WORKPLACE VIOLENCE

ESTABLISHING A ZERO TOLERANCE CULTURE TOWARDS VIOLENCE IN THE HEALTHCARE SETTING
FOR TOO LONG, WORKPLACE VIOLENCE HAS BEEN ACCEPTED AS “PART OF THE JOB.”

THAT NEEDS TO CHANGE.

EMPLOYEE SAFETY IS JUST AS IMPORTANT AS PATIENT SAFETY.
JOIN US IN TAKING A STAND AGAINST WORKPLACE VIOLENCE AND STANDING UP FOR THE SAFETY OF OUR EMPLOYEES.

Workplace violence is a major safety concern in hospitals and health systems across the nation. Studies show that healthcare workers are significantly more likely to be the victims of violence and abuse than workers in other industries. SCHA is committed to making hospitals a safer place to work, visit, and receive care.

Over the last few years, our hospitals have embraced a commitment to zero harm. Since 2013, SCHA has recognized this approach toward improving the quality of care through our Certified Zero Harm Awards program. This work has traditionally focused on eliminating harm such as bloodstream and post-surgery infections, and we are now ready to take it a step further. We are pleased to announce SCHA's Workplace Violence Toolkit, which has been developed to help hospitals in creating a supportive environment focused on promoting the safety of employees, patients, and visitors.

The toolkit is divided into two sections. The first talks about how to establish a zero-tolerance culture and centralize the data collection process for workplace violence incidents. The second focuses on tracking, trending, and closing the loop on reportable incidents. The tools and strategies provided can be customized to your culture and physical environment, based on the complexity of your patient population, facility size, and available resources, as well as the barriers and gaps identified in your specific workplace setting.

The decision to create a toolkit followed the recommendations of SCHA’s Workforce Advisory Committee, SCHA’s Regional Leadership Councils, and SCHA’s Workplace Safety Taskforce, a group made up of hospital CEOs, CNOs, physicians, emergency managers, safety officers, legal counsel, and other experts from across the state. MUSC CEO and President Pat Cawley’s leadership was particularly instrumental in its creation, and we hope to see its impact on all of our state’s hospitals. By partnering together and using the same tools, we can change the workplace violence culture in South Carolina.

Each hospital should review the toolkit and determine the best way to implement the recommendations locally. We recognize that all hospitals will not begin this journey in the same place, but that we all strive to reach the same goal – a culture of zero tolerance for workplace violence.

To join the Hospital Safe Zones campaign, click here to sign the pledge and indicate your commitment. Our goal is to have all South Carolina hospitals pledge their commitment by June 1, 2019.

Sincerely,

THORNTON KIRBY, FACHE
President & CEO, SCHA

Tod Augsburger
Chairman, SCHA Board of Trustees
GOALS

• Reduce risks, incidences, and costs of staff injury related to workplace violence
• Implement evidence-based best practices that will enhance a culture of safety
• Empower healthcare employees to create safe working environments
• Proactively address risk and safety issues related to employee safety

WHY WE ARE CONCERNED?

Workplace violence occurs in healthcare more often than it should. The rate of serious workplace violence is four times greater in healthcare than in the private industry. This accounts for more serious violent injuries than all other industries combined. There are a number of contributing factors to this issue, including working directly with people who have a history of violence and working with people who may be delirious or under the influence of alcohol, drugs, or prescription medications, etc. Yet, there are still many incidences that are not reported.

Patients are the largest source of violence in healthcare settings. 80% of serious violent incidents reported in healthcare settings were caused by interactions with patients. 20% of serious violent incidents reported in healthcare settings were caused by visitors or others, with many incidents going unreported.¹

WHY ARE INCIDENCES UNDERREPORTED IN HEALTHCARE?

Employees often feel there is a lack of support within their organization to encourage reporting or to respond appropriately to reported incidences. Employees feel this treatment is “just a part of the job.” In addition, there is a knowledge gap on the topic of workplace violence. To effectively change culture, healthcare leaders must constantly reinforce to employees and clinicians that, we are here to care for others, but we cannot take care of others unless we are cared for first. Employees need to know the organization, and its leaders, care about them and encourage reporting.²

WHAT ARE THE ASSOCIATED COSTS?

• Direct costs include cost of medical treatment for physical injuries sustained and time away from work
• Short and/or long-term psychological impacts on employees
• Employee turnover — costly for any organization
• Organizational costs include design of appropriate security measures, damage to property, litigation, insurance, etc.
• Direct relationship between employee safety and patient safety (i.e. caregiver fatigue, presenteeism, injury, and stress are all tied to a higher risk of medication errors and patient infections)

WHAT IS WORKPLACE VIOLENCE?

SCHA has adopted the Occupational Safety and Health Administration (OSHA) definition of workplace violence because it is the current thought leader and regulatory authority on this subject. OSHA defines workplace violence as: “Any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the workplace.” It’s important to remember that OSHA is more of a reactive body and this toolkit has been designed to offer proactive tools to reduce the number of incidences against healthcare employees. The taskforce agreed to use the OSHA definition since OSHA is the reporting agency for which healthcare organizations are accountable for reporting workplace violence incidents.

¹ Source: Data Source: Bureau of Labor Statistics (BLS), 2013 data. These data cover three broad industry sectors: ambulatory healthcare services, hospitals, and nursing and residential care facilities. Source categories are defined by BLS.
ESTABLISHING
A ZERO TOLERANCE CULTURE
WAYS SENIOR LEADERSHIP CAN HELP

• Visible & continuous embrace of a zero tolerance culture
• Commitment to providing accountability and resources to ensure a zero tolerance culture
• Setting the standard with clear messaging and ongoing monitoring that violence will not be tolerated

ACTION: ESTABLISH AN EXECUTIVE CHAMPION

An executive leader who is respected, well-known and is willing to stand at the forefront of promoting workplace safety and become well-educated on the topic.

