DEPARTMENT OF THE ARMY
HEAD QUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
9501 FARRELL ROAD, SUITE G-C11
FORT BELVOIR, VIRGINIA 22060-5901

REPLY TO
ATTENTION OF

MCXA – SF (385-1) 14 October 2008

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Commander's Policy Memo #22 – Commander's Policy for Workplace Violence

1. It is DeWitt Health Care Network's (DHCN) policy to promote a safe environment for its employees. The DHCN is committed to working with its employees to maintain a work environment free from violence, threats of violence, harassment, intimidation, and other disruptive behavior.

2. Violence in the workplace is not only overt acts of physical violence against another person. It is verbal threats, harassment, intimidation, vandalism, sabotage, corrupt voice or email, and other disruptive behavior. Violence in our workplace will not be tolerated; that is, all reports of incidents will be taken seriously. Individuals who commit such acts may be removed from the premises and may be subject to disciplinary action, criminal penalties, or both.

3. Your cooperation is required to effectively implement this policy and maintain a safe working environment. Do not ignore violent, threatening, harassing, intimidating, or other disruptive behavior. If you observe or experience such behavior by anyone on the DHCN premises, whether he or she is a DHCN staff member or not, report it immediately to a supervisor or manager. Any threat will be presumed to constitute a statement of an employee's intent to do harm. Supervisors and managers who receive such reports shall contact the Incident Response Team (IRT): Safety Manager at 805-0157, Security Officer at 805-0246, or Patient Safety Manager at 805-8048. The IRT will be responsible for conducting inquiries into the potential incident and assisting in initiating appropriate action(s).

CHARLES W. CALLAHAN
Colonel, Medical Corps
Commanding

Distribution: A

CHAPTER 20

VIOLENCE IN THE WORKPLACE

1. **PURPOSE**: To identify what is workplace violence and to reduce the risk of violence in the workplace by providing information on preventing and identifying violent behavior and developing an emergency response plan.

2. **DEFINITION**: Workplace violence is any act of physical violence, threats of physical violence, harassment, intimidation, or other threatening, disruptive behavior that occurs at the work site.

3. **RESPONSIBILITY**:

a. Supervisors:

(1) The supervisor has significant responsibility for monitoring and controlling the behavior of employees at work, and for assuring that the workplace is free of safety risks and hazards.

(2) It is important for the supervisor to be able to identify potentially problematic behavior, and to act promptly and properly when exhibited.

(3) It is essential that the supervisor set a tone for the workplace that ensures all employees are treated with dignity and respect. The golden rule of treating others as you wish to be treated is a powerful tool in preventing incidences of dissatisfaction, frustration and stress from escalating to a violent or potentially violent level.

(4) Report any alleged acts of violence to Incident Response Team (IRT).

b. Employees: Report any alleged acts of violence immediately to supervisor and/or to the Incident Response Team (IRT). Employee safety should always be taken in account. Avoid potential explosive situations.

c. Incident Response Team (IRT): Respond, dissipate any potential violent activities and assist supervisors in the assessment and recommendations. The IRT is responsible to report to the Safety Committee/Environment of Care Functional Management Team (EC FMT) with all incidents and recommendations.

4. **PREVENTION**:

a. Open communication between supervisors and employees cannot be overemphasized. Through open communications, supervisors and leaders can assist in

reducing the risk of violence or unacceptable behavior and protect staff and patients.

b. A venue must be established in which employees are able to air concerns, problems and grievances as well as to report threats, coercion, intimidation, or potential violent activity through the supervisory chain.

c. Early intervention by the supervisor is the key to preventing workplace violence. Two key elements for preventing potentially violent employees from escalating to the action level are:

(1) Recognizing the early warning signs; and

(2) Intervening quickly to assist the employee.

d. It is the first line supervisor that plays a crucial role in understanding the early warning signs, recognizing them when they occur, and acting on that knowledge.

e. Actions that can be taken when someone displays acts of violence:

(1) For angry or hostile patient or coworker –

(a) Stay calm and listen attentively;

(b) Maintain eye contact;

(c) Be courteous and patient; and

(d) Keep the situation in your control.

(2) For a person shouting, swearing and/or threatening –

(a) Signal a coworker or supervisor that you need help;

(b) Do not make any calls yourself;

(c) Have someone call the Incident Response Team or Military Police then the Information Desk.

(3) For someone threatening you with a gun, knife or other weapon –

(a) Stay calm and quietly signal for help;

(b) Maintain eye contact;

(c) Stall for time;

(d) Keep talking and follow instruction from the person who has the weapon;

(e) Don't risk harm to yourself or others;

(f) Never try to grab the weapon; and

(g) Watch for a safe chance to escape to a safe area.

