



Policy Name: VII.13 Workplace Violence Prevention and Response Policy	Section: VII Health and Safety	Programs: All
	Standard/Area: Health and Safety	Review Date:
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Section I: Intent

It is our intent to ensure the safety of all MVCS staff and to promote MVCS staff's knowledge and competence in matters of staff and consumer safety in the community or on MVCS property. This policy guides staff in how to:

- Respond to threats, violence, and other safety or security issues;
- Develop strategies to mitigate workplace violence
- Assess potential risk and the need for coordinated responses; and
- Properly document safety related concerns.

MVCS seeks to address staff safety in a preventative and planned way as much as possible.

Section II: Policy

The safety and security of our employees, consumers and the public is of essential importance. Threats or acts of violence made by an employee against another person's life, health, well-being, family, or property will not be tolerated. Any act of intimidation, threat of violence, or act of violence committed against any person on MVCS property is prohibited. It is the policy of MVCS to provide guidance for safe practices in day-to-day operations, when serving clients either in the community or on MVCS premises. The first and foremost concern of the Agency is to protect the health, safety, and wellbeing of the staff. Any staff member should choose to terminate or cancel a community/home or in office visit if there is any reason to suspect that their health or safety might be in jeopardy. The staff member should contact their supervisor or Program Director immediately in this situation or any other situation involving workplace violence.

- II.1 All managers, directors, supervisors and staff are responsible for implementing and maintaining the WVPRP in their work areas and for answering questions about the policy.
- II.2 The Safety Officer is responsible for the assessment of vulnerabilities at MVCS facilities and work with directors and managers to develop preventative action plans. The Safety Officer is also responsible for developing staff training programs in violence prevention and plans for responding to acts of violence. They will also audit the overall implementation of the Workplace Violence Prevention and

- III.3 Leadership is committed to providing support to staff and victims of workplace violence by devoting resources for debriefings and Critical Incident Stress Management (CISM).

III.4 Staff understands the expectation of a violence free workplace and support is provided to staff who are victims of workplace violence by facilitating debriefings and making referrals.

II.4 WORKPLACE VIOLENCE PREVENTION

- 1.1 Martha's Vineyard Community Services mitigates the risk of workplace violence by providing effective evidence based client care combined with staff training and safety related policies to promote a safe physical environment and Culture of Safety.
- 1.2 Prevention of workplace violence is based on principles of:
- 1.2.1 Zero tolerance for workplace violence
 - 1.2.2 A proactive client centered approach leads to a reduction in violence
 - 1.2.3 Prioritizing quality and effective client care creates a safe environment
 - 1.2.4 Increasing safety and respect for clients creates safety for staff
 - 1.2.5 Utilizing non-violent crisis intervention when faced with escalating verbal or physical client behavior prevents injury or assault.
- 1.3 Definitions: Workplace Violence
- 1.3.1 The National Institute for Occupational Safety and Health (OSHA) defines workplace violence as "violent acts directed toward persons at work or on duty." Martha's Vineyard Community Services defines workplace as any location, permanent or temporary, where an employee performs work-related duties, including but not limited to buildings and surrounding perimeters, parking lots, field locations, home and community activities, alternate work locations, agency vehicles, and travel to, from and during work assignments.
 - 1.3.2 Intimidation: A physical or verbal act toward another person, the result of which causes that person to reasonably fear for his or her safety or the safety of others.
 - 1.3.3 Threat of violence: A physical or verbal act which threatens bodily harm to another person or damage to the property of another.
 - 1.3.4 Act of violence: A physical act, whether or not it causes actual bodily harm to another person or damage to the property of another

