

VIOLENCE IN THE WORKPLACE (2012)

1. POLICY

1.1. It is the policy of this hospital to provide all employees, a safe, comfortable working environment, one that is free from all types of threatening behavior and violence and one that is in compliance with Federal, State and local Laws.

2. DEFINITIONS AND REGULATIONS

2.1. Threatening behavior is behavior that creates a work environment that a reasonable person would find intimidating, threatening, violent or abusive; regardless of whether the behavior may affect a person's psychological or physical well being.

2.2. Examples include but are not limited to:

2.2.1. Threats - Words or actions that either create a perception that there may be intent to harm a person or property or that result in harm or similar consequences. Some examples include:

2.2.1.1. An act of physical aggression, such as an assault or attempted assault on another employee, patient or visitor.

2.2.1.2. Statements which could be reasonably perceived as an intent to cause harm to an employee, patient, visitor or the organization.

2.2.2. Use or possession of explosives, firearms or other weapons on MGH property.

2.2.3. Deliberate destruction of MGH property or the property of others.

2.2.4. Theft of property.

2.2.5. Stalking - willfully, maliciously and repeatedly following or harassing another employee, patient or visitor, whether on or off hospital premises.

3. PROCEDURE

3.1. An employee who feels s/he has been a victim of workplace violence, or who has been subjected to such types of behavior outside of work by an employee and thinks such incidents could intrude into the workplace, has several ways to make his/her concerns known:

3.2. If the employee can comfortably do so, s/he should inform the person(s) engaging in the threatening behavior that the conduct is offensive and must stop.

3.3. If the employee is not comfortable communicating with the person, or if communication has not brought desired results, the following process should be used:

Type of

Situation

Person/Department to Call

Immediate fear

for safety

Security

No immediate

fear for safety

Supervisor or Human Resources business partner

or
Security or Employee Assistance Program
Representative,
or same as above
Any management person the employee feels
comfortable telling

3.4. The person initially receiving the complaint should inform the Human Resources business partner who will assure that an appropriate investigation and subsequent resolution occurs. The investigation may include convening a Critical Response Team that may be comprised of representatives from Police and Security, the Employee Assistance Program, Corporate Employee/Labor Relations, the Office of the General Counsel and/or other specialties, depending upon the circumstances of the incident.

4. CORRECTIVE ACTION PROCESS

4.1. An employee who has been found in violation of this policy will be subject to the hospital's Corrective Action Policy. The hospital may, at its discretion, determine that a first offense will result in immediate termination.

4.2. In the event that the hospital learns that an employee has been arrested, or criminal charges have been filed against him or her for any type of behavior described above, the hospital reserves the right to examine the circumstances of the arrest or criminal charges and may take corrective action up to and including termination. The hospital may do so regardless of whether the arrest or criminal charges results in a conviction and regardless of whether the behavior in question occurred at the hospital. Each case will be reviewed on an individual basis.

5. RESTRAINING ORDER

5.1 An employee should be encouraged to notify his/her manager, Police and Security, Human Resources business partner or a staff member of the Employee Assistance Program if they have taken out a restraining order against another individual even if that individual is not an employee. The person receiving the report should notify Police and Security. This notification will not reflect negatively on the employee and will aid in safety planning for all involved.

6. CONFIDENTIALITY

6.1. All attempts to maintain an employee's confidentiality will be made by sharing information only with those individuals deemed to have a need to know. Safety of employees, patients and visitors will be the overriding concern. When appropriate, the hospital will refer relevant information to law enforcement authorities for possible action.

7. RETALIATION

7.1. There will be no retaliation toward an employee bringing forward a complaint in good faith.

8. PROCEDURE FOR DEPARTMENT MANAGERS: INCIDENTS OF VIOLENCE AND/OR THREATS OF

VIOLENCE

8.1. These guidelines have been developed to assist managers and supervisors in responding to incidents of violence or threats of violence that occur in the work setting.

