios

Code Green

A patient has been admitted for Altered mental status. Patient has been loud, aggressive, verbally abusive, and belligerent towards staff. Patient insists that he does not belong in the hospital. He pounds his fists on the wall, gets out of bed, charges towards the staff, physically pushing the nursing attendant out of his way, and heads for the door to leave.

Code Gray

Nurse X hears a loud argument going on in a patient's room. Upon inquiry discovers that patient is engaged in a verbal altercation with a spouse/family member. Nurse X asks family member to leave but he refuses, becomes irate, pacing, confronts the nurse to stay out of their business.



PERSON WITH A
WEAPON AND/OR
HOSTAGE SITUATION

“CODE SILVER”

Policy

- ▶ In the event of a situation involving an individual with a weapon or who has taken hostages, a “Code Silver” will be initiated.
- ▶ An Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area; typically through the use of firearms.

Response

- ▶ In the event there is an active shooter or hostage situation in the vicinity, staff shall take the following steps:
 - ▶ NOTIFY
 - a. Notify Operator (x111) that a Code Silver is occurring, the location, and brief description of the activity
 - b. Operator will notify Sheriff Dispatch an announce overhead "Code Silver" and the location three times

► ESCAPE

- a. Quickly determine the most reasonable way to protect your own life. Remember that patients and visitors are likely to follow workforce members during an active shooter or hostage situation
- b. Have an escape route and plan in mind
- c. Escape to a safer place of refuge
- d. Help others escape (if possible)
- e. Leave belongings behind
- f. Prevent individuals from entering an area where the active shooter may be
- g. Keep hands visible
- h. Follow the instructions of law enforcement
- i. Do not attempt to move wounded people

► HIDE OUT

a. If escape is not possible, find a place to hide where the active shooter is less likely to find you.

Hiding places should:

- Be out of the active shooters view
- Provide protection if shots are fired
- Not trap or restrict your ability for movement

b. Prevent an active shooter from entering your hiding place:

- Lock or blockade the door
- Silence cell phones and pagers
- Turn off any source of noise (radios, TV's)
- Hide behind large items

- Remain quiet
- Remain Calm
- If possible, dial x111 or (by cell phone) (818) 364-3409 to report the active shooter's location

▶ TAKE ACTION (only if necessary)