Section III: Procedures

III.1 WORKPLACE SAFETY AND SECURITY ASSESSMENT

- 1.1 An annual Workplace Safety and Security Assessment is conducted to address safety and security considerations related to the following items (Appendix A):
 - 1.1.1 Physical attributes including access control, egress control, door locks, lighting and alarm systems
 - 1.1.2 Personnel policies
 - 1.1.3 First aid and emergency procedures
 - 1.1.4 Reporting violent acts, taking appropriate actions in response to violent acts and follow-up procedures after violent acts
 - 1.1.5 Development of criteria for determining and reporting verbal threats,
 - 1.1.6 Staff education and training; and
 - 1.1.7 Clinical and client policies and procedures
- 2.1 Risk Assessment and Treatment Planning in Client Care
 - 2.1.1 Clients with an increased risk for assault have treatment plans formulated to address the risk and includes safety plans to identify triggers and prevention and de-escalation. Violent acts are tracked to identify frequency and severity of assaults. Weekly meetings include the interdisciplinary team and psychiatric consultation to develop treatment strategies, tailor responses, develop staff safety strategies and debriefing interventions or critical events.
 - 2.1.2 Effective client care requires accurate analysis of behavior and consideration of the client's predisposing and co-existing conditions, circumstances and vulnerabilities that increase the potential for maladaptive behavior. Vulnerabilities can be episodic (e.g., specific triggers or stressors), short-term (e.g., sleep patterns), long-term or permanent in nature such as developmental disorders, type of mental illness, substance abuse or side-effects of medication.
 - 2.1.3 Risk assessment continues throughout a client's involvement with services and has a dynamic relationship with the client's individualized treatment plan. Different tools may be utilized to determine risk. Communication of risks and new or current information about client's vulnerabilities and effective treatment responses must be communicated for ongoing situational awareness and tools to mitigate the risk of client and staff injury.



III.2 EFFECTIVE CLIENT CARE

- 1.1 Preventing and constructively addressing unsafe and violent behavior is a priority for client care and leads to a safe work environment for staff.

III.3 ADMINISTRATIVE AND ENVIRONMENTAL CONTROLS

- 1.1 Martha's Vineyard Community Services complies with Labor and Industry and OSHA regulations that apply to workplace violence hazards and accident prevention including mandatory employment practices such as background checks, primary source verification of qualifications, reporting of staff work-related hospitalization and/or fatality and provision of safety orientation and training tailored to Martha's Vineyard Community Services and the island population.
- 1.2 Martha's Vineyard Community Services establishes clear lines of authority and responsibilities, requires annual competency assessment, review of policies and procedure and annual safety training.
- 1.3 Direct access to Leadership is available to express concerns or advise of safety risks.
- 1.4 Administrative Controls include:
 - 1.4.1 Prohibition of actual or potential weapons on MVCS grounds.
 - 1.4.2 Non-violent crisis response that include verbal and physical de-escalation techniques and training in team communication.
- 1.5 Environmental Controls including:
 - 1.5.1 Entrance security (locks).
 - 1.5.2 A system of visitor or contractor access control
 - 1.5.3 Identification badges worn by all Martha's Vineyard Community Services staff with breakaway lanyards
 - 1.5.4 Alarm systems
 - 1.5.6 Closed circuit video
 - 1.5.7 Use of designated quiet/comfort rooms for de-escalation when clients are escalating or unsafe.

III.4 SECURITY

- 1.1 Staff are instructed to contact their supervisors and/or local police authorities for heightened security or containment of a violent incident (**see III.7 Responding to Staff Safety Threats and Incidents for detailed procedure**)
- 1.2 All staff have access to all MVCS buildings if needed for sheltering in place
- 1.3 All programs providing services to clients will strive to ensure more than one staff is on premises in the program building when providing in person services when

III.5 STAFF SUPPORT

- 1.1 Victims of workplace violence may suffer a variety of consequences that may include physical injury, psychological trauma, reduced confidence, and concerns about returning to work.
- 1.2 All staff members injured at work have access to first aid measures and emergency medical response. If a staff member sustains a more serious injury, the supervisor shall assist the member to obtain additional medical attention if indicated.
- 1.3 Supervisors provide staff who are victims of workplace or domestic violence information regarding resources including access to the Employee Assistance Program for counseling and referral on an individual and confidential basis.

III.6 TRAINING TO REDUCE WORKPLACE VIOLENCE

- 1.1 Client care staff are trained at hire and annually in prevention practices that range from situational awareness of the environment, ongoing risk assessment, effective documentation, individual and group client education to a formal non-violent crisis intervention training program.
- 1.2 Martha's Vineyard Community Services utilizes a crisis intervention program that is evidenced-based and provides staff with the tools to keep themselves and client safe while maintaining a commitment to positive approaches in serving clients whose behavior(s) may pose a danger to themselves or others. The program identifies how to provide services and support in a manner that does not promote client need to resort to aggression or violence to participate in treatment, to be heard or to get their needs met.
- 1.3 Staff are also trained in approved procedures for physical intervention should a client become assaultive or engage in self-harm and less restrictive interventions have been unsuccessful. This training includes:
 - 1.3.1 evasion techniques
 - 1.3.2 the hierarchy of physical intervention
 - 1.3.3 physical containment procedures.
- 1.4 All physical skills require return demonstration and documentation of competency on an annual basis.

