

Protecting our Caregivers from Workplace Violence

Why the healthcare industry faces increased workplace violence & what can be done to prevent it.



Prepared by The Commonwealth of Massachusetts
William R. Keating, Norfolk District Attorney



A Project of the Norfolk County Partnership to Prevent Workplace Violence in Healthcare

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Executive Summary

The purpose of this document is to serve as a guide to help employers and law enforcement recognize the frequency and severity of workplace violence in health care, assess the risk of violence in the institutions they serve, and work together to develop workplace violence prevention programs and reporting mechanisms tailored to their institution's specific needs.

* * *

In many ways, workplace violence in health care can be compared to domestic violence a generation ago. Back then, police, prosecutors, judges and society too often gave domestic violence victims the wrong answers: *"This is a private matter; it isn't an assault if your spouse does it."* And the remedies sometimes employed have become legend. To the perpetrator: *"Take a walk around the block"* To the victim: *"Stop doing whatever you were doing to precipitate the event"*.

Law enforcement, the courts and victims began working together to change those perceptions. Society now tells victims of domestic violence that it is never okay for one person to use violence against another, regardless of relationship, and that no provocation makes violence acceptable.

The same standard should be applied for the victims of workplace violence in health care. **It is never okay for one person to use violence against another, no matter what the situation is.**

Health care employees work around the clock in facilities and private homes caring for millions of people. Health care was the largest industry in the United States in 2004, and is projected to create more new jobs than any other industry between now and 2014.¹

Health care workers experience violent assaults at a rate four times higher than other industries; for nurses and other personal care workers, this rate jumps to 12 times higher.²

In a 2004 survey, half of responding Massachusetts nurses reported having been punched at least once in the previous two years.³ In another study, 75% of Emergency Room physicians had been threatened in the last year, 28% had been assaulted, and 18% had obtained a gun for protection.⁴

Health care is a fast paced and, at times, highly emotional environment. Patients are in pain, waits are long and family members and friends can become distressed. Both victims and perpetrators of crimes must be provided with care, and health care workers may not know if the patient, family members or friends have a history of violence.

Workplace violence affects all health care workers. Victims can be doctors, nurses, aides, technicians, or receptionists or admissions workers delivering unpopular

news about insurance status or wait times. Patients and visitors can also become victims and witnesses.

Most workplace violence comes in the form of verbal threats and physical assaults, and drug and alcohol abuse is often involved. The offender can be a patient, visitor or another health care worker.

Surveys indicate that less than half of those assaults are reported to hospital management; even fewer are ever brought to the attention of police.^{2,3}

Violence in the workplace has a negative effect on everyone: victims, witnesses, the workforce, and the institution itself. In addition to physical injuries, victims and witnesses suffer psychological trauma, the entire staff feels less safe, and the institution may be faced with low employee morale, monetary losses, liability issues and embarrassing public relations.

Verbal threats to do bodily harm should be taken seriously. Threats many times precede a violent act, and **an attempt or threat to do bodily injury to another by force or violence is a crime.**

Services, clientele, staff, and physical facilities vary widely in the health care environment – from doctor’s offices to hospitals to home health care. Workplace violence prevention programs that are tailored to the organization’s specific needs will be most effective in reducing the frequency and severity of violent incidents.

The following steps can be taken in any workplace violence prevention plan:

- Educate employees about workplace violence prevention policies and plans
- Communicate a clear definition of workplace violence
- Solicit input from frontline employees to help identify risk factors, report problems, and suggest improvements and interventions
- Require employees to report all incidents of workplace violence
- Develop communication systems that alert staff to a patient’s history of violent behavior
- Track all reports of violence to identify trends that can be addressed
- Identify steps for employees and managers to take when violence occurs
- Focus on ways to make the physical environment safer (this can be as simple as replacing all broken light bulbs)
- Provide prompt and comprehensive assistance for victims and witnesses of violence

All staff, including contract staff, volunteers and credentialed physicians, should receive basic training on workplace violence prevention, including, but not limited to: the institution’s workplace violence policy, definitions of what constitutes workplace violence, warning signs of escalating negative behavior, de-escalation techniques, procedures to follow when violence occurs (including how and where to report violent incidents), and information on what support will be given to victims of workplace violence.

Home health care organizations (visiting nurse/hospice and palliative care) must take special precautions. This may involve requiring security to accompany caregivers on visits, and even the refusal to provide services in particularly dangerous situations until the safety of caregivers can be assured.

Law enforcement can play a proactive role in keeping the health care environment safe. The mere presence of a police officer can be effective in reducing crime. Communication should be ongoing between health care institutions and their local police departments as to what constitutes a crime, when the police should be called, who to call (specially appointed liaisons may be developed), and what happens when a crime is reported.

The Massachusetts Sex Offender Registry Board is another useful law enforcement tool. Health care institutions can determine if the patient they are treating is a Level 3 sex offender by checking its website at www.mass.gov/sorb. Local police departments can provide information on Level 2 offenders.

* * *

While the frequency of workplace violence in health care is higher than in most industries, there are steps that administrators, law enforcement and employees can take to decrease the risk and improve the safety of staff, patients, friends and family that are all a part of the health care environment.



All health care workers are at risk

Introduction

Workplace violence in health care settings refers to situations where patients, family members, visitors or other individuals verbally threaten or physically assault health care workers---most often at a point when things are not going the way they expected for the patient or someone they love or care about. Interpersonal violence between workers or between managers and workers has also been reported.

Workplace violence can range from verbal threats to homicide; however, most workplace violence in health care settings involves verbal threats and physical assaults.

The high incidence of assaults on healthcare workers should not come as a surprise. Health care settings can be very emotional. Patients are often in pain, their families are under stress, and waits are long. Drug and alcohol abuse is often involved.

Victims of gang violence and other crimes are treated in health care facilities, and unless the patient is under arrest, health care workers have no way of knowing the history of violence of the patient they are treating.

The trend to deinstitutionalize mental health patients has increased the number of potentially mentally ill patients seeking services in emergency departments.

All of these factors lead to a high risk for violence. Nurses, physicians, health care workers and security departments are often caught in the middle – and it is often not clear if and when the police should be called.

Health care workers, who are trained to provide **health care**, can find themselves in dangerous situations that they may not be prepared to handle.

The purpose of these guidelines is to increase awareness regarding the problems of workplace violence for health care workers, and to assist health care administrators, employees and law enforcement develop workplace prevention programs that will help protect workers, patients and visitors.

Prevalence

- Workplace violence affects an estimated 1.7 million U.S. employees directly and millions more indirectly each year.⁵
- **Forty-eight percent of all non-fatal assaults in the U.S. workplace are committed by health care patients.**⁶
- Nurses and other personal care workers are at the highest risk. Health care workers suffer violent assaults at a rate **4 times higher than other industries**; for nurses and other personal care workers, **this rate jumps to 12 times higher than other industries.**²
- In a 2004 survey of Massachusetts nurses, **50 percent indicated they had been punched at least once in the last two years**; 44% reported frequent threats of abuse (9 or more times in the last two years); and 25-30% were regularly or frequently pinched, scratched, spit on or had their hand or wrist twisted.

The majority of acts were inflicted by patients; and furniture, pencils, pens, and medical equipment, and even hypodermic needles were most often used as weapons.

Over half of those reporting said they later had difficulty concentrating on their job.

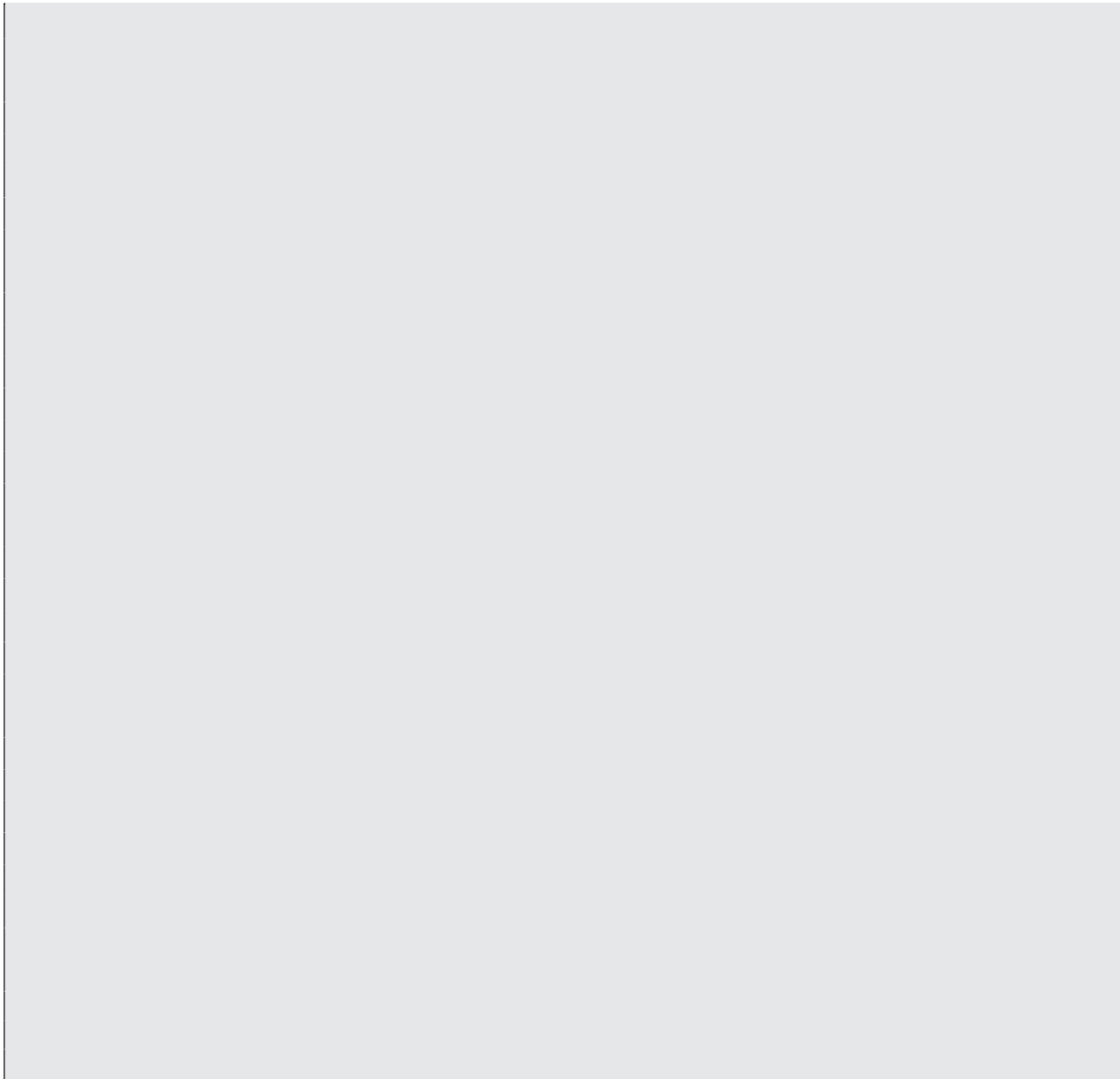
Only 40% of the nurses had reported the incidents to management.³

