

## Participation Agreement Workplace Violence Collaborative

***Please complete and return this Participation Agreement***

The South Carolina Hospital Association (SCHA) and Antum Risk have partnered to address workplace violence in South Carolina’s healthcare facilities. SCHA members have made strides in creating a culture of workplace safety, but a broad-based, universal data source for tracking and responding to violence incidents is needed to better understand the dangers facing healthcare workers. This collaboration will provide South Carolina hospitals and health systems with actionable data to facilitate targeted interventions, benchmarking, and statewide safety improvement efforts.

**Program goals:**

- Increase standardized data collection
- Raise awareness
- Inform statewide leaders
- Drive statewide initiatives
- Share best practices

**My organization commits to participate as a partner with SCHA and Antum Risk.**

Executive Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Organization Name: \_\_\_\_\_ CCN: \_\_\_\_\_

Please provide the following information for your organization’s point of contact:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Return via email to [BMorgan@scha.org](mailto:BMorgan@scha.org)

For more information, visit [www.zeroharmsc.org/workplace-violence](http://www.zeroharmsc.org/workplace-violence)

Use Attachment A to enroll multiple sites (page 2 of this document)

### Attachment A: Facility List for Multiple Sites

You may email a system facility list in lieu of Attachment A if that is more convenient.

Health System: \_\_\_\_\_

Facility Name: \_\_\_\_\_ CCN: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Name: \_\_\_\_\_ CCN: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Name: \_\_\_\_\_ CCN: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Name: \_\_\_\_\_ CCN: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Name: \_\_\_\_\_ CCN: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_