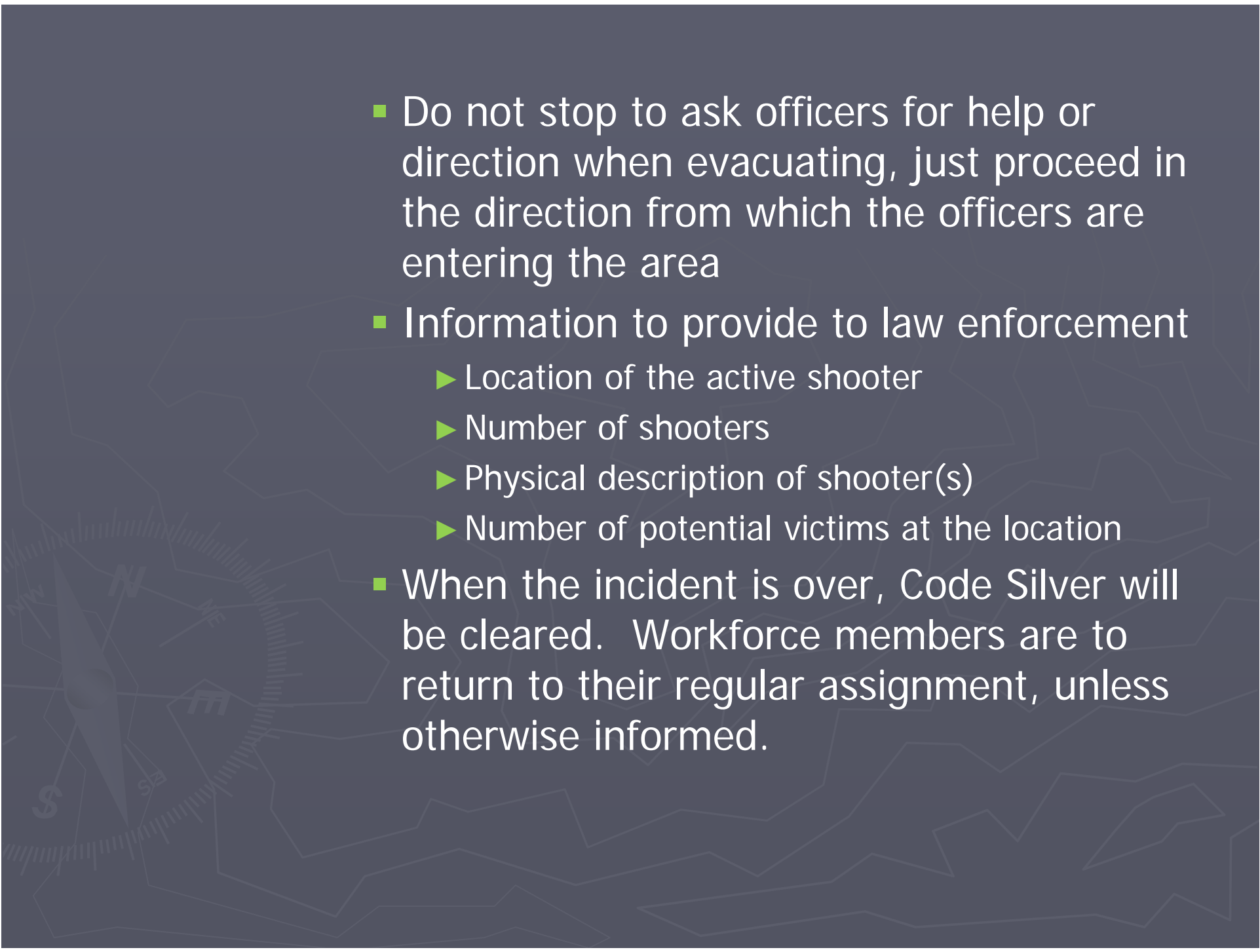
a. As a last resort, and only when there is an imminent threat to life, you should attempt to disrupt and/or incapacitate the active shooter by:

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling

- Screaming
- Committing to your actions

b. When law enforcement arrives, follow all instructions given by the law enforcement and also take the following actions:

- Remain calm
- Put down any items from your hands
- Immediately raise hands and spread fingers
- Keep hands visible at all times
- Avoid making quick movements toward officers such as attempting to hold on to them for safety
- Avoid pointing, screaming and yelling

- 
- Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which the officers are entering the area
 - Information to provide to law enforcement
 - ▶ Location of the active shooter
 - ▶ Number of shooters
 - ▶ Physical description of shooter(s)
 - ▶ Number of potential victims at the location
 - When the incident is over, Code Silver will be cleared. Workforce members are to return to their regular assignment, unless otherwise informed.

Emergency Codes

CODE GOLD (x111)

Code Gold is called when there is an emergent issue with a patient's mental state, and there is the potential for harm to themselves or to others.

- A behavioral response team will respond in these situations. Patient may be placed in restraints.
- Assist the behavioral response team as directed. Clear the area as needed.

CODE SILVER (x111)

Code Silver is called when there is a person with a weapon, active shooter, and/or hostage situation.

- **Run** – escape the area, leave belongings behind, and keep hands visible.
- **Hide** – hide out of view, block/lock doors.
- **Fight** – only as last resort, attempt to incapacitate the assailant using physical aggression.

CODE GRAY (x111)

Code Gray is called when dealing with a combative person or situation.

- Attempt to verbally de-escalate the situation.
- Assist victim(s), protect self and others, create distance/barrier between the victim and combatant.
- Obtain medical assistance, if needed.

Incident Reporting

- Report violent incidents to LASD by dialing (747) 210-3409 or ext. 73409.
- Record all workplace violence incidents in the Safety Intelligence system.
- Complete a Security Incident Report as appropriate.

Dress with Safety in Mind

Remove anything you are wearing that can be used as a weapon or grabbed by someone.

- Long hair should be put up or tucked away so that it can't be grabbed.
- Avoid wearing earrings, necklaces, or other items that can be pulled.
- Glasses, keys, or name tags dangling from cord/chains can be hazardous; use breakaway safety cords or lanyards.