III.7 Responding to Staff Safety Threats and Incidents

If someone is being assaulted or is in imminent danger, either in office or in the community, any aware staff shall **call 911** or local police. All employees may contact law enforcement about a



threat or safety concern at any time.

It is recognized that MVCS staff have a right to protect themselves from others in instances of imminent threat of death or serious injury. In these situations, staff may employ the response reasonably necessary to an assault or imminent threat of physical violence. Physical actions should serve the purpose of gaining space from the person posing danger, which is what one needs to increase safety. If the situation is that someone is being destructive of property, the action should not be to move closer, but rather to gain more space and back up. If there is an inability to gain space (i.e. someone is attacking, striking, or attempting to strangle), physical action can be taken to defend one's self and get away safely. When an employee receives or perceives a threat from a person or environment (in person, by writing, telephone contact, through teleconference, online or social media), the employee will attempt to secure his or her own immediate safety by leaving the situation or location as necessary – or by calling 911. MVCS employees will immediately notify their supervisor or program manager if a staff member or their family is threatened with harm or is actually harmed. If a supervisor or program manager is unavailable, staff may seek consultation directly from any MVCS management personnel.

Physical Threat During a Clinical/Service Visit

In the event an employee becomes unsafe in the office while providing client services:

- a. Clinician phones support staff and identifies they need one of the following events to occur:
 - "Can you bring me the RED chart" = Call 911 and send support to my office
 - "I need the RED chart" = Call 911
 - "Can you bring me the GREEN chart" = Send support to my office
- b. Clinician provide support staff the ROOM # to ensure appropriate response as some staff float between offices.
 - Clinician's requesting a Red Chart alerts support member to call 911. Support staff may not be able to provide 911 with specific information relative to the nature of the crisis, however can inform law enforcement that our mental health professional alerted staff via our crisis response protocol to a safety concern. Support may be able to view schedule to help identify who is involved in the crisis.
 - Support staff then alerts other staff/clinicians to go to the identified office for a "Red Chart" response. Ideally, alerting staff to the need for support is performed simultaneously with the 911 call.
 - Program Director is informed of crisis specifically involving staff safety via phone call if not present in the building. The Program Director in turn notifies the Safety Officer.

2. Immediate Safety Concerns on Premises

All program managers or designees will implement immediate safety precautions as needed for the employee(s) and/or overall security of office locations (i.e. secure the location, gather staff in secure area if necessary or evacuate). If an immediate law enforcement response is needed, the program manager or designee shall contact law enforcement immediately. Following the call to



law enforcement, the program manager or designee shall contact the Safety Officer. The program manager or designee shall contact any member of the senior management team if the Safety Officer is unavailable or out of the office. The Safety Officer or management staff will follow-up with law enforcement. After immediate actions are taken to ensure the safety of staff and/or the office location, an Incident Report shall be submitted through the Accreditation Now website. When dealing with **potential** criminal behavior directed towards staff, program managers in consultation with the Safety Officer may notify law enforcement. All evidence, including voicemails, text messages, social media posts, etc. – supporting the threat or safety concern should be retained and brought to the attention of the appropriate personnel or authority.

3. All Other Safety Concerns

An Incident Report shall be completed and submitted by the supervisor in consultation with the affected staff. The Safety Officer shall review all received forms within the business day. If there is no immediate planning needed, the Safety Officer will contact the supervisor by email within one business day of the Incident Report completion and make arrangements for a phone call. At a minimum, the call should review and document steps already taken and future safety/recovery planning. Affected staff should be included in the phone call unless they decline involvement. The Safety Officer will follow-up with law enforcement. When dealing with potential criminal behavior directed towards staff, the Safety Officer may notify law enforcement. In most cases, the Safety Officer will be coordinating with law enforcement. All evidence – including voicemails, text messages, social media posts, etc. – supporting the threat or safety concern should be retained and brought to the attention of the appropriate personnel or authority.

4. Community Visit Safety Plans

Based on the circumstances of the threat or safety concern, staff may request a Community Visit Safety Plan. A Community Visit Safety Plan is an employee-driven process based on what the staff person reasonably believes will promote their safety. Community Visit Safety Plans are formalized by the employee and their supervisor or designee during supervision or a supervisory conference when a particular client (an adult or child/youth), family, or environment has been identified as being potentially dangerous or presenting risk to the personal safety of staff. A Community Visit Safety Plan can be a simple written outline or paragraph describing specific precautions to be taken upon intervention (Attachment A). The employee and supervisor should keep a copy of the Community Visit Safety Plan. Community Visit Safety Plans shall be referred to before initiating contact with the client and/or client's family. Community Visit Safety Plans should be dated and reviewed periodically during supervision. Community Visit Safety plans serve to promote the employee's well-being and lessen risk of threat to personal safety when intervening or initiating contact with the client and/or client's family.