- **Physicians are also at risk.** In one study of Emergency Room physicians, 75% said they had been threatened in the last year, 28% had experienced at least one assault, and 18% had obtained a gun to protect themselves. Twelve percent were confronted outside of the emergency room, and 4% had experienced a stalking event. Only 33% had security personnel permanently assigned to the department. ⁴

Workplace Violence Defined

Workplace violence refers to a wide range of behaviors that create a concern for employees' personal safety. It can range from offensive or threatening language to homicide.⁷

ASIS International, in its publication entitled Workplace Violence Prevention and Response, defines workplace violence as follows:⁸



A threat many times precedes a violent act. It is very important for health care employees to understand what constitutes a threat, and who to report it to.

Broken Windows Crime Prevention Theory

The "Broken Windows" theory argues that fixing problems (stopping crimes) when they are small will decrease the likelihood that bigger problems (more violent crimes) will occur:

"Consider a building with a few broken windows. If the windows are not repaired, the tendency is for vandals to break a few more windows. Eventually, they may even break into the building, and if it's unoccupied, perhaps become squatters or light fires inside." 9

Many credited the "broken windows" theory for an unprecedented reduction in crime in New York City (and other large cities) in the mid-1990s. By paying attention to small or "low-level" crimes, it was argued, murders and burglaries went down substantially.

According to the Broken Windows theory, if verbal abuse and threats are tolerated in health care, more serious forms of violence will be more likely to occur.



Diane Schrader, a psychiatric emergency room nurse, was attacked and beaten unconscious by a patient with furniture that was not attached to the floor: "...safety may have an initially high price tag, but in the long run it is cheaper than the costs of disabling injuries." Diane was permanently disabled and required \$100,000 reconstructive surgery.

Clinical settings where violence is most likely to occur

Violence is seen in all health care settings, but most often appears in:

Psychiatric units

Emergency rooms

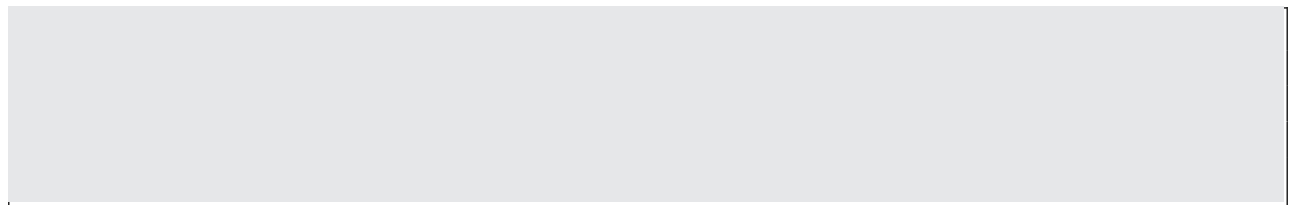
Crisis or acute care units

Waiting rooms

Obstetrics

Elder care facilities

Home/Hospice Care Settings



Times of greatest risk

Patient transfers

Mealtimes

Emergency responses

Any change of shifts

Anywhere or anytime...
things do not go as well as expected

Risk Factors

Health care workers face increased risks of workplace violence due to the stress that patients, their families and others find themselves under.

Health care workers must provide care for everyone – regardless of their history of violence.

Risk factors include:

- Alcohol and drug abuse by the patient and family members
- A history of violent behavior
- Long waiting time for service
- Overcrowded, uncomfortable waiting rooms
- Inadequate staffing in general; and particularly during high activity levels such as mealtimes and visiting hours
- Unrestricted movement of patients, friends, family and the general public throughout the health care facility
- Poorly lit parking areas
- Inadequate training in managing hostile and assaultive behavior
- Presence of handguns and other weapons on patients, families/friends or coworkers
- Patients who arrive in emergency departments for care in an altered mental state
- Increased use of hospitals by the criminal justice system for criminal holds
- Isolation of patient/health care worker during examinations or home health visits
- Incomplete communication between shifts/departments/agencies
- Availability of drugs in health care settings
- Inadequate environmental design
- Lack of security
- Lack of crisis management plans

Effects of Workplace Violence

For the victim/witness:

- Physical injuries or death
- Short and long term psychological trauma (Post Traumatic Stress Disorder)
- Fear of returning to work
- Changes in relationships with coworkers, family, and patients
- Feelings of incompetence, guilt, powerlessness
- Fear of criticism by supervisors and staff
- Lost wages and workdays
- Family concerns for the safety of the victim

For the employer:

- Feeling of personal responsibility and guilt
- Negative public relations
- Liability issues
- Financial impact on institution
- Low worker morale
- High turnover
- Hostile work environment

Workplace Violence is Under-reported

Studies indicate that workplace violence is under-reported. 2,3
Lack of reporting may be due to:

- The feeling by health care workers that verbal and even physical assaults are “part of the job”
- Lack of or poorly understood institutional reporting policies
- Employee beliefs that reporting will not benefit them (nothing will change)
- Employee fears that employers may think assaults were the result of negligence or poor job performance
- Lack of trust in the criminal justice system



Mike Aiello, NY State School for the Deaf, was attacked by a student.



Jill Dangler, RN, was assaulted while working on a psychiatric admission unit. Jill was told by police: “You knew that it was risky when you took the job.”

Workplace Violence Prevention Programs

Objectives

The Occupational, Safety and Health Administration (OSHA) and other State and Federal regulatory bodies recommend that violence prevention programs should:

- Create a clear policy for workplace violence prevention and reporting that is known and followed throughout the organization.
- Show organizational commitment that a safe work environment is as important as the care given to the patient.
- Develop a system to determine, to the extent possible, the behavioral history of new and transferred patients to learn about any past violent or assaultive behaviors.
- Provide employee workplace violence prevention training that includes techniques to recognize and respond to escalating agitation and assaultive behavior.
- Encourage employees to suggest ways to reduce or eliminate risks of violence.
- Encourage employees to report incidents and participate in investigative procedures.
- Develop a system for alerting security as soon as violence is threatened.
- Outline and communicate a plan for maintaining security in the workplace.
- Encourage police participation.
- Ensure that employees who report workplace violence do not face reprisals.
- Establish medical and psychological counseling and debriefing for employees who experience or witness assaults or other violent incidents.
- Support employees who press criminal charges against the perpetrator following assaults.

Identifying Workplace Violence Trends

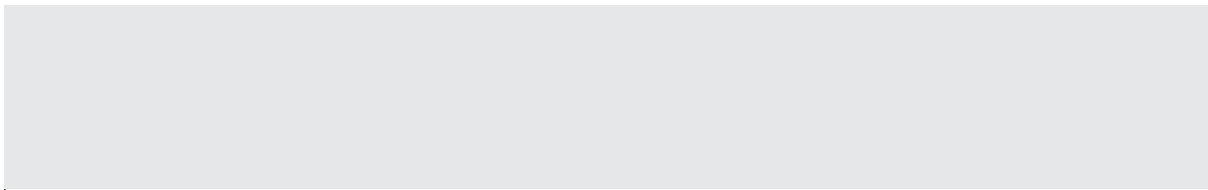
Violence prevention programs should identify trends relative to particular departments, activities, workstations, or time of day to determine when and where workplace violence is most likely to happen.

Measurable indicators may include:²

Prior Incidents: All prior workplace violence incidents, medical reports of worker injuries, worker's compensation reports, unit logs and police reports should be reviewed.

Employee Surveys: Employees are at the front line and can be the best resource to identify the potential for violent incidents, the need for improved security measures, and situations that put everyone at risk. Just ask them.

Independent Reviewers: Health and safety or law enforcement professionals may also provide fresh perspectives to improve a violence prevention program.