ACTION: ESTABLISH AN INCIDENT REVIEW COMMITTEE

A committee with specific functions, structure, and members that has been tasked with reviewing and identifying workplace violence incidents.

ACTION: IMPLEMENT A ZERO TOLERANCE POLICY

A policy that sets the precedent to enable a culture of safety and clearly outlines the local reporting processes.

WHAT CAN EMPLOYEES DO TO BUILD A CULTURE OF SAFETY?

• Promote Respect
• Eliminate Potential Weapons
• Know Violence Response Procedures
• Trust Your Instincts
• Work as a Team
The first thing an organization should do is publicly recognize hospitals and health systems as safe zones. The “safe zone” theme should be carried throughout the communications campaign as a way to signal a culture shift towards the value of employee safety by encouraging reporting and demonstrating an intolerance for workplace violence. The first should be establishing regular communication and education efforts with staff, patients and visitors using the “Hospital Safe Zone” resources and materials developed by SCHA and available at HospitalSafeZones.com. Identify how and where you can use them both around your worksite and community and then post appropriately. To localize these materials, consider replacing some of the stock photography with your own photos of leaders, clinicians, etc. Any organization interested in doing this can contact SCHA to get a copy of the original art files.

As your campaign progresses, consider including the following:

- Messaging around zero tolerance and reporting processes at new employee orientation
- Messaging around zero tolerance and reporting processes at ongoing or annual employee education
- Rounding with employees to educate on how reporting leads to positive change (e.g., policy or procedure changes, facility design, staffing models, training, etc.)

By the end of this process, you will:

- Change the perception of workplace safety
- Establish standards of behavior
- Communicate a zero tolerance culture

The “Hospital Safe Zones” toolkit includes:

- “Do No Harm” poster
- “It’s Not Part of the Job” poster
- “You Report We Support” poster
- Talking points for community leaders and policy makers
- Talking points for hospital administrators and employees
- Talking points for legislators
- White paper
- PowerPoint presentation
CENTRALIZE THE REPORTING PROCESS

ONCE YOU HAVE BUILT A STRONG FOUNDATION FOR A CULTURE OF SAFETY, YOU CAN FOCUS ON THE DATA.

- The tools and resources included can be used to standardize the reporting, tracking, and trending of workplace violence incidents.
- The goal is to create and implement a standardized statewide process for reporting, collecting, and centralizing incident data.

SHOULD WE DESIGNATE A SPECIFIC ROLE FOR TRACKING INCIDENTS?

We recommend you designate a specific person or department to coordinate the reporting of violence incidence.

A few examples of positions or departments that could serve as the leader or designated entity include:

1. Director of Emergency Preparedness/ Emergency Management
2. Director of Safety/ Safety Department
3. Director of Security/ Security Department
4. Director of Risk Management/ Compliance

Make sure the person or department selected has the time and resources within their current role to take on these new responsibilities or effectively build reporting capability into their regular routine.

The designated person(s) or department should be able to take on this new leadership role and establish appropriate reporting processes, track data, collaborate with leadership on appropriate interventions, communicate with SCHA for statewide data reporting, etc.

SHOULD WE USE THE EXACT FORMS PROVIDED BY SCHA TO TRACK AND RECORD INCIDENTS?

The simple answer is no. However, we are asking all organizations to collect the same data elements that we feature on our forms and logs. You can do this by using the forms provided as is, turn them into automated or electronic forms, or automate the collection via your current data collection systems. This will help SCHA track and trend all of the data in a standardized format. Feel free to make modifications or adaptations to the tools to best suit your hospital needs.

PLEASE SHARE YOUR DATA WITH SCHA!

We ask that hospitals and health systems regularly share their data with SCHA. SCHA will analyze the data to monitor state and regional trends which could be used to impact policy positions.

As we progress with this work and creating a standard process of reporting and tracking, we can look to create more automated systems for incident reporting and tracking. Please see Appendix C: Data for a data submission timeline.
HOW WILL THE STANDARDIZED DATA BE USED TO MAKE CHANGES OR IMPACT POLICY DECISIONS?

SCHA will monitor and analyze data provided from all hospitals to identify statewide trends and ensure appropriate policy formation that will further enhance a culture of safety. For example, SCHA is currently pursuing legislation aimed at either enhancing penalties for those who commit crimes against healthcare workers or creating hospital safe zone protections. The state data could also be used to identify additional resources or solutions aimed at improving the care for certain populations of patients with a history of violent behavior and/or drug or alcohol abuse.

WHY SHOULD MY HOSPITAL PARTICIPATE?

Hospitals and healthcare facilities are held to a higher standard of health and safety for employees, patients, and visitors. Employee engagement increases as the perception of their safety increases.

ARE THERE ANY SPECIFIC RISK FACTORS WHEN WORKING IN A LONG-TERM CARE (LTC) SETTING?

- Working with unstable or volatile patients
- Working alone or in very small numbers

WHAT ARE OTHER RISK FACTORS WHEN WORKING AT A HEALTHCARE FACILITY?

- Working late at night or in the early morning hours
- Working in community-based settings
- Increasing number of patients and residents with a history of violent behavior and/or drug or alcohol abuse being released from hospitals without follow-up care
- Availability of drugs and money at care facilities/assisted living, clinics and pharmacies
- Unrestricted movement of the public through patient care areas
- Patients who may hit/strike, pull, or punch
- Staff that have not received training in identifying/managing potential escalating, violent behaviors
- Poorly-lit corridors and parking areas

WHAT FORMAT ARE THE TOOLS PROVIDED IN?