Resources

Employee Assistance Program (EAP)

Licensed mental health professionals are available to assist employees and their dependents with personal or situational stress that interferes with their well-being, day-to-day functioning and carrying out their job responsibilities.

Tel: (213)738-4200

Web: <http://ceo.lacounty.gov/EAP/>

Department of Mental Health

24/7 Access Hotline

Free, confidential mental health information, referrals to service providers and crisis counseling.

Tel: (800)854-7771

Web: <http://dmh.lacounty.gov/>

Have Further Questions?

Contact OVMC's Safety Officer...

Tel: (747) 210-3405

Email: ovmc.safetyhotline@dhs.lacounty.gov



Olive View-UCLA
MEDICAL CENTER

WORKPLACE VIOLENCE PREVENTION PLAN (WVPP)



Purpose

To protect workforce members from acts of violence or threats of violence that may occur at Olive View – UCLA Medical Center.

What is Workplace Violence?

“Any act of violence or threat of violence that occurs at the work site.”

Crisis Cycle

Workplace violence doesn't occur without warning; it is the third of four stages in the Crisis Cycle. Knowing the stages allows you to better identify and address potential danger.

1st Stage	Anxious Person
2nd Stage	Defensive Person
3rd Stage	Person in Crisis
4th Stage	Tension Reduction

1st Stage of Crisis Cycle

Anxious Person – First stage of crisis: defined by a notable change/increase in behavior. **Behaviors include:** pacing, finger tapping, wringing hands, asking questions, appearing distracted or withdrawn, and an increase in vital signs (heart rate, blood pressure, respiratory rate).

Staff response should be supportive with an empathic, nonjudgmental approach. Examples include: Listening, offering reassurance, providing information, and utilizing therapeutic considerations such as:

Personal Space - An area surrounding the body that varies from person to person. Invasion of personal space increases anxiety and decreases safety. Staff can honor an individual's personal space by staying at least a leg's length away.

Kinesics - The non-verbal message transmitted by the motion and posture of the body. Staff can decrease anxiety and send a positive message by maintaining an open body posture, interested facial expression, giving non-threatening gestures, offering eye contact, and by smiling.

Paraverbal Communication - The vocal part of speech, excluding the actual words used. Staff should speak with a smooth, calm, and reassuring voice. The volume of one's voice should be controlled and appropriate for the setting.

Calming words and positive attitude have the power to calm anxiety, so be aware of your tone of voice, choice of words, and body language.

2nd Stage of Crisis Cycle

Defensive Person – Second stage of crisis: defined by a loss of rationality; sometimes referred to as the **verbally abusive stage**. **Behaviors include:** yelling, screaming, belligerent language including the use of profanities, and challenging authority.

Staff response should focus on taking control of a potentially escalating situation by setting limits that are simple, clear, reasonable, enforceable, non-challenging, and non-threatening. Staff members should remain calm, start with positive choices, allow the defensive person to blow off steam, remove the audience, and avoid power struggles.

3rd Stage of Crisis Cycle

Person in Crisis – Third stage of crisis: defined by the total loss of rational control that results in a physical acting-out episode. This is sometimes referred to as the **physically abusive stage**. **Behaviors include:** engaging in dangerous actions and not responding to verbal interventions, hurting oneself or others placing the person or others in imminent danger through actions such as hitting, kicking, biting, grabbing, pulling, choking or throwing objects.

Staff response should focus on avoiding solo intervention, using non-harmful personal safety techniques to escape, and activating the appropriate emergency code. Physical intervention is used as a last resort when alternative measures have been considered and are ineffective.

Alternative measures include: continued verbal intervention, setting limits, time out, offering anti-anxiety medication, and continued observation.

4th Stage of Crisis Cycle

Tension Reduction – Fourth stage of crisis: defined by the decrease of physical and emotional energy where the individual begins to regain control of their emotions; sometimes referred to as the **post-crisis stage**. **Behaviors include:** apologizing, crying, withdrawing, sleeping, and expressing feelings of remorse.