Physical Environment

Changes to the physical environment are important to making the workplace safer and are not always expensive. Some examples include:

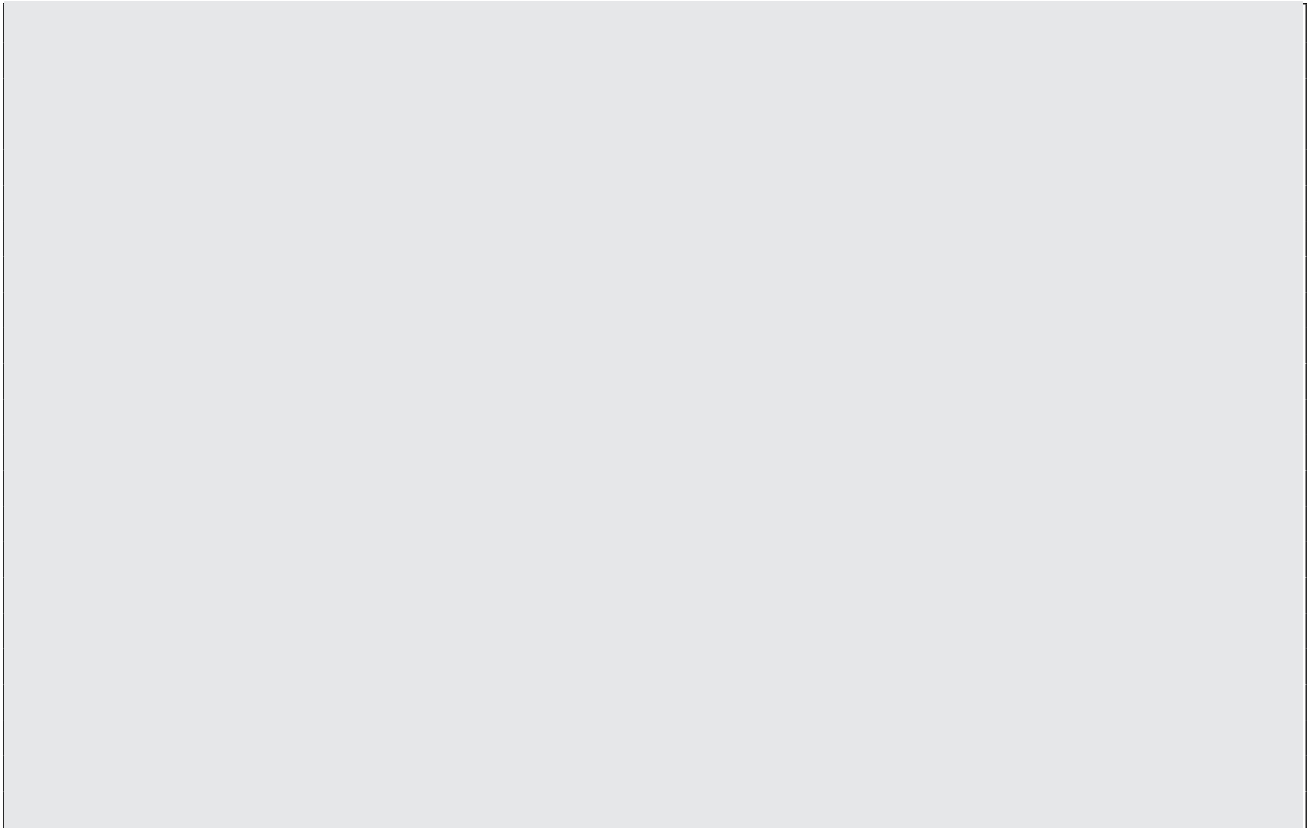
- Replacement of burned out lights and broken windows and locks
- Bright, effective lighting, both indoor and outdoors
- Curved mirrors at hallway intersections or concealed areas
- Comfortable patient waiting rooms
- A limited number of items in interview rooms that can be used as weapons
- Arrangement of furniture to prevent entrapment of staff
- Arrangement of furniture and other objects to minimize their use as weapons
- Counseling or patient care rooms that have two exits
- "Safe" rooms for use during emergencies
- Locked doors to staff counseling rooms and treatment rooms to limit access
- Lockable and secure bathrooms for "staff members only"
- Locked automobiles at all times
- Automobiles that are well maintained if they are used in the field
- New or improved alarm systems
- Regular testing of alarms
- The use of metal detectors to detect and remove weapons
- A closed-circuit video in high risk areas that is monitored on a 24-hour basis
- Enclose nurses' stations and service counters with bullet resistant, shatter-proof glass in high risk areas
- Changes in new plans for construction, physical changes or renovations should be reviewed to make sure security hazards are reduced or eliminated

Administrative Policies

Policies that help prevent workplace violence:

- A prepared statement which clearly indicates to patients and employees that violence is not permitted or tolerated
- The creation of a workplace violence prevention team
- A clearly defined and communicated policy of what constitutes workplace violence (i.e.; behaviors of concern, threats, physical violence)
- A discussion of risk factors for workplace violence in joint labor/management meetings
- A system to determine, to the extent possible, the behavioral history of new and transferred patients to learn about any past violent or assaultive behaviors
- Communication of this information to all who care for the patient
- A computerized system that alerts staff if a patient has a history of previous violent behavior at their institution
- Utilization of charts, tags, log books or verbal reports to identify risks and prevent recurrences by patients with past assaultive behavior problems
- Use of staff meetings with coworkers and supervisors to discuss ways to address the care of potentially violent patients
- Transfer of assaultive patients to a correctional facility or increased security presence
- Sensitive and timely information to patients who are in waiting rooms
- Development of measures to decrease waiting time
- Limiting the number of visitors for each patient to two (2) at a time

- Institution of locked doors or card-controlled access to facility areas other than the hospital lobby
- Ensure that no employee works without the ability to communicate with others
- Discourage employees from wearing necklaces or chains that may be used for strangulation in confrontational situations
- Provide staff member with security escorts to parking areas in evening or late hours
- Ensure that parking areas are well lit and safely accessible to the building
- A policy to collect ID badges, keys and other property issued by employer at separation
- An established liaison with law enforcement



Policies when workplace violence occurs:

- An incident reporting mechanism to track and trend all incidents of violence
- A requirement that employees report all assaults or threats to a supervisor or designated office or person (a **hotline number or suggestion box** can also be used for employees who prefer to remain anonymous) ¹⁰
- A specially trained response team to respond to emergencies/ aggressive behavior
- A formal procedure for alerting the appropriate response team when violence is threatened
- Procedures for calling the police/activating the 911 system
- Procedures for filing criminal charges when assaulted
- Administrative assistance in filing criminal charges
- Prompt medical and psychological support to the victim and witnesses of the assault
- A debriefing with the victim of the assault, as well as all witnesses to the assault
- A system whereby each **shift** in the unit is made aware of the violence
- A crisis meeting held with all staff in the unit following an episode of workplace violence
- A mechanism to **alert other departments of incidents that have occurred**. Most patients visit many departments during their stay at a health care institution - all must be made aware of violent incidents or threats from a patient, family or friends.
- A system to send reports to all employees who are involved in an incident.
- **Reports should also be sent to risk management, human resources, security and other levels of administration.**
- A formal review of the incident to identify what, if anything, could have been done differently to avoid future occurrences



Rhonda Bedow, RN, New York State Office of Mental Health, was attacked by a patient over the loss of a cigarette break.

Assistance to Victims/Witnesses of Workplace Violence

The prompt and effective response to incidents of workplace violence is crucial to an effective workplace violence prevention program.

Comprehensive assistance should be provided to the employee who is victimized as well as to any witnesses (including other patients). This includes medical treatment and a psychological evaluation whenever an assault takes place, regardless of its severity.

Victims of workplace violence will respond in different ways. In addition to physical injuries, victims of workplace violence may suffer:

- Disbelief, shock, anger
- Short and long-term psychological trauma (post traumatic stress disorder)
- Fear of returning to work
- Changes in relationships with coworkers and family
- Feelings of incompetence, guilt, powerlessness
- Fear of criticism by supervisors and managers

A debriefing procedure should take place, preferably within 24-72 hours after the event, in a safe and supportive environment. Management should continue to discuss the incident with staff several weeks after the event takes place to let employees know they haven't dismissed or forgotten about the incident. 11



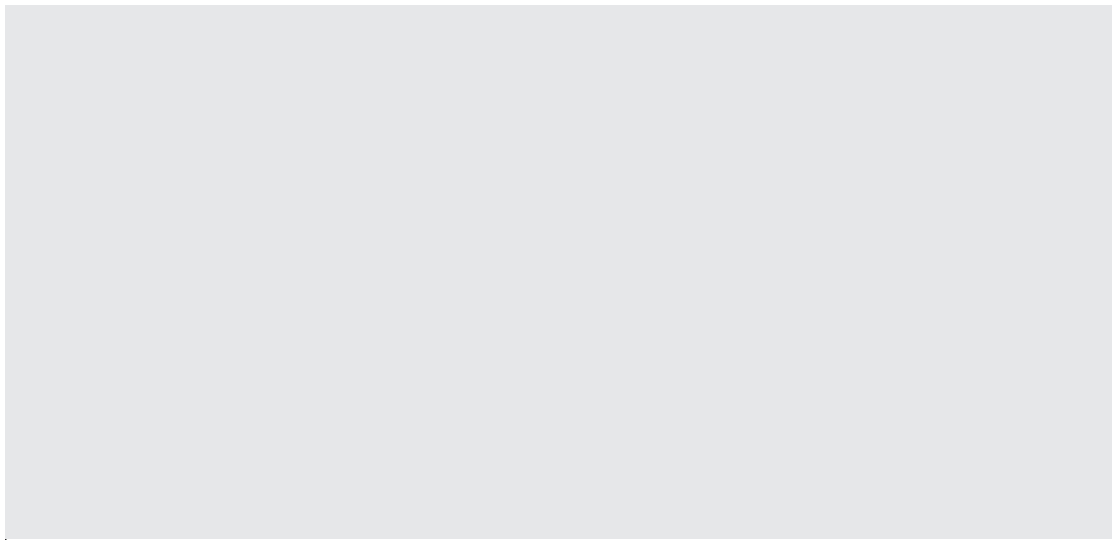
Training

The goal of a workplace violence prevention training program is to communicate the philosophy of the organization in dealing with workplace violence and to prepare health care workers to respond safely.