- Microsoft Word, Excel, and Adobe PDF, with the ability to use and modify them to your organization’s needs

WHAT DATA SHOULD MY HOSPITAL SEND BACK TO SCHA?

SCHA’s goal is to have all of the hospitals in South Carolina submitting their workplace violence incidents back via the “Workplace Violence Incidence Log.” SCHA ensures confidentiality and the use and collection of the “Violence Incident Report Form” is for your hospital’s use only. The dates for when the log should be submitted can be found in Appendix C: Data. This submission will help you and your hospital by being part of the standardized and centralized reporting and tracking procedure South Carolina hopes to adopt.

WHY ARE MY HOSPITAL’S INCIDENCE NUMBERS AND RATES TRENDING UPWARD AFTER IMPLEMENTING THESE TOOLS?

The implementation and adoption of these tools will bring more awareness and visibility to this topic. We expect more incidences to be reported as now you have guiding tools and resources for your organization. Based on our research and information from other hospitals who have done an implementation like this in the past, it is expected to see a spike in reporting initially.
ACKNOWLEDGMENTS

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REFERENCES


APPENDIX A: RESOURCES
KEY TERMS

AGGRAVATED ASSAULT An unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury. This type of assault usually is accompanied by the use of a weapon or by means likely to produce death or great bodily harm.

ASSAILANT An individual who physically or verbally attacks another individual.

ASSAULT A physical attack; a concerted attempt to do something demanding.

DISPOSITION A person’s inherent qualities of mind and character; natural mental and emotional outlook or mood.

DISRUPTIVE BEHAVIOR Inappropriate behavior interfering with the functioning and flow of the workplace; it hinders or prevents faculty and staff members from carrying out their professional responsibilities.

HARASSMENT Any behavior (verbal or physical) that demeans, embarrasses, humiliates, annoys, alarms, or verbally abuses a person, and that is known or would be expected to be unwelcome. This includes use of offensive language, sexual innuendos, name calling, swearing, insults, use of condescending language etc., arguments, gestures, pranks, rumors, intimidation, bullying, or other inappropriate activities.

KNOWLEDGE GAP A gap in knowledge due to either socioeconomic status differences, generational differences, or educational differences that poses a communication and/or understanding issue on a topic, issue, or idea.

NEAR MISS An unplanned event that did not result in injury, illness, or damage — but had the potential to do so; only a fortunate break in the chain of events prevented an injury, fatality or damage; in other words, a miss that was nonetheless very near.

REPORTABLE VIOLENT INCIDENT A reportable violent incident is seen as any threatening remark or overt act of physical violence against a person(s) or property whether reported or observed.

SLED CERTIFIED Necessary for individuals who want to pursue a career as a security guard in the state of South Carolina; one cannot engage in security, protection or bodyguard work if they do not hold a valid and current SLED certification card and work for a certified and licensed security company; engaging in security without a valid SLED card is a criminal offense and can carry fines and possible jail time (for additional information please visit https://www.criticalguards.com/sled-cert).

THREATENING BEHAVIOR Such as shaking fists, intentionally slamming doors, punching walls, destroying property, vandalism, sabotage, theft, or throwing objects.

VERBAL OR WRITTEN THREAT Any expression of an intent to inflict personal pain, harm, damage, and/or psychological harm, either through spoken word or in writing.
The purpose of this gap analysis is to help your organization implement best practices in order to prevent violence from patients and staff. The purpose is not to address disruptive behavior or staff on staff violence; those issues should be dealt with through other policies and/or procedures.

CLICK HERE FOR THE ELECTRONIC PDF OF THIS GAP ANALYSIS.
# Factors Influencing Reporting of Workplace Violence Incidents

## Incident Type & Patient Condition
- The severity of the incident, i.e. whether the employee suffered physical injury requiring medical treatment
- The condition of the patient, i.e. when violence is perceived as unintentional due to the patient’s clinical condition or diagnosis
- Perception of what employees consider “violence”

## Organizational Culture
- Concerns around the reporting of assaults by patients and visitors being viewed as a result of poor performance or negligence of the employee
- The intense focus on customer service in healthcare where the “the customer is always right”
- Normalization of workplace violence – “it’s just part of the job”

## Reporting Process
- False belief that someone else reported the incident
- Lack of awareness of or no clear reporting policy
- Complicated reporting process

## Response to Reporting
- Fear of retaliation, i.e. from patient and/or their family in smaller communities where everyone knows each other, stigmatization or bullying from co-workers for reporting, etc.
- Lack of action resulting from reporting, i.e. informal report to a supervisor goes no further and/or no preventative action is taken
- The complexity of the understanding and navigating the legal system
- Unclear of response from law enforcement when reporting and/or pressing charges
OSHA (Occupational Safety and Health Administration): OSHA is part of the United States Department of Labor and created from the Occupational Safety and Health Act of 1970 due to the public outcry against the rising injury and death rates on the job.

OSHA’s Mission is to assure safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education and assistance.

OSHA defines workplace violence as: “Any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the workplace.”

OSHA defines a workplace as: “Any location, either permanent or temporary, where an employee performs any work-related duty.” (i.e. the building and the surrounding areas, including parking lots, field locations, patients’ homes, and traveling to and from work assignments).

Additionally, SCIA is also tracking and reporting damage to property. This element is not included in the OSHA definition or any of its subparts but SCIA has chosen to include this modification in our parameters of workplace safety.