8.2. Incident Occurs

8.2.1. If an employee believes s/he is a victim of workplace violence and/or threats of violence, or observes such an act, the incident should be reported immediately to either his/her supervisor/manager, Human Resources, Police and Security Department, Employee Assistance Program or any member of management with whom the employee feels comfortable talking.

8.2.2. If the situation presents an immediate fear of safety, Police and Security should be called immediately. Any employee(s) posing a safety risk and/or thought to be responsible for the incident may be suspended, per personnel policies, until an investigation is completed.

8.2.3. The person receiving the initial report should contact the appropriate Human Resources business partner, who will ensure an investigation takes place, which includes a recommendation for resolution of the incident and follow-up. The investigation may include convening a Critical Response Team that may be comprised of representatives from Police and Security, the Employee Assistance Program, Corporate Employee/Labor Relations, the Office of the General Counsel and/or other specialties, depending upon the circumstances of the incident.

8.3. Manager's Role in Investigation

8.3.1. The Manager receiving the complaint should provide the investigator, who may be a Human Resources or Security Professional, the following information in as much detail as possible, including any written documentation:

8.3.1.1. Name/position/department of victim, alleged perpetrator and any witnesses.

8.3.1.2. What specifically happened? When and where did incident take place?

8.3.1.3. Was there physical contact? Injury?

8.3.1.4. What triggered the incident?

8.3.1.5. How did the incident end?

8.3.1.6. Any history leading up to the incident?

8.3.1.7. A review of any corrective action.

8.3.1.8. Work status of perpetrator (Is s/he currently working?)

8.3.1.9. Anyone else notified such as Police and Security, Employee Assistance Program, Occupational Health or Domestic Violence Coordinator?

8.4. The department manager should facilitate setting up appointments with the employees to be interviewed.

8.5. Resolution of Incident

8.5.1. Once the investigation is completed, Human Resources will review the results with the department manager who, in consultation with Human Resources, will determine the type of corrective action, if any, that occurs.

The department manager will meet with the affected employee(s) and inform them of the decision. If there is any fear for safety, Police and Security should be called to be in the area.

8.5.2. Communication With Victim/Coworkers/ Witnesses. After the investigation is concluded, the manager should inform the victim, witnesses and coworkers (if they know about incident) about the outcome, as appropriate. Managers should consult with Human Resources and, if necessary, Legal about what information is appropriate to communicate. Confidentiality must be considered and only those “with a need to know” may be informed.

8.5.3. Communication With Other Members of Management. Depending on the type of situation, it may be appropriate for the manager to communicate the incident to senior management, Public Affairs, Risk Management. The manager should consult with Human Resources, if necessary, about what information is appropriate to communicate.

8.5.4. Communication With External Agencies. Depending upon the type of situation, it may be appropriate for the manager to communicate with external agencies, such as law enforcement, OSHA, DPH. (Human Resources and Legal must be consulted before these agencies are contacted.)

8.6. Referrals

8.6.1. Employee Assistance Program. The employee should be informed that the Employee Assistance Program, which is a confidential, free service, is available.

8.6.2. Police and Security Department. If an individual requests security for themselves or others, they should be referred to the Police and Security Department.

8.6.3. Any representative of the institution must be careful about making any commitments to provide additional security or counseling services.

8.7. Confidentiality

8.7.1. The individual reporting an incident must be told that the institution takes such a report very seriously and will maintain confidentiality as practicable. Information will be shared with only those individuals with a need to know, and anyone participating in the investigation will be required to maintain confidentiality.

8.8. Retaliation

8.8.1. Anyone involved in the incident should be informed that retaliation against anyone who files a legitimate complaint or participates in any investigation, will not be tolerated and will lead to corrective action.

8.9. Documentation

8.9.1. Documentation is critical and should be specific. All notes, including original notes, and statements must be signed, dated and include time, location and persons present. Notes should be factual, objective, legible, record what was said, what actions were taking place and be devoid of personal opinions.

Related Policies:

Confidential Information

Corrective Action
Harassment
Non-Retaliation
Standards of Professionalism & Behavior