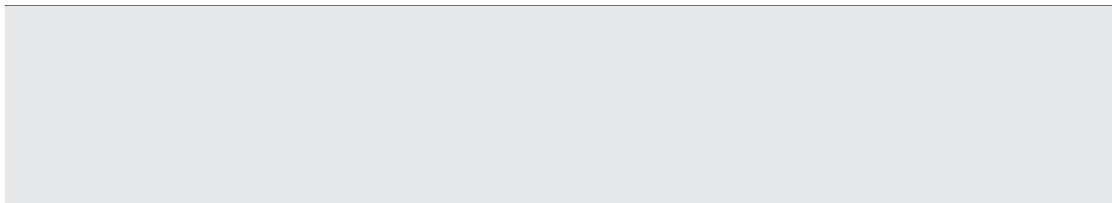
Basic Training

All staff, including contract staff, volunteers and credentialed physicians, should receive basic training on workplace violence prevention and procedures to follow when violence occurs. Training should occur during work hours and should cover topics such as:

- The institution's workplace violence prevention policy
- Definitions of what constitutes workplace violence (behaviors of concern, threats, physical assaults)
- Warning signs of escalating negative behavior:* 12



- Interpersonal communication skills and de-escalation techniques to help diffuse aggressive and angry behavior:*6



***Basic training on warning signs of escalating negative behavior and de-escalation skills are also important for Emergency Medical Technicians, Firefighters and Police Officers**

- Risk factors that contribute to assaults
- Definitions of terms and acronyms used in the organization which indicate the need for an emergency response
- Who, what and where to report incidents or threats of violence
- The location and operation of safety devices, such as alarm systems 2
- Personal protection skills
- Escape routes
- Information on multicultural diversity to increase staff sensitivity to racial and ethnic issues and differences 2
- Procedures to follow when violence occurs
- Procedures for contacting the police
- Training on how to support coworkers who are victims of violence
- Information on the support that is provided to victims and witnesses of workplace violence; i.e., counseling, medical care, worker's compensation, legal assistance, etc.

Additional Training

Additional, in-depth instruction on each of the basic training components listed above may be given to physicians, nurses, security personnel, mental health professionals, and management staff.

Record Keeping

Important records to develop, maintain and review are:

- Log of Work Related Injury and Illness (OSHA Form 300)
- Incident reports for each assault
- **A permanent record or “flag” in the patient’s file if they have a history of past violence. Past violence is a major predictor of future violence.**
- Violence prevention program meeting minutes
- Training program contents and attendees

Program Evaluation

Employers and their workplace violence prevention team should evaluate their program regularly to determine its effectiveness. Processes include:

- Regular review of workplace violence incident reports to determine what, if anything, could have been done differently
- Review reports from labor/management meetings on safety and security issues
- Analyze trends and rates of the number of threats reported, illnesses, injuries or fatalities caused by violence relative to the initial or baseline rates
- Survey employees before and after violence prevention initiatives to determine their effectiveness
- Keep abreast of new strategies available to address workplace violence
- Survey employees periodically to learn about the situations they encounter
- Comply with OSHA Workplace Violence Prevention Guidelines and the State of Massachusetts Workplace Violence Prevention Policy.
- Request periodic law enforcement or outside review of the workplace violence prevention program

Home Health Care

Home health care organizations (visiting nurse/hospice/palliative care) must take special precautions to ensure the safety of their staff. In any home health care visit, the following factors should be considered:

- The patient's current psychiatric/psychological/emotional status
- The patient's alcohol or drug use
- The presence or absence of others who may be of assistance or a possible threat
- The surrounding environment. (Home health organizations may want to acquire crime-mapping data which shows more/less dangerous areas in their communities; they can then contact police accordingly when they visit areas of highest danger.)

Policies and procedures covering home health care providers may include:

- Refusal to provide services in a clearly dangerous situation
- Require visiting nurses to take someone with them if the patient's history indicates any potential for violence
- Contracts with the patient on how visits will be conducted
- Requirement that the patient notify the visiting nurse ahead of time who will be in the home (family members/friends) during the visit



Communication

It is essential that a patient's past behavior and potential for violence be communicated to all employees in the organization **both verbally and in a conspicuous place on the patient's chart.**

Home health care organizations should also establish a method for field staff to keep a designated person informed about their whereabouts throughout the workday to follow up if an employee does not report in as expected.

Firearms in Home Health Care

If the patient has shown aggressive behavior, discharge case managers from the hospital/health care institution the patient is being released from should relay this information to the home health care organization. The discharge case managers should also be encouraged to ask for and relay any information regarding the presence of firearms in the home.

If firearms are found to exist and there is a concern for the home health care employee's safety, the local police department should be called. The patient's physician should be made aware that visits may be delayed until it is determined that it is safe for the home health care worker to go into the patient's home.

Security Assistance

Police or unarmed security personnel should accompany the provider if the patient meets specific criteria, such as:

- The patient has been classified as a sexual offender by the Massachusetts Sex Offender Registry
- The patient or family member has made verbal threats or physical assaults to the home health provider in the past
- The patient or family member is alleged to conduct illegal activity that may threaten the safety of the home health care provider
- The patient resides in a geographical area that mandates increased need for security
- The patient has been a victim of a violent crime

It is advantageous for the home health care worker to meet security personnel at a pre-identified "safe" area and arrive at the patient's home together. It is also helpful to decide ahead of time on a code word or phrase they can use as a signal that they should "leave the home immediately" in order to avoid a problem.

Benefits of a Workplace Violence Prevention Program

The benefits of any crime prevention program are difficult to calculate because it is impossible to count the frequency and/or severity of incidents that have been prevented.

The costs associated with a comprehensive and well-communicated violence prevention program must be weighed against the costs incurred when violent act occurs in an institution whose employees are not prepared to handle the situation.

These costs include, but are not limited to, low morale and sense of safety by the entire workforce, negative public relations, lost production and earnings, physical damage, and medical, legal and liability expenses.

If health care institutions communicate and exhibit a philosophy that verbal abuse and threats are not tolerated:

- employees will feel safer
- more serious forms of violence will be less likely to occur
- expensive and embarrassing incidents may be avoided

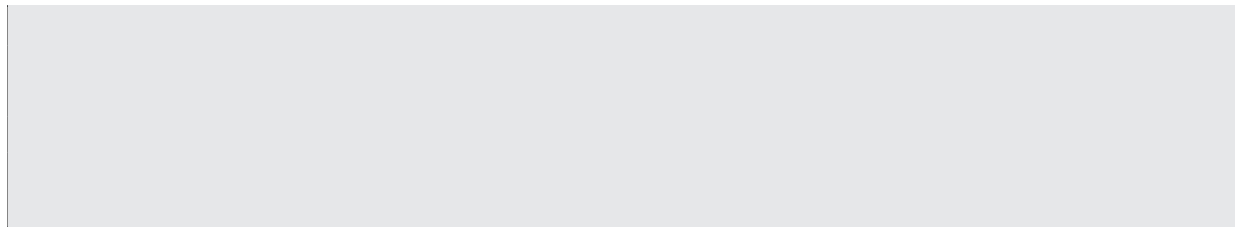


Partnering with Law Enforcement

Responding to emergencies is a vital role for law enforcement, but it is not the only role it can play. Law enforcement can also be involved in the prevention of workplace violence.

Health care institutions (including visiting nurse and hospice organizations) and law enforcement should work together proactively to reduce workplace violence and to develop a plan in the unfortunate event that an emergency does occur.

Meetings should be held to exchange contact information, institution “jargon”, basic knowledge of legal issues, and procedures for reporting threats or physical assaults.



The mere presence of a police officer at health care institutions has been shown to be effective in reducing violence.

It may be preferable for health care institutions and law enforcement to designate one person as a liaison with law enforcement; similarly, local police departments and district attorney’s offices should also designate a contact person for health care institutions.



Types of Crimes

The following crimes may be at issue for health care workers under Massachusetts General Laws:

Assault or Assault and Battery: Ch. 265-13A. Whoever commits an assault or an assault and battery upon another shall be punished by imprisonment for not more than 2½ years at a House of Correction or by a fine of up to \$1,000.

Criminal Harassment - Chapter 265 - 43A. Whoever willfully and maliciously engages in a knowing pattern of conduct or series of acts over a period of time directed at a specific person, which seriously alarms that person and would cause a reasonable person to suffer substantial emotional distress, shall be guilty of the crime of criminal harassment and shall be punished by imprisonment in a house of correction for not more than two and one-half years or by a fine of not more than \$1,000, or by both such fine and imprisonment.