OSHA recognizes 4 types of workplace violence:

1. Criminal Intent: violent acts by people who enter the workplace to commit robbery or other crime — or current or former employee who enters the workplace with the intent to commit a crime
2. Customer/Client/Patients: violence directed at employees by customers, clients, patients, students, inmates or any others to whom the employer provides a service
3. Co-Worker: violence against co-workers, supervisors, or managers by a current or former employee, supervisor, or manager
4. Personal: violence in the workplace by someone who does not work there, but who is known to, or has a personal relationship with, an employee

Customer/client/patient violence is most common in healthcare settings — Examples of this include intentional and non-intentional verbal threats or physical attacks by patients, a distraught family member who may be abusive or even become an active shooter, or gang violence in the emergency department.

OSHA does not currently have regulations specifically related to the prevention of workplace violence in healthcare settings, but it does require “each employer shall furnish to each of his employees’ employment and a place of employment which are free from recognized hazards that are causing or likely to cause death or serious physical harm — this includes the prevention and control of the hazard of workplace violence,” according to the OSHA General Duty Clause: Section 5(a)(1).
GOAL
Create policies as well as a culture of zero tolerance towards workplace violence by increasing awareness, reporting and support.

PURPOSE OF WORK
1. If you were to walk out the door of a hospital, you wouldn’t allow somebody in public to treat another person the way you have seen it occur in a hospital.
2. People need to know we won’t tolerate any form of inappropriate behavior directed toward their staff, patients and visitors.
3. Nobody wants to talk about this issue, but we engage our staff because we have to talk about it.
4. We must plan for every situation, even the worst-case scenario.

WHAT SETS GRAND STRAND APART
Grand Strand differentiates between urgent matters, where employees should dial an emergency line that goes right to the communications center of the hospital, and non-emergent issues which can be reported by contacting a security officer directly or using a new company-wide smartphone app, Life Safe, that has a reporting mechanism for any safety or security issue.

WHAT GRAND STRAND IS CURRENTLY DOING
1. Creating a zero tolerance culture that takes a hard line towards dealing with workplace violence by starting the conversation at new employee orientation and having signage at all entrances.
2. Have annual education days where workplace violence policies and reporting mechanisms are reviewed and conduct periodic drills where all staff of every unit in our hospital participates.
3. Taking the threat of an active shooter seriously by including it as a part of the conversation in staff trainings.
4. Require staff, from the newest person to the CEO, to understand it’s their responsibility to report any kind of workplace violence, suspicious activity, etc., to security.
5. Hire SLED-certified security guards who can carry weapons, escort offenders off campus, and issue charges.
6. Have policy/procedure for how to handle incidents with patients, family members and visitors.

TAKEAWAYS
1. Part of employee development process involves an emphasis on reporting and awareness of workplace violence.
2. Part of the zero tolerance policy also means a willingness to prosecute perpetrators of workplace violence or take other appropriate disciplinary action, something which firmly maintains the violence-free culture the policy fosters.
3. Policy formation is key, makes staff feel secure & sends message to the public that violence is not tolerated.

For more information on this Best Practice, contact Matt Tumbleson at Grand Strand Medical Center at matthew.tumbleson@hcahealthcare.com
The focus of this alert is to help your organization recognize and acknowledge workplace violence directed against healthcare workers from patients and visitors, better prepare staff to handle violence, and more effectively address the aftermath. Each episode of violence or credible threat to healthcare workers warrants notification to leadership, internal security and, as needed, law enforcement, as well as the creation of an incident report which can be used to analyze what happened and inform actions that need to be taken to minimize risk in the future.

Under The Joint Commission’s Sentinel Event policy, rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of a patient, staff member, licensed independent practitioner, visitor, or vendor while on site at an organization is a sentinel event that warrants a comprehensive systematic analysis. While the policy does not include other forms of violence, it is up to every organization to specifically define acceptable and unacceptable behavior and the severity of harm that will trigger an investigation.

CLICK HERE TO VIEW THIS SENTINEL EVENT ALERT FROM THE JOINT COMMISSION.
CRIMINAL CHARGES IN SOUTH CAROLINA

KEY TERMS

- An “arrest” is the physical act of taking an individual into law enforcement’s custody for suspicion of violating the law or following a formal charge.
- A “charge” is notification of the legal violation at issue, a formal accusation to a person who is alleged to have committed a crime or offense as defined by South Carolina law.

WHAT IS THE PROCESS FOR A CRIMINAL ARREST?

When law enforcement witnesses the criminal activity at issue, an arrest can be made by the law enforcement official contemporaneously with the offending conduct. Where the criminal activity is based on a report by a third party, typically the victim of the alleged criminal conduct must participate with the continued pursuit of a criminal conviction, as without which probable cause may not exist to warrant prosecution. While in some circumstances, victim participation is not necessary (such as in some circumstances of domestic violence), if a victim chooses not to pursue charges or participate in pursuit of a conviction, the matter will be dropped.

PRACTICAL TIP: Hospital leadership and staff should all be familiar with the law enforcement agencies that have jurisdiction over the campus/property. Knowing who to call and how to contact them will save time and potentially improve outcomes. Hospital security personnel should develop positive working relationships with local law enforcement, again with the expectation that established relationships will incentivize responsiveness should prompt assistance be necessary.

MYTH: A victim is required to file charges against a perpetrator.

TRUTH: A victim may agree or not agree to assist with the prosecution of an individual alleged to have violated the law, but generally the determination as to whether to bring charges is made by the applicable governmental authority. An individual may be asked whether they want to “press charges” (as in whether they will participate in the further pursuit of a legal conviction against an alleged perpetrator), because without such participation in some cases and contexts the criminal prosecution may not be pursued.

