

**SULLIVAN COUNTY PUBLIC HEALTH SERVICES**

<p><b>POLICY: SAFE ENVIRONMENT</b> The Agency is dedicated to providing a supportive atmosphere between employees, contracted staff and patients. Verbal or physical threats, threatening behavior, or acts of violence made to employees or contracted staff by individuals on the patient’s premises or in the patient’s home will not be tolerated. The Agency will also intervene by providing assistance to patients discovered during a home visit to be injured or in imminent danger</p> <p><b>PURPOSE:</b> To provide employees and contract staff with a safe and supportive workplace. To provide patient assistance whenever they are thought to be or found injured, or perceived in imminent danger.</p> <p><b>RESPONSIBLE PARTY:</b> All employees</p>	<p><u>Original Approval:</u> 10/03</p> <p>Revised:</p> <p>Revised:</p>
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**REFERENCES: Public Employee Safety & Health (PESH) Section 27-a (3)(a-c)  
763.5 – Patient referral, admission and discharge**

**CROSS-REFERENCES:** Human Resources/Personnel Policy and Procedure on Harassment  
Accident/ Incident Reporting

**GENERAL INFORMATION:** All threats, injuries and/or reported acts of violence will be investigated and no reprisal will be taken against anyone who initiates the report.

**PROCEDURE:**

**I. When Agency employees or contracted staff are subjected to pre-violent, or violent behavior by the patient, patient’s relations, patient’s friends or fellow employees:**

**A. Recognize pre-violent behavior such as** agitation, profanity, aggressive body language, and/or threatening statements. Try to defuse the situation by maintaining a calm and non-threatening demeanor, listen, show empathy, maintaining eye contact, state only the facts and by keeping a safe distance away. If you feel that you can not complete your job safely, leave the area. If you are at a patient’s home, exit to the safety of your car and drive away.

All types of threats, harassment, pre-violence, and violent acts are to be reported. Any individual who discovers, witnesses, or is involved in pre-violent or violent incident will call their Supervisor no later than by the end of the workday of the incident. If the incident does not occur during regular office hours, the nurse supervisor on call is to be contacted.

The employee or contracted staff member will complete an Accident/Incident Reporting form when threats, harassment or violent acts occur (refer to the Accident/Incident Reporting policy and procedure and/or the Agency’s harassment policy and procedure).

## **B. Post-incident:**

The Supervisor will inform the Director of the details of the incident, including but not limited to: Patient/employee name, location, brief description of the incident, injury if applicable, any follow-up interventions, name of attending physician notified (if applicable), injury (if applicable), whether police agency was notified, if applicable.

## **C. Investigation:**

Within 24 hours of being notified of an incident, the Supervisor, in conjunction with the Quality Improvement Coordinator/designee, and Director will begin an investigation to determine whether the incident warrants further intervention employee education, employee disciplinary action, termination or modification to contractual agreements, termination or modification to patient services, follow up reporting to the NYSDOH (refer to the policy titled: Accident/Incident Reporting)

- **For employee related incidents:** The Human Resources/Personnel Office will be apprised of the investigation results, how it pertains to the employee, and/or if at the conclusion of the investigation, any education and revised policies will be in-serviced to all staff, and if applicable, contracted employees will be notified in the most appropriate manner deemed necessary.
- **For patient-related incidents:** Termination or modification to patient services, and/or referral to other community services, will be determined.
- All completed investigation documentation and forms will be retained in a locked file cabinet in a secure location to insure limited access.
- The Quality Improvement Coordinator/Designee will compile data on violence and other incidents and report Accident/incident data to the Professional Advisory Committee on a quarterly basis.

## **II. When an Agency or contracted staff suspect a patient is injured or too ill to respond**

- A.** If upon arriving at the patient's home, no one answers the door and it is suspected that the patient is injured or too ill to answer, the agency or contracted staff member will contact their immediate supervisor for instructions.
- B.** Based upon the information received, supervisor will attempt to verify whether the patient simply forgot to inform the Agency that they were not going to be available for their scheduled visit or that the patient may indeed be in the home and unable to respond.
- C.** Staff will be queried to verify if a message was left by that patient but the message was not received by the employee scheduled for the home visit.
- D.** The supervisor will delegate staff to call the patient's emergency contacts, if necessary.
- E.** Depending upon the circumstances, the supervisor may instruct the Agency or contracted staff member to go to a neighbor's house to obtain a key to access the home, or to contact the police, fire officials or ambulance.