Stalking, Chapter 265-43: Whoever (1) willfully and maliciously engages in a knowing pattern of conduct or series of acts over a period of time directed at a specific person which seriously alarms or annoys that person and would cause a reasonable person to suffer substantial emotional distress, and (2) makes a threat with the intent to place the person in imminent fear of death or bodily injury, shall be guilty of the crime of stalking and shall be punished by imprisonment in the state prison for not more than five years or by a fine of not more than one thousand dollars, or imprisonment in the house of correction for not more than two and one-half years or both.

Assault or assault and battery on emergency medical technician Chapter 265: Section 13I., ambulance operator, or ambulance attendant

Whoever commits an assault or assault and battery on an emergency medical technician, an ambulance operator, or an ambulance attendant, while said technician, operator or attendant is treating or transporting, in the line of duty, a person, shall be punished by imprisonment in the house of correction for not less than ninety days nor more than two and one-half years, or by a fine of not less than five hundred nor more than five thousand dollars, or both.

How to Report a Crime

Health care workers can report any crime, whenever and wherever it occurs. It does not matter who the offender of the crime is (patient, visitor, co-worker, supervisor), their age, or what their illness or personal situation is.

It is up to the police and court system to determine if they will prosecute the crime.

- **Contact the Local Police** - Crimes against the person should be reported to the local police department immediately. The police can assess the situation, gather evidence, take photographs and obtain statements from the victim and witnesses while everyone is still present and the incident is fresh in their minds.

The police will determine if there is sufficient evidence to pursue criminal prosecution.

- **Health care workers may also go to the local police department after their shift** to fill out a report or complaint. Reports or complaints must be filled out at the Police Department in the town where the incident took place.
- **Contact the Norfolk District Attorney's Office** - There is always an on duty attorney or Massachusetts State Police trooper to answer questions or advise where to get answers. They can be reached at 781-830-4800.
- **Victim Witness Advocates** – The vast majority of victims of a crime have no prior experience dealing with the criminal justice system. Victim Witness Advocates are trained professionals who help support victims and witnesses of a crime. Some of the services they provide include:
 - Keeping victims/witnesses informed of the progress of the case
 - Providing crisis intervention and emotional support
 - Providing referrals for financial, medical, counseling, legal and other services
 - Court accompaniment and in-court support throughout the court process

A Victim Witness Advocate is assigned to a case after the police have found sufficient evidence to pursue criminal prosecution and the case enters the court system. A victim may also go to the court of jurisdiction during court hours and ask to speak to a Victim Witness Advocate. The local police can direct you to the appropriate court and location.

Commonwealth of Massachusetts

Sex Offender Registry Board

Any health care facility or home health care association can check the Sex Offender Registry Board at www.mass.gov/sorb to determine if the patient they are treating is a Level 3 offender.

Health care facilities and visiting nurse associations can request additional sex offender information at their **Local Police Department**. **Identify yourself and ask for a printout of all Level 2 and 3 sex offenders in the town you work in or the towns that your health care facility serves. This information is updated weekly by the Massachusetts Sex Offender Registry Board.**

The Sex Offender Registry Board is the state agency responsible for keeping a database of convicted sex offenders and classifying each offender so that the public may receive information about dangerous sex offenders who live or work in each community.

Sex offenders are classified according to the degree of dangerousness they pose to the public and their likelihood for re-offense. An offender's classification will be:

- a Level 1 or "low risk" offender,
- a Level 2 or "moderate risk" offender, or
- a Level 3 or "high risk" offender.

Any information provided by either the local police or the Sex Offender Registry Board will be limited only to offenders who have been finally classified by the Board as Level 2 or Level 3 offenders or Sexually Violent Predators.

The law prohibits the Board and police departments from disseminating any information on a sex offender who has not been finally classified by the Board or who has been finally classified as a Level 1 offender.

Footnotes

- 1 Bureau of Labor Statistics, U.S. Department of Labor, *Career Guide to Industries, 2006-07 Edition*, Health Care, on the Internet at www.bls.gov/oco/cg/cgs035.htm (visited July 31, 2006)
- 2 "Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers"; U.S. Department of Labor Occupational Safety and Health Administration; OSHA 3148-01R 2004, www.osha.gov/Publications/osha3148.pdf
- 3 "2004 Survey on Workplace Violence". Massachusetts Nurse's Association, Congress on Health and Safety and Workplace Violence and Abuse Prevention Task Force.
www.massnurses.org/health/docs/Research04WVFINAL-Tables-Figures.doc
- 4 Kowalenko T, Walters B, Khare R, Compton S. Workplace Violence: A Survey of Emergency Physicians in the State of Michigan, *Ann Emerg Med* 2005; 45(3).
- 5 "Violence in the Workplace, 1993-1999", December 2001, National Crime Victimization Survey, Bureau of Justice Statistics Special Reports, NCJ 190076
www.ojp.usdoj.gov/bjs/pub/pdf/vw99.pdf
- 6 "Violence in the Workplace 1997", Centers for Disease Control and Prevention/National Institute for Occupational Safety and Health,; www.cdc.gov/niosh/violfs.html
- 7 "VIOLENCE, Occupational Hazards in Hospitals", DHHS (NIOSH) Publication No. 2002 101, April 2002 www.cdc.gov/niosh/pdfs/2002-101.pdf
- 8 "From "Workplace Violence Prevention and Response Guideline," Copyright (c) 2005 by ASIS International. Used by permission. The complete guidelines are available from ASIS International, 1625 Prince Street, Alexandria, Virginia 22314, or <http://www.asisonline.org/guidelines/guidelines.htm>."
- 9 *Broken Windows, the Police and Neighborhood Safety*", George L. Kelling and James Q. Wilson, *The Atlantic Monthly*, March 1982; Information on the Broken Windows theory as it relates to the health care industry can also be found at: McPhaul, K., Lipscomb, J., (September 30, 2004) "Workplace Violence in Health Care: Recognized but not Regulated" *Online Journal of Issues in Nursing*. Vol. #9 No. #3, Manuscript 6, www.nursingworld.org/ojin/topic25/tpc25_6.htm
- 10 "Workplace Violence, Issues in Response", p. 24, Critical Incident Response Group, National Center for the Analysis of Violence Crime, FBI Academy, Quantico, Virginia, March 2004
- 11 "Workplace Violence and Corporate Policy for Health Care Settings", Paul T. Clements; Joseph T. DeRanieri, Kathleen Clark; Martin S. Manno; Douglas Wolcik Kuhn, *Nurs. Econ.* 2005; 23(3); 119-124
- 12 Joint Commission Resources: Protecting Your Health Care Workers from Violence in the Workplace. *The Source* 4:1-10, Apr. 2006. Figure 1. Signs of Confrontation and Escalating Negative Behavior.

Exhibit 1

Resources

Training

Crisis Prevention Institute
www.crisisprevention.com
1-800-558-8976

The Crisis Prevention Institute's Nonviolent Crisis Intervention® training program helps employees who work with challenging or potentially violent individuals by providing a relevant, practical behavior management program which focuses on how to resolve conflict at the earliest possible stage. See website for training schedule (several of which are in the Boston area).

The Academy Group
www.academy-group.com
1-703-330-0697

The Academy Group, Incorporated (AGI), was founded by Dr. Roger L. Depue, former Chief of the FBI's famed Behavioral Science Unit at the FBI National Academy, Quantico, Virginia. The Academy Group trains employees to detect early warning signs; and defuse potentially violent behavior.

SRR Training
www.srrtraining.com
1-413-527-6072

SRR Training offers a two-day course entitled: Gang Identification and Interdiction for Hospital Police and Security Departments tailored specifically for Hospital Police and Security Personnel, Doctors and Nurses, Hospital Administrators, ER personnel, EMT's, Ambulance Personnel and Law Enforcement Officers. This course includes topics such as:

- Hospital Safety and Legal Issues
- Hospital Security when Dealing with Potential Gang Issues
- Minimizing the Risk of Gang-Related Problems within a Hospital Setting
- Developing a Plan with Local Police to Deal with Gang Violence

Articles/Publications

Survey on Workplace Violence, 2005; Bureau of Labor Statistics US Department of Labor, released October 26, 2006, www.bls.gov/iif/osh_wpvs.htm

"Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers", US Dept of Labor, OSHA, Publication 3148-01R, 2004, www.osha.gov/Publications/osh3148.pdf

“VIOLENCE, Occupational Hazards in Hospitals”, DHHS (NIOSH) Publication No. 2002-101, April 2002 www.cdc.gov/niosh/pdfs/2002-101.pdf

Workplace Violence Prevention and Response Guidelines, ASIS International, 2005, www.asisonline.org/guidelines/guidelineswpvfinal.pdf

Workplace Violence, Issues in Response, Critical Incident Response Group, National Center for the Analysis of Violence Crime, FBI Academy, Quantico, Virginia, www.fbi.gov/publications/violence.pdf

Workplace Violence Awareness and Prevention, US Dept of Labor, OSHA http://www.osha.gov/workplace_violence/wrkplaceViolence.Table.html

“Sample Workplace Violence Prevention Programs”, US Dept of Labor, OSHA www.osha.gov/workplace_violence/wrkplaceViolence.PartIII.html

“2004 Survey on Workplace Violence”. Massachusetts Nurse’s Association, Congress on Health and Safety and Workplace Violence and Abuse Prevention Task Force. www.massnurses.org/health/docs/Research04WVFINAL-Tables-Figures.doc