WHAT ARE THE DEGREES OF OFFENSES IN SOUTH CAROLINA?

- Most but not all criminal offenses are classified as felony or misdemeanor offenses. Types of crimes that do not fall into either category include infractions such as a parking citation or a traffic/moving violation.

  Felony crimes are crimes considered more dangerous than misdemeanor crimes, and as a result the penalties are more severe. The most significant differentiation between a felony and a misdemeanor is time.

- Felony offenses are categorized by South Carolina law into six classes, from A through F. Misdemeanor offenses are categorized by South Carolina law into three classes, from A through C. In both classifications, A is the most severe classification of offense.
South Carolina law sets forth the criminal acts, definitions and degrees of offenses. By way of example, assault and battery is defined in S.C. Code Ann. § 16-3-600 and includes four levels of degree: high and aggravated nature, 1st degree, 2nd degree, and 3rd degree.

- South Carolina law includes sentencing guidelines for use by the judiciary in determining the penalties for criminal offenses, including maximum terms of imprisonment and fines to be imposed.

  By way of example, assault and battery of a high and aggravated nature has a penalty range of up to 20 years, whereas assault and battery 3rd degree has a penalty of up to 30 days and/or $500 fine.

- Criminal acts affecting primarily property interests or not involving physical harm are often misdemeanor crimes or crimes subject to lesser penalties, examples of which are trespass, harassment, and petty larceny.

HOW ARE CRIMINAL CHARGES FILED?

- In South Carolina, typically an allegation of a criminal violation is first made to and investigated by the appropriate law enforcement agency. In the circumstance of allegedly criminal activity occurring on a hospital campus, local law enforcement should be contacted to investigate the alleged criminal conduct in order to determine whether an arrest and/or criminal charge is appropriate.

  Hospital security personnel have the authority to arrest an individual on the hospital campus if properly registered or licensed as “security officers.”

- Following the investigation and if an arrest and/or criminal charge is substantiated, law enforcement will supply its investigation materials to the appropriate prosecuting authority for further prosecution if the criminal conduct at issue exceeds the prosecutorial jurisdiction of law enforcement.

HOW IS A CRIMINAL CONVICTION OBTAINED?

- Criminal cases are divided between the Court of General Sessions (Criminal Court) and Magistrate or Municipal Courts.

  For crimes punishable by more than 30 days and/or a fine greater than $500, the Court of General Sessions has jurisdiction.


  PRACTICAL TIP: Hospital leadership should consider engaging local law enforcement and other key community partners to address the increase in disruptive conduct on campus and concerns about interpersonal violence, so as to ensure that the appropriate authorities consider the cumulative impact of individual punishment/penalty decisions when otherwise seemingly minor offenses are at issue. With support from law enforcement, hospitals can have greater confidence in publicizing no tolerance policies for violent and disruptive behavior on hospital property.

- After an arrest, a criminal defendant has a bond hearing within 24 hours, at which time a judge decides whether release from custody prior to a hearing on the merits of the criminal charge is appropriate. If so released, the defendant is subject to specific terms and conditions of the bond.

- Depending on the seriousness of the legal violation at issue, a criminal defendant may have other pre-trial hearings, but minor offenses would have at least a First Appearance within 45 days of arrest to assure legal representation, a Second Appearance within 120 days of arrest to assert a plea or request a jury trial, and then a trial before a judge and possibly a jury.

- At trial, a presiding judge and if applicable a jury receives evidence in support of the crime alleged and in defense of the defendant. If found guilty by clear and convincing evidence, the defendant is sentenced by a judge to imprisonment and/or fines and/or probation.

WHO REPRESENTS WHOM?

- In criminal cases, the complaining party in legal proceedings against a criminal defendant is the State of South Carolina where state law violations are at issue. The State is typically represented by law enforcement or the Solicitor’s Office. A criminal defendant can hire legal counsel, represent him/herself pro se, or in some circumstances may be appointed representation by the Public Defender’s Office.

  MYTH: The victim has to hire an attorney as part of the criminal prosecution.

  TRUTH: A victim is a fact witness and has no obligation to hire separate counsel as part of a criminal proceeding. In most cases, the prosecuting
authority (law enforcement or Solicitor’s Office) will have a shared interest with the victim and updates and information should be sought through him or her.

RESTRAINING ORDERS IN SOUTH CAROLINA

KEY TERM:

- A “restraining order” is a formal legal document imposing restraints on certain conduct of the restrained individual. A restraining order typically issues from a Magistrate Court and can be sought in the county where the alleged misconduct occurred, where the alleged wrongdoer resides, or where the victim resides if the wrongdoer lives out of state or whose whereabouts are unknown.

- How does a restraining order work?
  
  Restraining Orders address harassment, stalking and non-familial abuse.

  To obtain a Restraining Order, the victim must prove to a Magistrate Court judge that the alleged perpetrator engaged in a pattern of intentional, substantial, and unreasonable intrusion into one’s private life (harassment) or a pattern of words or conduct that serves no legitimate purpose and is intended to cause and does cause fear in the targeted person (stalking).

  If issued, a Restraining Order can limit the restrained individual from communicating with or coming about the victim. The Restraining Order can last up to a year and is subject to extension in some circumstances.

  Violation of a Restraining Order is a criminal offense punishable by up to 30 days in jail and/or $500 fine. Fines may be increased if domestic violence is involved.

- How is a Restraining Order different than a Trespass Notice?
  
