OREGON STATE HOSPITAL
POLICY ATTACHMENT

PROCEDURES A:	Workplace Violence Response Type 1- Criminal Intent Procedures	**POLICY:** 8.033
POINT PERSON:	Director of Occupational Health & Safety	
APPROVED:	Superintendent	**DATE: NOVEMBER 17, 2023**

SELECT ONE:

☐ New policy attachment   ☐ Minor/technical revision of existing policy attachment

☐ Reaffirmation of existing policy attachment   ☉ Major revision of existing policy attachment

Responsible Person/Group	Type I – Criminal Intent Procedures
Staff	1. Staff who are involved with or witness a workplace violence incident by a member of the public should: a. Leave the area and move to a safe location if able, b. Alert Access Control by radio, PMT, or telephone to request immediate assistance, c. Provide description of individual (e.g. clothing, presenting gender, etc.), d. Contact immediate supervisor or manager. 2. If injured, complete an injury or illness report as outlined in OSH Policy & Procedure, 5.012, "Injury or Illness Reporting." 3. In all cases of Type I – WPV. Complete an incident report as outlined in OSH Policy & Procedure, 1.003, "Incident Reporting." 4. Provide information to security or law enforcement, if necessary, as outlined in OSH Policy & Procedure, 8.019, "Staff Response to Alleged Criminal Acts and Contraband." Note: Staff who are off campus on official state business or outside hospital buildings can call 9-1-1 for local law enforcement response. Contact Access Control when able and no longer in danger.

Immediate Supervisor or Manager	1. Verify staff have notified Access Control. Contact and relay information from staff to Access Control if necessary. 2. If incident occurred during a patient transport, determine if assistance is required to bring patients back to campus or secure perimeter. 3. If staff is injured and cannot complete an injury and illness report in Workday, submit a report on the staff's behalf as outlined in OSH Policy & Procedure, 5.012, "Injury or Illness Reporting." 4. If staff is unable to complete an incident report, submit a report on the staff's behalf as outlined in OSH Policy & Procedure, 1.003, "Incident Reporting." 5. Provide staff with Employee Assistance Program resources, upon request.

Access Control	1. Collect the following information from staff,
	    a. Location of the incident,
	    b. Description of the Individual (e.g., clothing, presenting gender, etc.).
	2. Dispatch security staff to the location per Security Department protocols.
	3. Call 9-1-1 for local police response, if necessary.
	4. Initiate a lock-out of the hospital or reroute staff to alternate entrances as directed by Security Director or designee, as outlined in OSH Policy & Procedure, 8.016, "Civil or Internal Disturbance Response" as directed.
	    a. Alert staff to avoid the area until the incident has resolved, communicate with staff to avoid the area through OSH's mass notification system, if necessary.

Security Department	1. Immediately respond to the workplace violence incident location.
	    a. Assess the scene to ensure it is safe to approach the perpetrator or staff requiring assistance.
	    b. Contact Access Control to initiate a lock-out of the hospital or reroute staff to alternate entrances.
	    c. Cordon off the area to prevent staff, patients, or visitors from entering the incident location.
	    d. Wait for law enforcement to approach the individual.
	    e. Follow Security Department Protocols to assist law enforcement with evidence, investigation, and trespassing perpetuator from campus.

	2. Contact local emergency services if staff requests or needs medical attention.
	3. If incident occurred during a patient transport, determine if assistance is required to bring patients back to campus or secure perimeter.
	4. Complete an incident report as outlined in OSH Policy & Procedure, 1.003, "Incident Reporting" and Communication Log.
	5. Save video surveillance as outlined in OSH Policy & Procedure, 8.001, "Video Surveillance."
	a. Send a Critical Incident Notification as outlined in Security Department Protocols.
Safety Department	1. Receive and process injury and illness report from Workday.
	2. Begin safety investigation for minor and moderate injuries and recordkeeping as outlined in Safety Department Protocols.
	3. Follow up with injured staff about the incident.
	4. Collaborate and share findings with IRSI Department and Security Department, if necessary.
	5. Provide safety investigation findings to Assault Mitigation Workgroup.
	6. Assist staff with return-to-work processes as outlined in OSH Policy, 5.011, "Return to Work of Staff Injured on the Job."
	7. Provide Employee Assistance Resources upon request.
Incident Response and Systems Investigation (IRSI)	1. Receive and process OSH Incident Report as outlined by IRSI Department Protocols.
	2. Begin systems investigation based on severe injuries.
	3. Follow up with injured staff about the incident.
	4. Collaborate and share findings with Safety Department and Security Department, if necessary.
	5. Complete Healthcare Assault Log record-keeping requirements of event.
	6. Provide systems investigation findings and recommendations to Assault Mitigation Workgroup.
Assault Mitigation Workgroup	1. Receive investigation findings from Safety Department or IRSI.
	2. Review investigation findings and provide immediate, corrective, or preventative recommendation actions to WVPSC.

| Workplace Violence Prevention Sub-Committee (WVPSC) | 1. Receive immediate, corrective, or preventative recommendations from the Assault Mitigation Workgroup.
 2. Review recommendations and approve, modify, or decline recommendations.
 3. Assign a sub-committee member to provide approved recommendations.
 4. Select a follow-up date for progress tracking and recordkeeping.
 5. Sub-committee member will provide recommendation updates and close out the incident upon implementation in Safety's recordkeeping process. |