Workplace Violence Position Statement, 2004, Massachusetts Nurses Association www.massnurses.org/pubs/positions/workplace_violence.htm

New York State Public Employees Federation STOP Workplace Violence Prevention Fact sheets, www.pef.org/stopworkplaceviolence

Workplace Violence: Can You Close the Door On It? The American Nurses Association addresses some issues relating to workplace violence. The Nursing World website has several other articles on this subject. www.nursingworld.org/dlwa/osh/wp5.htm

Victim Assistance

Office of Norfolk District Attorney William R. Keating
45 Shawmut Road
Canton, MA 02021
1-781-830-4800 www.norfolkda.com

Massachusetts Office for Victim Assistance
One Ashburton Place
Suite 1101
Boston, MA 02108
1-617-727-5200 www.mass.gov/mova

Victim Compensation Division
Office of the Attorney General
One Ashburton Place , 19th Floor
Boston, MA 02108
1-617-727-2200 www.ago.state.ma.us/sp.cfm?pageid=1037

Exhibit 2

Disruptive Patient Policy

Sisters of Providence Health Systems
Administrative Policy
Acute Ambulatory Network
Behavioral Health Network
Senior Care Network

SUBJECT: Threat of Violence in the Workplace

Policy. It is the policy of Sisters of Providence Health System that there shall be “ZERO TOLERANCE” of violent, threatening or intimidating behavior in the workplace. The intent of the policy is to maintain a safe work environment for all employees at the facilities.

Purpose. To establish the policies and procedures to follow when an employee has been the victim of a verbal or physical assault on SPHS grounds. This policy will outline the various steps that the employee should follow when they perceive or have become, a victim of workplace violence. For the purpose of this policy, violence and intimidation are defined as any verbal statement that can be perceived as threatening or potentially threatening and/or any physical act that is damaging to an individual, personal property at work, or Sisters of Providence Health System property. Any employee engaging in violence in the workplace shall be subject to corrective action up to and including termination. This policy does not prohibit arrest and prosecution for criminal behavior.

Responsibility and Procedure.

A. Response to Violence in the Workplace

1. All employees are required to report all threats or incidents of violence to their immediate supervisor or to the individual responsible for Safety and Security in their facility. Security will involve Human Resources as appropriate.
2. *All managers and supervisors* are required to report all incidents of violence and intimidation to Safety and Security immediately. Direct and immediate intervention is required.
3. All complaints of workplace violence or intimidation shall be investigated promptly by Safety and Security. Where necessary, immediate and appropriate action will be taken to stop and remedy such conduct. The Vice President of Human Resources or designee will be informed of all workplace violence complaints.
4. In the event of violence, Safety and Security and the police should be immediately contacted. The responding officer(s) will take an initial report and assess the seriousness of the situation. The Officer will advise the employee of their right to file a criminal complaint. The employee maintains the right to pursue legal action under any circumstance.
5. The employee’s supervisor will ensure that a facility incident form is completed.

6. The employee is encouraged to discuss the issue with Safety and Security, Human Resources and/or the facility administrator to determine if the incident warrants any type of follow-up SPHS action or court action.

B. Evaluation and Intervention for Offender

1. *Patient Offender:* In the event the assault or threatening action is committed by a patient, a physician will be contacted and asked to determine the medical/psychiatric status of the patient. This action is necessary in determining if the patient was in control of their actions, or if the assault was an uncontrollable action based on a medical or psychiatric deficit, or determining any other reason that caused the patient to become assaultive.

If it is determined that the patient poses a continuing threat to the staff, the physician will determine and document the necessary plan of care.

2. *Employee Offender:* In the event that the assault or threatening action is committed by an employee, the offender's manager is to be notified immediately. The responding officer(s) will discuss the situation with the manager to determine the appropriate course of action. Human Resources will review the issue and provide guidance to Safety and Security and the employee's department manager in determining any action that may be warranted.
3. *Outside Offender:* In the event the assault or threatening action is committed by an outsider, the responding Security Officers will determine the course of action to be taken. At a minimum, the offender will be removed from the property and the appropriate City Police Department will be notified. The appropriate Vice President or Chief Operating Officer will be notified of the event.

C. Restraining Orders

Domestic Cases: The issuance of Abuse Prevention Order (Restraining Orders) may be considered. This is a legal action where a person obtains a court order prohibiting a person from approaching, speaking to, or having contact in any way, with the complainant. Employees are encouraged to inform the Security if they have a restraining order against another person.

Dated: October 2003

Approved by:

Vincent McCorkie
President and CEO, SPHS

Exhibit 3

OHSA Sample Workplace Violence Checklist*

The following items serve merely as an example of what might be used or modified by employers in these industries to help prevent workplace violence.

This checklist helps identify present or potential workplace violence problems. Employers also may be aware of other serious hazards not listed here.

Designated competent and responsible observers can readily make periodic inspections to identify and evaluate workplace security hazards and threats of workplace violence. These inspections should be scheduled on a regular basis; when new, previously unidentified security hazards are recognized; when occupational deaths, injuries or threats of injury occur; when a safety, health and security program is established; and whenever workplace security conditions warrant an inspection.

Periodic inspections for security hazards include identifying and evaluating potential workplace security hazards and changes in employee work practices which may lead to compromising security. Please use the following checklist to identify and evaluate workplace security hazards. **TRUE** notations indicate a potential risk for serious security hazards.

- T___F___ This industry frequently confronts violent behavior and assaults of staff
- T___F___ Violence occurs regularly where this facility is located.
- T___F___ Violence has occurred on the premises or in conducting business.
- T___F___ Customers, clients, or coworkers assault, threaten, yell, push, or verbally abuse employees or use racial or sexual remarks.
- T___F___ Employees are NOT required to report incidents or threats of violence, regardless of injury or severity, to employer.
- T___F___ Employees have NOT been trained by the employer to recognize and handle threatening, aggressive, or violent behavior.
- T___F___ Violence is accepted as "part of the job" by some managers, supervisors, and/or employees.
- T___F___ Access and freedom of movement within the workplace are NOT restricted to those persons who have a legitimate reason for being there.
- T___F___ The workplace security system is inadequate—i.e., door locks malfunction, windows are not secure, and there are no physical barriers or containment systems.
- T___F___ Employees or staff members have been assaulted, threatened, or verbally abused by clients and patients.
- T___F___ Medical and counseling services have NOT been offered to employees who have been assaulted.
- T___F___ Alarm systems such as panic alarm buttons, silent alarms, or personal electronic alarm systems are NOT being used for prompt security assistance.
- T___F___ There is no regular training provided on correct response to alarm sounding.
- T___F___ Alarm systems are NOT tested on a monthly basis to assure correct function.
- T___F___ Security guards are NOT employed at the workplace.
- T___F___ Closed circuit cameras and mirrors are NOT used to monitor dangerous areas.
- T___F___ Metal detectors are NOT available or NOT used in the facility.
- T___F___ Employees have NOT been trained to recognize and control hostile and escalating aggressive behaviors, and to manage assaultive behavior.
- T___F___ Employees CANNOT adjust work schedules to use the "Buddy system" for visits to clients in areas where they feel threatened.
- T___F___ Cellular phones or other communication devices are NOT made available to field staff to enable them to request aid.
- T___F___ Vehicles are NOT maintained on a regular basis to ensure reliability and safety.
- T___F___ Employees work where assistance is NOT quickly available.

*OHSA Form 3148 – 1996

Exhibit 4

OHSA Sample Incident Report Form

The following items serve merely as an example of what might be used or modified by employers to help prevent workplace.

A reportable violent incident should be defined as any threatening remark or overt act of physical violence against a person(s) or property whether reported or observed.

1. Date: _____ 2. Specific Location: _____
 Day of week: _____
 Time: _____
 Assailant: Female _____ Male _____

3. Violence directed towards: _____ Patient _____ Staff _____ Visitor _____ Other
 Assailant: _____ Patient _____ Staff _____ Visitor _____ Other
 Assailant's Name: _____
 Assailant: _____ Unarmed _____ Armed(weapon) _____

4. Predisposing factors: _____ Intoxication _____ Dissatisfied with care/waiting time
 _____ Grief Reaction _____ Prior History of Violence
 _____ Gang Related
 _____ Other(Describe) _____

5. Description of incident: _____ 6. Injuries: _____ 7. Extent of Injuries: _____
 _____ Physical abuse _____ Yes _____
 _____ Verbal abuse _____ No _____
 _____ Other _____

8. Detailed description of the incident: _____

9. Did any person leave the area because of incident?
 _____ Yes _____ No _____ Unable to determine

10. Present at time of incident: _____ 11. Needed to call: _____
 _____ Police _____ Department _____ Police _____ Department
 _____ Hospital security officer _____ Hospital security officer

12. Termination of incident:
 Incident diffused: _____ Yes _____ No Assailant arrested: _____ Yes _____ No
 Police notified: _____ Yes _____ No

13. Disposition of assailant: _____ 14. Restraints used: _____ Yes _____ No
 Stayed on premises _____ Type: _____
 Escorted off premises _____
 Left on own _____
 Other _____

15. Report completed by: _____ Title: _____
 Witnesses: _____
 Supervisor notified: _____ Time: _____

Please put additional comments, according to numbered section, on reverse side of form.