  A Trespass Notice (or Notice to Trespass) may be available where circumstances do not rise to the level of a Restraining Order. A Trespass Notice is issued by law enforcement at the request of a person who believes an individual may be or is engaging in harassment. Though less protection is afforded than with Restraining Orders, a Trespass Notice may make a subsequent request for a Restraining Order easier to obtain.

  A Trespass Notice may also be issued by a property owner and, if subsequently violated without good cause or good excuse, would be punishable as a trespass offense. The notice may be orally or in writing, but best practice is providing written notice by registered mail for recordkeeping and enforcement.

  PRACTICAL TIP: Hospital leadership should ensure any trespass notice issued by the hospital, even if initially delivered orally to the notified individual, is documented with a formal writing and mailed to the intended recipient with certified or registered service tracking for purposes of record keeping and as proof of notice.

  Violation of a Trespass Notice is a misdemeanor offense punishable by a fine up to $200 or up to 30 days in jail. (S.C. Code Ann. § 16-11-620)

SECURITY OFFICER STANDARDS

KEY TERM:

- A “security officer” is a legal term of art under South Carolina law and refers to a person who is armed, uniformed, or delegated arrest authority for work on an employer’s premises, duties that require a valid security officer registration certificate.

- What is the legal requirement to serve as a security officer?
  
  South Carolina law requires that “an employer who utilizes a person who is armed, uniformed, or has been delegated arrest authority for work on the employer’s premises in connection with the affairs of the employer must make application to SLED for a proprietary security business license and pay an annual license fee, set by SLED regulation.” (S.C. Code Ann. § 40-18-60(A))

  In order to carry a firearm, a security officer must be granted a Security Weapons Permit from SLED and if issued, must carry the firearm in an open and fully-exposed manner while in uniform and on duty. To carry a concealed weapon, the security officer must have Security Concealed Weapons Permit. (S.C. Code Ann. § 40-18-100)
• What are the SLED regulations related to security officers?
  
  • SLED Regulations further address private security officers and require that an individual seeking to be registered as a “private security officer” must complete a SLED-approved basic training course.
  
  • An additional training requirement exists for a security officer to be authorized to carry a firearm. (S.C. Code Ann. Regs. §§ 73-400 to 73-422)
  
  • SLED Regulations allow for alternative training options, but security officers utilizing an alternative training to the SLED basic training course qualify to be registered as a certified private security officer as opposed to a registered private security officer.
  
• What are the arrest powers of security officers?
  
  • A registered or licensed “security officer” holds the authority and arrest powers given to sheriff’s deputies and may arrest a person for violating or charged with violating a criminal statute, such power being limited to the property on which the security officer is employed. (S.C. Code Ann. § 40-18-110)

DISCLAIMER: THIS IS NOT LEGAL ADVICE. PLEASE SEEK LEGAL GUIDANCE WHEN APPROPRIATE.
APPENDIX B: RESOURCES
ZERO TOLERANCE - WORKPLACE VIOLENCE POLICY

SCOPE: The scope of this policy includes [INSERT ORGANIZATION NAME] and its offsite departments.

PURPOSE: The purpose of the policy is to provide guidelines to help establish a work environment as free from the threat of violence and theft as possible for employees, physicians, patients, volunteers, visitors and customers.

DEFINITION: Workplace violence can be defined as any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the workplace. A workplace can be defined as any location, either permanent or temporary, where an employee performs any work-related duty. (i.e. the building and the surrounding areas, including parking lots, field locations, patients' homes, and traveling to and from work assignments) (OSHA)

POLICY

1. Disruptive and/or violent behavior will not be tolerated within [INSERT ORGANIZATION NAME].

2. Anyone who violates this policy will be reported to the appropriate person(s) at [INSERT ORGANIZATION NAME].

3. Employees must report any suspicious workplace activity, situations or incidents relating to security they observe or become aware of, despite who it is involving (employees, former employees, physicians, patients, volunteers, contractors, visitors or customers) to the appropriate person(s). All reports should be presented to [INSERT POSITION(S)/DEPARTMENT].

4. [INSERT ORGANIZATION NAME] will not tolerate threats or acts of violence, aggressive behavior, offensive acts, threatening or offensive comments or remarks.
   a. Every specific or implied verbal or physical threat of violence, or act of violence, must be treated seriously.

5. Weapons of any kind are forbidden on the premises, or while conducting business, at [INSERT ORGANIZATION NAME].
   a. Under some conditions federal, state, or local law enforcement officers are permitted to carry weapons in certain areas or for specific purposes.

6. Security officers assigned to the emergency department at [INSERT ORGANIZATION NAME] should be SLED certified.

7. [INSERT ORGANIZATION NAME] administration has the authority to search any facility property.
   a. This includes property of any nature owned, controlled or used by the facility, including but not limited to parking lots, offices, desks, file cabinets, and lockers.

8. [INSERT ORGANIZATION NAME] administration specifically reserves the right to search personal property which has been brought onto the premises, including but not limited to vehicles, handbags, briefcases, packages, clothing and other personal items.
a. An employee, physician, patient, volunteer, visitor, or customer may be requested by [INSERT ORGANIZATION NAME] administration to submit to a search.

i. [INSERT ORGANIZATION NAME] administration may respond as deemed appropriate in the event anyone may refuse a search or may show a lack of cooperation during a search.