Staff response should be focused on building a therapeutic rapport with the individual and not blaming the individual for their actions. This is accomplished by debriefing with the individual to discover what happened from their perspective, identifying triggers, and contracting on strategies to avoid the behavior in the future. This debriefing can be performed using the acronym “**COPING**”:

Control - Make sure person is calm

Orient - Orient person to what just happened

Patterns - Identify what triggered the crisis

Investigate - What needs to change to prevent a crisis

Negotiate - Contract to make changes

Give - Give back control to the person

Keep on the watch for “STAMP” cues!

STAMP stands for the five visible elements of behavior that can indicate a person's potential or likelihood for becoming violent.

Staring and eye contact

Tone and volume of voice

Anxiety

Mumbling

Pacing

As the risk of violence increases, the number of observable **STAMP** cues will typically also increase.

Maintain situational awareness at all times!



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CONTACT

SAFETY OFFICER

(747) 210-3405 or x73405

ovmc.safetyhotline@dhs.lacounty.gov

SHERIFF DISPATCH

(747) 210-3409 or x73409

HOSPITAL OPERATOR x111

- **Code Gray** (*Combative/Disruptive Person*)
- **Code Gold** (*Mental Health/Behavioral Response*)
- **Code Silver** (*Person with a Weapon; Active Shooter; Hostage Situation*)

DEPARTMENT/UNIT:

STUDY GUIDE

WORKPLACE VIOLENCE

When assessing risk for workplace violence in the department/unit, there are four broad categories of workplace violence incidents to consider for potential threats:

- **TYPE 1:** Violent acts by criminals who have no other connection with the workplace, but enter to commit robbery or another crime.
- **TYPE 2:** Violence directed at employees by customers, clients, patients, students, inmates, or any others for whom an organization provides services.
- **TYPE 3:** Violence against coworkers, supervisors, or managers by a present or former employee.
- **TYPE 4:** Violence committed in the workplace by someone who doesn't work there, but has a personal relationship with an employee—an abusive spouse or domestic partner.

The type of workplace violence incidents that are likely to occur at Olive View-UCLA Medical Center are Types 2, 3, and 4. Early intervention can prevent a situation from escalating by identifying, assessing, and managing the threat (e.g. using de-escalation techniques). Recognizing pre-attack warning signs and indicators could help disrupt a potentially tragic event.

RECOGNIZING SIGNS OF WORKPLACE VIOLENCE

An active shooter may be a current or former employee. Alert the Human Resources department if you believe an employee exhibits



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potentially violent behavior. Indicators of potentially violent behavior may include one or more of the following:

- Increased use of alcohol and/or illegal drugs
- Unexplained increase in absenteeism, and/or vague physical complaints
- Depression/Withdrawal
- Increased severe mood swings, and noticeably unstable or emotional responses
- Increasingly talks of problems at home
- Increase in unsolicited comments about violence, firearms, and other dangerous weapons and violent crimes

If you encounter any suspicious activity or behavior that may result in a workplace violence incident, notify Sheriff Dispatch immediately at (747) 210-3409 or x73409. In the event of an actual emergency, call the Hospital Operator at x111. Always remember, ***“If You SEE SOMETHING, SAY SOMETHING!”***

ACTIVE SHOOTER

An individual or individuals actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims. Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims. Because active shooter situations are often over within 10 to 15 minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation.

Situations involving an active shooter in the healthcare setting can have a devastating impact on victims and coworkers alike, as well as long term organizational effects. While many active shooter events are planned by the perpetrator(s), others may occur spontaneously. Employee situational awareness and vigilance is an absolute necessity in this modern-day environment.



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ACTIVE SHOOTER IN HEALTHCARE SETTING: What You Must Do

- You must remain calm!
 - Take a deep breath and come to the understanding that you, your coworkers, and your patients are in danger.
- You must quickly assess the situation.
 - How close is the shooter?
 - Is there time to get everyone out safely?
 - Can the area be secured?
 - Should we shelter in place?
 - Should I prepare to defend myself and protect my patients?
- You must make decisions based on your assessment of the current situation and you must be prepared to act on those decisions.

COMMUNICATION

- Notify the Hospital Operator at x111 of an active shooter and the shooter’s location
- Obtain updates by overhead announcement and/or email
- Place signs in exterior windows indicating your location and location of injured (if applicable)
- Department leaders will communicate with their respective staff, patients, and visitors
- Adhere to instructions from Law Enforcement

CODE SILVER PROCEDURE:

1. In the event an individual or individuals come into the facility displaying a firearm or as an “active shooter,” as defined above, employees in the affected area should quickly determine the most reasonable way to protect their own life. Remember that visitors are likely to follow the lead of employees during an active shooter situation.