5. **IDENTIFYING VIOLENT BEHAVIOR**: The following warning signs are frequently associated with individuals who later become violent. Almost without fail, the violent individual exhibits behavior falling under one or more of the following:

a. Verbal Threats – stated intention to hurt or kill someone, repeated statements, multiple reports, constantly swear at others.

b. Intimidating Behavior – inappropriate, repeated boundary crossing including excessive phone calls, messages, memorandums, office appearances; stalking/following; gift giving; angry confrontations (easily provoked, impulsive, unpredictable); displaying restless and/or agitation behavior; and belligerence towards customers.

c. Bizarre Thoughts or Paranoid Behavior – developed fantasies with self-centered outcomes; irrational violent associations or thoughts; secretive behavior; and emotional mood swings.

d. Obsessions – with hurting a specific person or group of people; with a romantic attachment to someone (generally not a sexual attachment); and with weapons (owning a gun or guns, fascination with weapons, proficient in their use).

e. Recent Marked Performance Decline – attendance problems or absences from work assignments; decreased productivity and inconsistent work patterns; concentration problems; increased accident involvement; poor health and hygiene; and continual excuses or blame, unable to accept responsibility for even small errors.

f. Serious Stress in the Employee's Personal Life – financial problems and/or bill collectors; crying; excessive personal phone calls; and losses (i.e., job, marriage, loved one).

g. Substance Abuse – most drugs interfere dramatically with reasoning ability, with social inhibitions and with the ability to distinguish right from wrong; and alcohol and

certain drugs may agitate, create paranoia and cause aggressive behavior.

6. **LEVELS OF VIOLENCE**: To further assist the supervisor in assessing the risk factor for violent behavior, the following are the levels of violence:

a. Level I –

(1) Refuses to cooperate with immediate supervisor
(2) Spreads rumor and gossip to harm others
(3) Constantly argues with co-workers
(4) Makes unwanted sexual comments

b. Level II –

(1) Refuses to obey command policies and procedures
(2) Sabotages equipment and steals property for revenge
(3) Verbalizes intents to hurt co-workers and/or management
(4) Views self as a victim

c. Level III –

(1) Recurrent suicidal threats
(2) Recurrent physical fights
(3) Destruction of property
(4) Brings weapon(s) to work
(5) Commits murder, rape or arson

NOTE: After careful consideration of the above factors, the supervisor should determine whether an incident of workplace violence has occurred or is likely to occur. The supervisor should contact the Incident Response Team (IRT) to guide them in appropriate action(s) to be taken. Other resources for consultation are the chain of command, CPAC/MER Specialist, Employee Assistance Program (EAP) Specialist, Chaplain, legal counsel, Military Police (MP) or Security Manager and/or Safety Manager.

7. **HANDLING A WORKPLACE ALTERCATION**:

a. Stopping the Disruption - The most important action a supervisor can take is to stop the disruption immediately, since the overriding concern is the safety of staff and patients. Intervene by requesting the employee to stop the disruptive behavior. If the employee does not, request any other employees that may be involved to go back to their respective work area and/or depending on the situation, have them leave the workplace and report to another area within the department. As a supervisor, you can

direct the disruptive employee to leave the premises and to go home using administrative leave. In a serious situation, the employee should be instructed to go home using administrative leave and call the following day for further instructions in regards to returning to work. It may be necessary to contact the Security Manager or MP to diffuse the situation. For civil service employees, CPAC/MER Specialist should be contacted for further guidance and options; for military the Company Commander; and contract employees the Health Care Contract Support Division (HCCSD). This also applies to patients and visitors that display inappropriate behavior. The Patient Representative Office would be the point of contact for corrective action(s). Section 8 of this chapter discusses reporting procedures.

b. Follow Up – Follow up for workplace altercation(s) is very important. The supervisor may have to initiate and demonstrate disciplinary action(s) depending upon the degree of violence. Remember if the employee is covered by a union collective bargaining agreement, the employee has a right to union representation if requested, and if the employee reasonably believes that the discussion may result in a disciplinary action. The Incident Response Team should be contacted to assist supervisor with investigation and reporting.

NOTE: The Quality Assurance and Risk Management Document (DA Form 4106) must be submitted to Risk Manager for the incident.

8. **REPORTING PROCEDURES**:

a. During Duty Hours –

(1) Immediately report the incident to your supervisor.

(2) The supervisor, depending on the severity of the incident, contacts the Incident Response Team (IRT) through the Information Desk. Contact names and numbers are listed in the Standard Operation Procedures binders at the Information Desk. The Information Desk will annotate incident in the Duty Log. IRT will assist in diffusing the situation and provide immediate corrective actions that should be taken by the supervisor. IRT will also assist supervisor with Annex N, *DeWitt Health Care Network Violence in the Workplace Incident Report Form*.

(3) The supervisor needs to contact personnel offices according to Section 7a of this chapter. The department chief should be notified in order to keep the Command Group informed of all actions being taken or pending and the final solution of action taken.

b. During Non-Duty Hours –

(1) The supervisor will notify the SDNCO and/or the Military Police for assistance.

(2) The SDNCO will contact the AOD of the incident who will in return contact the Deputy Commander responsible for the clinic/department. SDNCO will also annotate incident in the Duty Log to include if Military Police were contacted for assistance.

(3) The Security Manager or Safety Manager will be contacted for further guidance. The IRT will conduct investigation and provide recommendations to supervisor on the following business day.