PROCEDURES

1. Notification:

Safety and security in the workplace are every employee’s responsibility. Employees are asked to be alert to unauthorized persons in any area of [INSERT ORGANIZATION NAME]. Employees are urged to help in directing or escorting the person to his/her destination. Employees are expected to inform their supervisors, security staff, human resource representative, another member of management, or the facility’s ethics and compliance officer of behavior exhibited by any person(s) which could be a sign of a potentially dangerous situation. These behaviors may include:

- Discussing weapons or bringing them to [INSERT ORGANIZATION NAME]
- Displaying overt signs of extreme stress or agitation, resentment, hostility or anger
- Making threatening remarks
- Sudden or significant deterioration of performance
- Displaying irrational, intimidating, aggressive or inappropriate behavior
- Reacting to questions with an antagonistic or overtly negative response
- Reacting harshly to changes in policy and procedure
- Personality conflicts with co-workers
- Obsession or preoccupation with a co-worker or supervisor
- Attempts to sabotage the work or equipment of a co-worker
- Blaming others for mistakes and circumstances

2. Reporting

If an employee receives or perceives a threat, or if an employee is the victim of violence while on the premises, he or she should immediately report it to a supervisor, security staff or human resource representative. In any emergency employees should call the emergency number [INSERT YOUR ORGANIZATION’S EMERGENCY NUMBER]. The police or appropriate law enforcement agency may also be contacted. Affiliates in a location that do not have a security officer need to call 911 for all emergencies.

A Violence Incident Report should be filed if an incident occurs and given to [INSERT ORGANIZATION NAME]’s designated person(s)/department, [INSERT PERSON(S) OR DEPARTMENT(S)], handling workplace violence reports.

For reference, this may be the Emergency Preparedness Director, Director of Safety, Director of Security, etc.

APPROVAL SIGNATURES

Approver: ____________________________________________

Date: ____________________________________________

This form was taken and modified from both Grand Strand Medical Center, Theft and Violence in the Workplace-Publication (2018) and Ralph H. Johnson VA Medical Center, Prevention and Management of Workplace Violence, Including Disruptive Behavior, Sexual Assaults & Other Public Safety Incidents – Publications (2015).
FUNCTIONS OF THE COMMITTEE

1. Provide on-going communication to staff regarding creating a safer workplace.
2. Review and update policies/procedures related to the prevention or response to aggressive incidents.
3. Identify and problem solve operational issues that prevent a safe environment for patients, staff, and visitors.
4. Contribute to creating a zero-tolerance culture within [INSERT HOSPITAL NAME].
5. Routinely review the Violence Incident Log and each Violence Incident Report.
6. Assist in the annual development and revision of all reporting tools, policies, programs, procedures, and any other documents relating to workplace violence.
7. Ensure employees are appropriately reporting.
8. Identify any unsafe conditions and practices within areas under any of their supervision and then taking quick action if needed.
9. Meet as a full committee at least once a month, or more frequently as needed.
10. Document meeting minutes & share with administration.

STRUCTURE

A. Committee Schedule: [include day of the week, what week of each month, time]
B. Reports to: [INSERT]
C. Chairperson(s): [INSERT]
D. Possible Membership: [INSERT]

1. Physician
2. CNO
3. COO
4. Director, Performance Improvement
5. Director, Mental Health Unit
6. Director, Employee Health services
7. Director, Safety and Security
8. Director, Communication
9. Director, Education
10. Director, Emergency Preparedness
11. Nursing Supervisor
12. Behavioral Health Center Manager/Supervisor
13. Head Security Officer
14. Emergency Trauma Nurse
15. Surgical Care Unit Nurse
16. Intensive Care Unit Nurse
17. Vice President of Human Resources
18. Human Resources Representative
19. Representative from the Hospital’s Insurance Group
20. Pharmacy Representative
This algorithm is intended for events involving violence against a staff member by a patient, a person accompanying a patient, or other guest/visitor. **ANY VIOLENCE AGAINST A STAFF MEMBER BY ANOTHER STAFF MEMBER SHOULD BE REPORTED/HANDLED ACCORDING TO YOUR FACILITY’S HUMAN RESOURCES REPORTING PROCESS.**
HOSPITAL SAFE ZONES
RESOURCES & DOCUMENTS

- Using the “Do No Harm” Poster in your hospital
- Using the “It’s Not Part of the Job” Poster
- Using the “You Report We Support” Poster
- Exercising the “Talking Points for Community Leaders and Policy Makers”
- Exercising the “Talking Points for Hospital Administrators and Employees”
- Exercising the “Talking Points for Legislators”

OSHA

- Adoption of OSHA’s definition of “workplace violence”
- Adoption of OSHA’s definition of “workplace”
- The 4 types of workplace violence recognized by OSHA have been made aware of to all employees
- Communicating zero tolerance regularly to staff beginning at new employee orientation and going through ongoing staff education
- Continuing to communicate the definition of workplace violence regularly to staff beginning at new employee orientation and going through ongoing staff education

REPORTING WORKPLACE VIOLENCE

- A person(s) on staff or department has been designated to handle, log, and be aware of workplace violence reports being filed
  IF YES, who? (EXAMPLES: Emergency Preparedness, Director of Safety, Director of Security)
- Using the “Violence Incident Report Form”
  IF NO, a similar clear and centralized reporting process is in place for workplace violence incidents
- Fear of reporting by employees is being reduced by constant reinforcement from administration

- Using the “Workplace Violence Incidence Log”
  IF NO, a similar clear and centralized log is in place for workplace violence incidents
- Using the “Workplace Violence Reporting Algorithm” as a badge buddy, for internal trainings, or for signage around your hospital/facilities
- Using the “Zero Tolerance – Workplace Violence Policy” as the main policy document for workplace violence
  IF NO, a policy to provide guidelines in an effort to establish a workplace free from the threat of violence and theft as possible has been put in place

LEADERSHIP

- A workplace violence champion, or sponsor, has been clearly appointed
  IF YES, who?
- Senior leadership is making it known workplace violence will not be tolerated through clear communication, ongoing evaluations, and other efforts