A. RUN

If there is an accessible escape path, attempt to evacuate the premises. Be sure to:

- Have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Leave your belongings behind



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- Help others escape, if possible
- Prevent individuals from entering an area where the active shooter may be
- Keep your hands visible
- Follow the instructions of law enforcement
- Do not attempt to move wounded people
- Call x111 when you are safe to inform the Hospital Operator to activate Code Silver.

B. HIDE

If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.

Your hiding place should:

- Be out of the active shooter's view
- Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door)
- Not trap you or restrict your options for movement

To prevent an active shooter from entering your hiding place:

- Lock the door
- Blockade the door with heavy furniture

If the active shooter is nearby:

- Lock the door
- Silence your cell phone and/or pager
- Turn off any source of noise (i.e., radios, televisions)
- Hide behind large items (i.e., cabinets, desks)
- Remain quiet

If evacuation and hiding out are not possible:

- Remain calm
- Dial x73409, if possible, to alert law enforcement to the active shooter's location
- If you cannot speak, leave the line open and allow the dispatcher to listen



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D. FIGHT

As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling
- Committing to your actions

2. Departments outside of the affected area should lockdown their units. Curtains will be closed calmly reassuring patients and visitors who may seem distressed. Keep all visitors and patients as calm as possible during this time. Emergency Lockdown status should be ensured (stairwells and elevators) so staff can calmly continue patient care responsibilities. Department supervisors, charge nurses or clinical leaders for patient and non-patient areas should take a count of all individuals in their respective units or departments and be ready to report the following to the Incident Commander:
 - Number of staff members
 - Number of patients
 - Number of other individuals such as visitors, vendors, etc.
 - Number of individuals who may be hurt or wounded.
3. Upon arrival, law enforcement will assume accountability for the situation. The facility will provide aide and assistance as needed, which may include providing keys, access badges, floor plans of the area and any live feed cameras that the facility can provide.

HOW TO RESPOND WHEN LAW ENFORCEMENT ARRIVES ON THE SCENE

- Remain calm, and follow officers' instructions
- Immediately raise hands and spread fingers
- Keep hands visible at all times
- Avoid making quick movements toward officers such as attempting to hold on to them for safety
- Avoid pointing, screaming and/or yelling
- Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises



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❖ RUN

1. What evacuation routes are available? _____
 2. Who will decide whether to run or hide? _____
 3. Will some be able to run while others remain for patient care? _____
-



Inpatient Clinical Staff
Unit cannot be locked but it can be barricaded.
Safe to leave and patients can evacuate quickly.

Non-Clinical Staff
Room cannot be locked but safe to leave room.

Outpatient Clinical Staff
Suite/room cannot be locked but they can be barricaded. Safe to leave and patients can evacuate quickly.

RUN



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❖ HIDE

1. Are there any safe rooms? _____
2. Does the unit lock down? _____
3. Do certain areas or rooms lock down? _____
4. How can the area be barricaded? _____

Inpatient Clinical Staff

Unit can be locked. Only some patients are mobile. Shooter not near unit.

Can lock, only some patients are mobile, shooter near unit.

Shooter entering area but does not see you.

Non-Clinical Staff

Room can be locked but do not know how close or where shooter is.

If shooter is just outside of the room you are in or shooter heading in your direction.

If shooter is entering the room you are in and he did not see you yet.



Outpatient Clinical Staff

Can lock or not, can be barricaded but patients cannot evacuate quickly. Not safe to leave unit.

Shooter is nearby or headed in your direction.

Can lock or not but can be barricaded but do not know how close shooter is.

Shooter is entering your area but does not see you yet.

Can lock, only some patients are mobile, shooter near unit.

HIDE



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❖ FIGHT

1. Who in the department/unit has self-defense training that can take the lead? (e.g. martial arts, military combat, etc.) _____
2. Who can be a defensive team leader? _____
3. What items can be used for protection? _____
4. What items can be used as a weapon? _____



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