5. Personal Safety While Conducting Home or Community Visits

MVCS employees should take personal safety precautions when conducting work in the community or in homes, particularly at night, in volatile situations, in isolated or rural areas, in known high risk areas (prevalence of crime, or drug use/trafficking), when interviewing individuals with a history of violence and significant criminal history, and when interviewing individuals who may be under the influence of undue stress, mental illness, drugs, or alcohol.



The following procedures should be followed for in home/community work:

- Complete Community Visit Safety Plan, leave a copy for the supervisor or designee and keep one with you at all times.
- Be aware of the areas in the neighborhood where help could be obtained if an emergency arises.
- Provide an updated schedule of visits for the week with the supervisor and include another designee person who will be at the office during the day. Include beginning and ending times for each visit. If major changes are made inform the office of the changes.
- Always have your picture identification / name badge with you at all times. A clip-on is best instead of necklace.
- If entering a community building, such as a library or school, make sure you know where all evacuation routes are and inform the appropriate person in charge of the facility that you are in the building.
- When accommodating parents and scheduling visits after normal business hours after (6:00 PM), staff is expected to inform someone of the scheduled meeting and make contact with that person upon completion of the visit. Staff must receive permission from immediate supervisor when scheduling any home visit after normal business hours. However, every effort should be made to schedule all visits between 8:00 AM to 6:00 PM.
- If home visit presents significant safety risk consult with supervisor to consider alternative sites or solutions to ensure safety.
- Maintain your car and have a safety kit with camera, jumper cables, fire extinguisher, first aid kit and a flashlight.
- Check your gas tank in advance.
- Carry a personal or work cell phone with you, if possible. If using personal cell phone or agency cell phone that has not been assigned to particular staff member, the cell phone number should be recorded with the supervisor prior to leaving the office. Cell phones shall be set to vibrate and shall not be answered during a visit, unless it is an emergency.
- Take precaution around pets- ask the family in advance about pets by phone and ask them to secure the pets before arrival.
- Do not enter the yard/home when there threats are present; I.e. unknown people, violence in progress, unsecured vicious animals, people under the influence of alcohol or narcotics, or people in a highly agitated state.
- Limit valuables, credit cards or money on your person when visiting homes of the families. Leave valuables at home or place in the trunk of your car before leaving the office. Do not attempt to place valuable items in the trunk of your parked car for a visit. Take only items necessary for home visit.
- Lock your car at all times. Check around, inside and under your vehicle before entering it. Do not linger to make phone calls or notes, leave immediately.
- Enter a home only after an adult gives you permission to do so.
- Carefully consider your safety before entering a home, listen to your instincts and feelings.
- Be aware of smells associated with substance use. Where there is suspicion of weapons, illicit drugs, or alcohol present, the home visit is not to be made.
- Take whatever immediate steps are necessary for personal safety. If you believe your safety is threatened, remove yourself immediately from the situation. Call 911 if it is needed. After when things are settled and you are in position to do so, inform your supervisor immediately. Document in your records what happened in the situation.



- If you anticipate crisis situations and practice sound listening and deescalating skills, you will be able to diffuse most crises and deliver services without jeopardizing your safety or that of your clients.
- Dress appropriate; maintain appropriate appearance and grooming in order to project an image of a clean and neat professional. Keep jewelry to a minimum and wear comfortable shoes with low or no heels.
- Know the physical layout of the place you are visiting. Keep the door in sight during the visit. Identify locations where other people may be present and possible escape routes.
- Be aware of all occupants in the home at time of visit. Be aware of the possibility of other persons in the home and inquire about anyone else who appears to be in another room.
- Limit the amount of personal information shared with families.
- Set the tone for the professional relationship by clearly defining inter-personal boundaries between you and family being visited. Spend a few moments thinking about the kinds of boundaries you would set up for both yourself and for your clients. Observation and conversation with peers and supervisors help home visitors define ways to best maintain boundaries. Talk with your supervisor about how best to maintain such boundaries.
- One of the best and easiest methods of preventing the spread of communicable disease is to wash your hands frequently and thoroughly. Use a common sense approach if you feel there is a health hazard present. Take universal precaution by washing hands before/after visit.
- When you are experiencing stress or feel that home visits are impacting your personal and professional life, seek help from your peers and supervisors. Understand and utilize your agencies Employee Assistance Program; take time to reflect and assess quality of life and report critical incidences.