EMPLOYEE EFFORTS

- Employees are promoting respect by fostering an attitude of respect and consideration
- Employees are removing potential weapons if possible
- Employees understand and use the new violence reporting procedures
- Employees are receiving regular communication and education on zero tolerance
- Employees are working as a team in a crisis situation, leaving no one alone
- Employees understand how to identify triggers for workplace violence and understand how to deescalate potential workplace violence situations

APPENDIX A
TOOLKIT IMPLEMENTATION CHECKLIST
APPENDIX C: DATA
VIOLENCE INCIDENT REPORT FORM

[INSERT ORGANIZATION NAME]

A reportable violent incident should be defined as any threatening remark or overt act of physical violence against a person(s) or property whether reported or observed. This form should be used by employees at [INSERT ORGANIZATION NAME] to report workplace violence for internal use only.

1. DATE ___________________________ 2. SPECIFIC LOCATION ___________________________
   DAY OF WEEK ___________________________
   TIME OF INCIDENT ___________________________
   ASSAILANT GENDER □ Female □ Male □ Other ____________________________________________

3. VIOLENCE DIRECTED TOWARD (Check all that apply) □ Patient □ Staff □ Visitor □ Property □ Other
   ASSAILANT □ Pediatric Patient □ Adult Patient □ Geriatric Patient □ Staff □ Visitor □ Other
   ASSAILANT’S NAME ________________________________________________________________
   WAS THE ASSAILANT □ Unarmed □ Armed (had some form of a weapon/object) □ Unsure

4. PREDISPOSING FACTORS OF THE ASSAILANT
   □ Intoxication □ Dissatisfied with Care/Waiting Time □ Other (Describe) ___________________________
   □ Grief Reaction □ Prior History of Violence
   □ Gang Related □ Behavioral Health
   □ Medical Condition/Medical State Related □ Pharmaceutical Related ___________________________

5. DESCRIPTION OF INCIDENT (Check all that apply)
   □ Physical Abuse □ Verbal Abuse □ Other (Describe) __________________________________________

6. INJURIES
   □ Yes □ No □ If yes, extent of injuries ______________________________________________________

7. DETAILED DESCRIPTION OF THE INCIDENT ________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

8. WERE ANY OF THE FOLLOWING PRESENT AT THE TIME OF THE INCIDENT
   □ Organization Security Officer □ Police (Department Name) __________________________

9. DID YOU NEED TO CALL ANY OF THE FOLLOWING
   □ Organization Security Officer □ Police (Department Name) __________________________

10. TERMINATION OF INCIDENT
    Incident Diffused □ Yes □ No □ Police Notified □ Yes □ No □ Assailant Arrested □ Yes □ No

11. DISPOSITION OF ASSAILANT □ Stayed On Premises □ Escorted Off Premises □ Left on Own □ Other __________________

12. RESTRAINTS USED □ Yes □ No □ Type ______________________________________________________

13. REPORT COMPLETED BY ___________________________________________ WITNESS(ES) ________
    TITLE AND DEPARTMENT ___________________________________________ SUPERVISOR NOTIFIED ____________
    TIME ___________________________

PLEASE PUT ANY ADDITIONAL COMMENTS, WITH THE SECTION NUMBER INCLUDED, ON THE BACK SIDE OF THIS FORM

*THIS FORM HAS BEEN MODIFIED FROM: GUIDELINES FOR PREVENTING WORKPLACE VIOLENCE FOR HEALTH CARE AND SOCIAL SERVICE WORKERS. OSHA PUBLICATION 3148, (1996).*
SCHA’s goal is to have all of the hospitals in South Carolina submitting their Workplace Violence Incidence Log. This log helps take information from your internal report forms and put them into a confidential and shareable log for use by both your hospital’s senior leadership and SCHA. This log includes:

- Date of incident
- Time of incident
- Location of incident
- Brief description of incident
- Who committed the violence
- What was the gender of the assailant
- Predisposing factors of the assailant
- Type of incident
- Were there any injuries
- Consequences of the incident
- Termination of incident
- Disposition of assailant
- Were restraints used
- Person completing log
- Date incident was logged

CLICK HERE FOR A COPY OF THE WORKPLACE VIOLENCE INCIDENCE LOG
HOW DO I USE THESE DATA TOOLS?

The Violence Incident Report Form should be used for internal use only to document any workplace violence events that occur. All of these should then be collected and housed by the individual or department designated by your organization to be in charge of the collection. These reports should not be sent back to SCHA, as they are for your organization’s use only, if adopted.

All individual reports should be logged using the “Workplace Violence Incidence Log.” This log is for external use and is what is submitted back to SCHA for the statewide data standardization and collection process. This log is also what can be shown to senior leadership at your organization to allow transparency into all reported incidents.”

The Data Submission Timeline is an easy way to see when the data is to be submitted back to SCHA by:

<table>
<thead>
<tr>
<th>SUBMIT DATA BY</th>
<th>TIMEFRAME OF DATA TO BE INCLUDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 1, 2019</td>
<td>January 1, 2019 – March 31, 2019</td>
</tr>
<tr>
<td>July 1, 2019</td>
<td>April 1, 2019 – June 30, 2019</td>
</tr>
<tr>
<td>October 1, 2019</td>
<td>May 1, 2019 – September 30, 2019</td>
</tr>
<tr>
<td>January 1, 2020</td>
<td>October 1, 2019 – December 31, 2019</td>
</tr>
</tbody>
</table>

Please have the designated person(s) submit your organization’s data quarterly, in compliance with the timeline above. All data should be submitted to Morgan Bowne at mbowne@scha.org.