Exhibit 5

Safety Precautions for Home Health Care Staff

Visits

Brockton Visiting Nurse Association A Subsidiary of Bay State VNA and Hospice Brockton Massachusetts

- Before admitting/visiting a client, note type of visit to be made - is there a history of violence, drug abuse, mental illness, etc.?
- Schedule visits as early in the day as possible. If making evening visits, park in a well lighted, accessible and as safe an area as possible.
- Do not take purses, wallets with you on visits. If you must take them with you, lock them in the trunk of your vehicle before leaving the office parking lot.
- Have accurate directions to the street, building and apartment. If the area is unfamiliar to you, check with your supervisor for more detailed information. Always know exactly where you are going.
- When possible, alert the family of your visit and have them watch for you.
- If driving alone, drive with the windows at ear lobe level and keep all car doors locked. Keep the interior of the car free of visible personal belongings.
- Before getting out of the car, thoroughly check the surroundings (location and activities of people in the area, the condition of buildings, etc.). If you feel uneasy, do not get out of the car. Contact your supervisor at your next visit.
- Do not walk through a crowd of people. If a sidewalk is blocked, walk around if possible.
- Be alert at all times; trust your first instinct from the moment you leave the office until you return.
- Never attempt a visit on your own in an area predetermined to be high risk without an escort. 'Refer to the Visits to Clients Requiring Security Protocol.'
- In a potentially threatening crisis situation, remain calm, speak softly and leave the area as quietly and as quickly as possible. Do not panic. Never attempt to break up domestic arguments. Contact police as soon as possible.
- Always assess the patient's environment as well as the patient for provider safety.
- Keep all nursing supplies out of sight and in a bag.
- All provider staff suspecting drug and/or violent activity at a client's home must inform their supervisor immediately. Upon receipt of this information, the supervisor will determine the dissemination and reporting of this information.
- If an incident occurs that jeopardizes staff safety, the specifics of the occurrence are to be reported to the supervisor **immediately**. If the incident involves a drug bust, weapons and/or threats of violence, **all services** are to be suspended until such time as the safety of provider staff can be determined. Refer to the Visits to Clients Requiring Security Protocol.
- It is the escort's duty to remove the provider safely from a situation and avoid a potential conflict.
- If the escort or the provider believes it is best to immediately leave the patient's residence in order to avoid a problem, the code word "Road" will be mentioned.
- Immediately reporting incident to the supervisor or manager who will decide further actions/follow-up.

Visits to Clients Requiring Security (VCRS) Form

**Brockton Visiting Nurse Association
A Subsidiary of Bay State VNA and Hospice
Brockton Massachusetts**

Client Name

Client Address

Please circle applicable statement:

1. Client required medically necessary skilled care and the client and/or significant other has exhibited and/or threatened verbal and/or physical assault to the provider.
2. Client requires medically necessary skilled care and the home environment and/or address is alleged to conduct illegal activity that threatens the well being of the provider.
3. Client requires medically necessary skilled care and resides in geographical area designated for mandatory security.
4. Client requires medically necessary skilled care and has been a victim of a violent crime.

Please check applicable services:

- RN
- OT
- PT
- ST
- HHA/PA
- MSW
- Admissions
- Escort

Signature (Supervisor/Acting Supervisor)

Date

Front Desk Operation Guidelines - Receiving Visitors

Brockton Visiting Nurse Association A Subsidiary of Bay State VNA and Hospice Brockton Massachusetts

Guidelines:

The lobby reception desk is staffed Monday-Friday from 7:30 AM to 4:30 PM. Entrance to the lobby is restricted to employees, authorized visitors, and individuals on official agency business.

Procedure:

1. Any BVNA Employee expecting a visitor must alert the receptionist prior to the anticipated arrival of that visitor.
2. All known visitors (vendors, uniformed delivery persons) are buzzed through the reception doors, via lock releases at the front desk.
3. Unknown visitors are communicated to via the intercom, on the wall to the left of the front desk, to the outside front door. The receptionist asks for verbal identification, and who the individual has an appointment with. Upon verification from the appropriate BVNA employee, the receptionist will allow the visitor in. No solicitors are allowed access to the agency.
4. The receptionist instructs the visitor to sign in, gives them an orange visitor badge, and asks them to wait while the receptionist contacts the appropriate BVNA employee.
5. The BVNA employee comes to the lobby to greet his/her visitor and escorts the visitor to the meeting place.
6. Once the meeting has adjourned, the BVNA Employee escorts the visitor back to the reception area, where he/she is asked to sign out and return the visitor badge.
7. The reception desk must have a BVNA employee there are all times.
8. If a visitor or someone at the front door is acting inappropriate, the receptionist should call for assistance (i.e. Administrative Manager/Escort/Administration).

Exhibit 6

Response to Traumatic Events Policy

Office of Mental Health, State of New York

<p>State of New York OFFICE OF MENTAL HEALTH</p> <hr style="width: 20%; margin: 10px auto;"/> <p style="text-align: center;">OMH</p> <p style="text-align: center;">OFFICIAL POLICY MANUAL</p>	<p>Date Issued 10/23/03</p>	<p>T. L. 03-03</p>	<p>Section # OM-410</p>
<p>Section Operation Management-Human Resources</p>			
<p>Directive Response to Traumatic Events</p>			

A. POLICY STATEMENT

It is the policy of the Office of Mental Health that employees who are involved in, witness, or are otherwise exposed to a traumatic event in the workplace shall be offered appropriate psychological support. Although facilities are currently responsible for the provision of on-site emergency medical care for employees in response to emergencies (which may include traumatic events), the emotional impact of events which occur on the job may also have negative consequences on an individual's life. Such effects can be minimized, however, with the provision of appropriate and timely intervention.

This policy directive sets forth requirements in regard to addressing and reducing the emotional impact of traumatic events on employees. This policy directive is applicable to all State-operated inpatient facilities, and is to be implemented no later than six months from the date of issuance.

B. RELEVANT STATUTES AND STANDARDS

OMH Official Policy Manual, section PC-605

C. BODY OF DIRECTIVE

- 1) Each State-operated inpatient facility shall ensure the provision of appropriate and timely responses to traumatic events, as well as any necessary follow-up. Traumatic events include unusual and extreme events occurring in the workplace which may be considered to be a threat to persons' lives or the safety of the workplace, or which cause employees to experience extreme grief, loss or distress. Examples of such events may include, but are not limited to: fatal or serious injuries or accidents, or other sudden deaths; hostage situations; and serious assaults.
 - a) Each facility shall designate or identify one or more persons who shall be responsible for the coordination and provision of services described in this policy directive. Such persons may include the Employee Assistance Coordinator, facility mental health staff, or any other persons deemed capable of fulfilling this function.
 - b) As soon as practicable after a traumatic event, designated persons shall contact affected employees and offer appropriate assistance. When possible, this initial contact should occur within a few hours of the event.

As needed, such assistance may include but is not limited to:

- i) provision of emotional support;
- ii) provision of related information, including referral information;
- iii) accompanying the employee home or to medical facilities;

- iv) assistance in accessing other relevant resources;
 - v) assistance in accessing related benefits; and
 - vi) assistance in dealing with the criminal justice system.
 - c) As soon as practicable after a traumatic event, the persons designated in accordance with C)1)a) of this policy directive shall arrange to meet alone with affected staff in a neutral setting to allow them to express whatever concerns they may have. Such designated persons shall seek out affected staff, but should not require them to express their emotions. The designated persons should offer any assistance which might be requested and should be especially alert to affected staff who appear to have become numbed or disconnected.
- 2) If a traumatic event is related to a community disaster, designated persons should contact the county department of mental health to coordinate with the county's disaster response team.
- 3) Any actions completed pursuant to this policy directive shall be separate and distinct from other administrative processes related to the event (e.g., incident review meetings or investigations).

Exhibit 7

Request for Sex Offender Information



MITT ROMNEY
Governor

KERRY HEALEY
Lieutenant Governor

The Commonwealth of Massachusetts

Executive Office of Public Safety
Sex Offender Registry Board

Post Office Box 4547
Salem, MA 01970-4547

(978) 740-6400
Fax: (978) 740-6464

EDWARD A. FLYNN
Secretary

JENNIFER FRANCO
Chairperson

REQUEST FOR SEX OFFENDER INFORMATION FROM CITY/TOWN POLICE DEPARTMENTS (M.G.L. c. 6, § 178J)

You may request from your city/town police department whether: a specific individual identified by name, date of birth or sufficient personal identifying characteristics is a sex offender; or whether any sex offenders live or work within the same city or town of a specific address. You may specify the address of a home, school, daycare facility, playground, etc.; or whether any sex offenders live or work on a specific street.

In response to your request, you will receive a report which indicates the name of the offender, the home address, the work address, the offense(s) and date(s) for which the offender was convicted/adjudicated, the offender's age-sex-race-height-weight-eye and hair color, and a photograph if available.

Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Sex Offender Registry Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the sex offender is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.

All inquiries shall be recorded and kept confidential; provided that the records may be disseminated to assist or defend any criminal prosecution.