Tasks

Tasks of the Person Harmed, Threatened with Harm, or Feeling Unsafe:

- Communicates daily plans, whereabouts, and expected return with their supervisor and designated contact person within the office
- Attempts to secure one's own immediate safety by leaving the situation or home as necessary, and by calling 911
- Immediately notifies their supervisor of the incident, threat, or any instance where they do not feel safe
- Meets with their supervisor to discuss the incident/threat while the supervisor completes the Incident Report on Accreditation Now website
- Seeks consultation from the Safety Officer as needed
- Works collaboratively with their supervisor to develop a Community Safety plan, if desired
- Contacts law enforcement about threats or safety concerns at any time necessary
- When applicable and in accordance with this policy, notifies involved community partners on a case of any reports of safety concerns and actions taken in response

Supervisory Tasks:

- Advises the director/manager of the incident or threat
- Conducts a supervisory conference with the employee to discuss the incident/threat and assess their needs



- Completes the Incident Report or supports the employee in completing the Incident report
- Works collaboratively with the employee to develop a Community Safety Plan if desired by the employee
- Follows up with the employee regarding their desired safety precautions and the response to threats
- Promptly responds to requests for case note alerts, and determines when case note alert are necessary for staff
- Is knowledgeable of employees' daily plans, whereabouts, and expected return
- Engages in ongoing safety conversations with the employee during supervision
- Ensures staff safety protocols are reviewed in individual and group supervision on a monthly basis
- When applicable and in accordance with this policy, notifies involved community partners on a case of any reports of safety concerns and actions taken in response

Program Director/Manager Tasks:

- Calls 911 or seeks the assistance of local law enforcement if immediate action or protection is needed
- Implements immediate safety precautions as needed for the employee or overall safety of the office
- Follows up with the employee regarding their desired safety precautions and the response threats
- Promptly notifies staff of threats to office safety and ensures communication of relevant information, copying the Safety Officer
- Communicates information necessary for other program managers
- Follows up with the employee regarding their desired safety plans and additional response
- Ensures there is a designated contact person informed about employees' whereabouts throughout the workday
- Ensures staff safety protocols are reviewed in staff meetings at least quarterly
- Develops communication plans with co-located building partners and reviews/modifies as necessary

Safety Officer Tasks:

- Reviews all submitted Incident Report within 24 hours
- Provides safety consultations following submissions of Incident Report
 - Ensures programs and affected staff are supported in addressing safety concerns
 - Alerts the CEO of safety-related incidents
 - Collaborates with law enforcement on safety-related incidents
 - Reviews personal protection plans as developed by programs
 - Submits requests for on-site security
 - Ensures the appropriate communication of safety concerns with MVCS management



Section IV: Distribution and Training

The Workplace Violence Prevention and Response Policy and associated attachments are distributed on the MVCS shared Drive (P) and also on the Employee Portal. Notifications related to new, amended, or reviewed policies will be communicated to MVCS leadership and program directors for dissemination to their staff as appropriate. The policy may be directly disseminated to appropriate staff and/or staff groups via email notification after initial dissemination to leadership as per direction of the CEO or designee. The dissemination will be performed by the Director of Quality Operations.

Training for Non-Violent Crisis Intervention shall occur annually for all staff in programs providing direct care.

Section V: Legal, Regulatory, Accrediting, and Other Related References and Resources

- Attachment A – Community Visit Safety Plan



Attachment A: Community Visit Safety Plan

(Carry with you on all Community Visits and provide a copy to your supervisor)

Emergency Contact Numbers

Name: _____

Agency: _____

Supervisor: _____

Doctor: _____

Taxi: _____

In Case of Emergency: _____

If I feel uncomfortable at a client's home, I will:

If I feel that I am in an unsafe situation, I will:

If I am in a crisis situation and can not reach my supervisor, I will contact:

If I feel stressed or my mind is elsewhere during a visit, I will attempt to re-focus by:

My responsibility for things to keep in my car for my own safety:

- First Aid Kit, Car Safety Kit, Fire extinguisher, Bottled water
- Camera in case of accident or need for documentation
- Map of the area
- Spare tire which is fully functional
- Phone charger in case it is needed

Staff Signature: _____ Date: _____