NAME OF REQUESTOR: _____

ADDRESS: _____

CITY/TOWN, STATE, ZIP: _____

TELEPHONE: _____

DATE OF BIRTH: _____ DATE/TIME OF REQUEST: _____

IDENTIFICATION PRESENTED: _____

If you are inquiring whether an individual is a sex offender, please complete the following section:

SUBJECT'S NAME: _____

PERSONAL IDENTIFYING CHARACTERISTICS: _____

SEX: _____ RACE: _____

D.O.B./APPROXIMATE AGE: _____

ADDRESS: _____

HGT: _____ WGT: _____ EYE COLOR: _____ HAIR COLOR: _____

OTHER PERTINENT INFORMATION (i.e. vehicle license plate number, parent information):

If you are inquiring whether any sex offenders live or work on a specific street, please complete the following section:

STREET: _____ CITY/TOWN: _____

If you are inquiring whether any sex offenders live or work within the same city or town of a specific address, please complete the following section:

ADDRESSES: _____

“ I understand that the sex offender registry information disclosed to me is intended for my own protection or for the protection of a child under the age of 18 or another person for whom I have responsibility, care or custody.” M.G.L. c. 6, § 178J(a)(4)

SIGNATURE OF REQUESTOR: _____

*******WARNING*******

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).

Exhibit 8

Application for Complaint - Dedham District Court

APPLICATION FOR COMPLAINT		<input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE		NUMBER	Trial Court of Massachusetts District Court Department			
<input type="checkbox"/> ARREST <input type="checkbox"/> HEARING <input type="checkbox"/> SUMMONS <input type="checkbox"/> WARRANT The within named complainant requests that a complaint issue against the within named defendant, charging said defendant with the offense(s) listed below.					COURT DIVISION Dedham District Court 631 High Street Dedham, MA 02026			
DATE OF APPLICATION	DATE OF OFFENSE	PLACE OF OFFENSE						
NAME OF COMPLAINANT					NO.	OFFENSE	G.L. Ch. and Sec.	
ADDRESS AND ZIP CODE OF COMPLAINANT					1.			
					NAME, ADDRESS AND ZIP CODE OF DEFENDANT			
COURT USE ONLY →	A hearing upon this complaint application will be held at the above court address on			DATE OF HEARING				
CASE PARTICULARS — BE SPECIFIC								
NO.	NAME OF VICTIM <small>Owner of property, person assaulted, etc.</small>	DESCRIPTION OF PROPERTY <small>Goods stolen, what destroyed, etc.</small>	VALUE OR PROPERTY <small>Over or under \$250.</small>	TYPE OF CONTROLLED SUBSTANCE OR WEAPON <small>Marijuana, gun, etc.</small>				
1								
2								
3								
4								
OTHER REMARKS:								
X _____ SIGNATURE OF COMPLAINANT								
DEFENDANT IDENTIFICATION INFORMATION — Complete data below if known.								
DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NUMBER	SEX	RACE	HEIGHT	WEIGHT	EYES	HAIR
OCCUPATION	EMPLOYER/SCHOOL	MOTHER'S NAME (MAIDEN)		FATHER'S NAME				
↓ COURT USE ONLY ↓								
DATE	DISPOSITION						AUTHORIZED BY	
	NO PROCESS TO ISSUE <input type="checkbox"/> At request of complainant <input type="checkbox"/> Complainant failed to prosecute <input type="checkbox"/> Insufficient evidence having been presented							
	PROCESS TO ISSUE			TYPE OF PROCESS				
	<input type="checkbox"/> Sufficient evidence presented <input type="checkbox"/> Defendant failed to appear			<input type="checkbox"/> Warrant <input type="checkbox"/> Summons returnable _____				
	<input type="checkbox"/> Continued to _____							
COMMENTS								

Exhibit 9

Policy on Workplace Violence



JANE SWIFT
GOVERNOR

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE DEPARTMENT
STATE HOUSE • BOSTON 02133
(617) 727-3600

BY HER EXCELLENCY

JANE M. SWIFT
GOVERNOR

EXECUTIVE ORDER NO. 442

ESTABLISHING A POLICY OF ZERO TOLERANCE FOR WORKPLACE VIOLENCE

WHEREAS, incidents of workplace violence are of major concern for our state and nation; and

WHEREAS, according to the Bureau of Labor Statistics Census of Fatal Occupational Injuries, there were 674 workplace homicides in 2000, making homicide the third leading cause of fatal occupational injury in the United States; and

WHEREAS, according to the National Crime Victimization Survey, between 1993 and 1999 in the United States, an average of 1.7 million violent crimes were committed against people at work per year; and

WHEREAS, the fear created by workplace violence, whether real or imagined, translates into distraction, loss of morale, loss of productivity, increased absence and increased employee turnover; and

WHEREAS, according to insurance industry statistics, in addition to the trauma inflicted upon victims and their families, such incidents cost employers billions of dollars annually in damage awards and business costs and expenses; and

WHEREAS, all employers both public and private have a general duty to provide a work environment that is safe from all forms of violence for all employees while in the workplace; and

WHEREAS, the Commonwealth of Massachusetts will not tolerate harassment of state employees within state offices, facilities, work sites, or vehicles, or the display of violent, aggressive, or threatening behavior that results in physical injury or emotional trauma to any employee; and

WHEREAS, the executive department of the Commonwealth is the largest employer in the state and has a responsibility to set an example for other employers through a policy of zero tolerance for workplace violence; and

WHEREAS, I intend that the executive department of the Commonwealth be a violence free workplace for all of its employees by establishing preventative measures, providing support and assistance to victims and holding perpetrators of workplace violence incidents accountable for their actions.

NOW, THEREFORE, I, Jane M. Swift, Governor of the Commonwealth of Massachusetts, by virtue of the authority vested in me as Supreme Executive Magistrate, do hereby order as follows:

ARTICLE I. DEFINITIONS

For purposes of this executive order, the following terms shall have the following meanings:

“Workplace”, any Commonwealth owned or leased property, location where the Commonwealth business is conducted, or site where an employee is considered “on-duty.” Commonwealth vehicles or private vehicles being utilized for Commonwealth business are included in this definition. Additionally, workplace violence can occur at any location if the violence has resulted from an act or decision made during the course of conducting Commonwealth business.

“Workplace violence”, includes, but is not limited to the following: intimidation or threats communicated by any means; physical assault and/or battery; property damage; or other disruptive or aggressive behavior that causes a reasonable person to be in fear of their own safety or that of a colleague or that causes the disruption of workplace productivity. Violent behavior can include actions or communication in person, by letter or note, telephone, fax, or electronic mail. Incidents of workplace violence may be acted out individually or take place between employees, employees and clients/customers, employees and acquaintances/partners and employees and the general public.

“Employee”, any person employed full time or part-time by a the Commonwealth;

“Employer”, the Office of the Governor and any state agency as defined in section 1 of Chapter 6A of the General Laws;

ARTICLE II. STATEMENT OF POLICY

2. It is the policy of the Commonwealth to have zero tolerance for workplace violence in any form.

All employers are directed to establish a policy of zero tolerance for workplace violence within their agencies. Such policies shall include the following elements: (i) a definition, description, and examples of workplace violence; (ii) a statement that any use of work time or workplace facilities to commit or threaten to commit acts of workplace violence is cause for discipline up to and including dismissal; (iii) a clear description of procedures for reporting acts of workplace violence; and (iv) information indicating where victims and perpetrators can go for help. Employers are directed to designate an agency workplace violence coordinator and response team and provide those names to the Human Resource Division of the Commonwealth. Employers are directed to exercise their best efforts to include principles of zero tolerance of workplace violence in future collective bargaining agreements.

The Commonwealth recognizes that exposure to threats from, or the violent acts of persons in the Commonwealth's care or custody, or the public at large, is an unavoidable component of certain occupations. This policy is not intended to replace or supersede agency or department policies relative to the lawful use of force. Agencies are encouraged to develop policies that provide the best possible protection for employees as well as the individuals with whom they must interact through the implementation of appropriate safety programs.

- 2.4 Employers shall create an environment that encourages discussion of workplace violence issues, and where emergency and reporting procedures are made known to employees.

Employers are directed to implement a workplace violence awareness and prevention training program developed by the Human Resource Division in coordination with the Executive Office of Public Safety. This training shall include an emphasis on workplace security and safety, workplace violence identification and awareness, and appropriate reporting procedures. Employers are directed to provide this training to all employees, including supervisory, human resource, labor relations, legal, and security personnel.

Employers are directed to respect the privacy of victims and to preserve confidentiality, to the extent possible, in dealing with situations involving workplace violence.

ARTICLE III. RESPONSE TO INCIDENTS OF WORKPLACE VIOLENCE

- 3.1 Employers are required to promptly respond to reports of workplace violence and, upon notice of a serious incident, take immediate action to ensure the safety of employees. Employers shall report incidents of workplace violence to appropriate public safety personnel when incidents involve potential criminal conduct.

- 3.2. Employers, after ensuring the safety and well being of all those involved in an incident of workplace violence shall takes further steps to provide victims with appropriate support and services.
- 3.3. After investigation, where a determination has been made that an employee has committed an act of workplace violence or other violation of agency rules, regulations or policies, the employee may be disciplined by the employer when appropriate and pursuant to the terms of a collective bargaining contract if applicable. Discipline may include the successful completion of counseling, anger management education or other equivalent programs. Employers may consider acts of workplace violence, along with an employee's success in completing a counseling program, in promotion and other work related determinations.
- 3.4. Retaliation by alleged offenders or Employers against an employee for reporting an incident of workplace violence is prohibited.



William Francis Galvin

William Francis Galvin
Secretary of the Commonwealth

Given at the Executive Chamber in
Boston this 30 day of October in the
year of our Lord two thousand and
two.

JMS
Jane M. Swift
Governor

GOD SAVE THE COMMONWEALTH OF MASSACHUSETTS



NORFOLK DISTRICT ATTORNEY'S OFFICE

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