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COMPREHENSIVE HOSPICE CARE LLC

LAS VEGAS NEVADA

PATIENT SAFETY PLAN

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(EC)

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Safety Management Program

POLICY

Hospice Administrator and staff will implement safety procedures as appropriate. Hospice's safety management plan addresses real and potential threats to the health and safety of patients, staff, others and property.

PURPOSE

To maintain the safety of the environment and equipment which support patient care or services.

REFERENCE

The Joint Commission CAMHC Standard: EC.02.01.01; NPSG: .15.02.01; CHAP Standards: HSLG 1.1, HSRM 1.D; ACHC Standard: HSP7-2A.01, HSP7-4B

RELATED DOCUMENTS

"*Annual Hospice Site Environment Assessment*" form

PROCEDURE

1. Home safety assessments are done on all patients at time of admission that include:
   - Fire hazards from smoking.
   - Oxygen safety, including the presence and functioning of smoke detectors, fire extinguishers and fire safety (exit) plans.
   - Fire safety within the home.
   - Electrical safety.
   - Bathroom safety.
   - Environmental safety.
   - Mobility safety.
   - Equipment usage and safety.
   - Adequate storage and handling of medical gases, drugs and hazardous wastes.

2. A Hospice safety program is established which includes:
   - Emergency operations plan.
   - Fire safety, evacuation plan and maintenance of fire detection systems.
   - Office disaster plan including, but not limited to, a severe weather watch.
   - Equipment safety.
   - Body mechanics.

- Safe storage of office supplies, equipment and hazardous products.
- Controlling access to and from security sensitive areas, e.g., medical records storage.

3. Staff is responsible for giving oral or written education to patients/caregiver(s) at the initial assessment and on an ongoing basis as appropriate. Education will include:
   - Basic home safety (environmental, bathroom, electrical, and mobility).
   - Fire prevention.
   - Security.
   - Utility systems.
   - Managing hazardous materials and wastes.

4. Office equipment safety is ensured through vendor contracts.

5. Manufacturers' written materials are available onsite as a resource.

6. New employees are instructed on office equipment safety during the orientation process.

7. Hospice will conduct an annual environmental site tour to identify hazards, unsafe practices, environmental deficiencies and opportunities for improvement for all Hospice sites.

Staff Personal Safety Education

POLICY

Personal safety for employees is addressed through an educational process available to all staff.

PURPOSE

To ensure personal safety in the work environment.

REFERENCE

The Joint Commission CAMHC Standard: EC.02.02.01; CHAP Standards: HSRM 14.1, HSRM 17.1; ACHC Standard: HSP7-2A.01

PROCEDURE

During new employee orientation and on an ongoing basis, an inservice is provided for all employees that include:

- Safety while making home visits.
- General safety practices.
- Self-defense measures.
- Obtaining an escort.
- Handling unsafe situations.
- Car accident reporting.

Personal Safety in the Community Guidelines

POLICY

Hospice will ensure a safe environment for employees at all times.

PURPOSE

To maximize the personal safety of staff working in the community and home setting.

REFERENCE

The Joint Commission CAMHC Standard: EC.02.01.01; CHAP Standard: HSRM 1.D; ACHC Standard: HSP7-2A.01

PROCEDURE

1. The following precautions will be taken by staff before making visits:
   - Wear name badge and appropriate Hospice uniform that clearly identifies that you are from Hospice.
   - Call patients in advance and alert them to the approximate time of your visit.
   - Request that pets be properly secured before making visits.
   - Keep change on your person for a phone call.
   - Before leaving Hospice, lock your purse in the trunk of your car or cover it with a blanket if it will be visible.
   - Consider use/advantages of a personal cell phone.

2. When traveling by vehicle:
   - Keep your vehicle in good working order with plenty of gas.
   - Consider storing a blanket in your vehicle in the winter and a thermos of cool water in the summer. Keep a snack in the glove compartment.
   - Turn on emergency flashers and wait for the police if you have car trouble.
   - Keep your car locked when parked or driving. Keep windows rolled up if possible.
   - Park in full view of the patient's residence when possible.
   - Know your route. If you get lost, look for a safe place to get additional directions or view your map. If you have a car phone, call for directions.

3. When walking to the patient's home:
   - Have your nursing bag/equipment ready when exiting from the vehicle. Keep one arm free.
   - Walk directly to the patient's residence in a professional manner.
   - Be alert of surroundings – buildings, people and animals.

- Carry car keys in your hand when leaving the patient's residence. (The pointed ends of keys between fingers may make an effective weapon.)

4. Some common sense rules regarding personal safety and defense are:
   - Use common walkways in buildings; avoid isolated stairs.
   - Always knock on the door before entering a patient's home.
   - If a relative or neighbor becomes a safety problem:
     - Make joint visits or arrange for escort services.
     - Schedule visit times when they are not present.
   - Request escort services as appropriate. Consider working in teams of two or obtaining a police escort in high crime areas.
   - Scream or yell "fire"; blow a whistle attached to your key ring.
   - Kick shins, instep or groin; scratch.
   - Use your nursing bag as a defense weapon.
   - **Never** permit an assailant to remove you from the site.

5. When in neighborhoods with questionable safety or drug/gang related problems, make visits in the morning.
   - Some areas may have to be declared unsafe and therefore not serviced by Hospice.

Employee Security and Safety – Managing Undesirable Behavior

POLICY

Employee security and safety for managing patients with undesirable behavior is addressed through an educational process available to all staff.

PURPOSE

To ensure personal safety in the work environment.

REFERENCE

The Joint Commission CAMHC Standard: EC.02.01.01; CHAP Standard: HSRM 1.D; ACHC Standard: HSP7-2A.01

PROCEDURE

1. If a patient, family member and/or caregiver exhibits undesirable behavior to an employee, the employee will confront the person with a statement to stop the behavior. (Direct confrontation is required to alter undesirable behavior.)

2. Employee is to leave the patient's home immediately, if the undesirable behavior should persist.

3. The employee will report the behavior to his/her supervisor as soon as possible. The supervisor will investigate the incident and may need to consult with the patient, caregiver and/or physician regarding the behavior and the effect of the behavior on staff safety.

Hazardous Materials/Waste

POLICY

Hospice will comply with federal/state/local laws and regulations regarding the identification, handling, transportation and disposal of hazardous materials/waste, e.g., Environmental Protection Agency, OSHA and Medical Waste Tracking Act.

PURPOSE

To provide for the safe, appropriate handling of hazardous materials/waste.

REFERENCE

The Joint Commission CAMHC Standard: EC.02.02.01; Medicare CoP #: 418.116; CHAP Standard: HSLG 1.1; ACHC Standards: HSP7-9A.01, HSP7-9A.02

RELATED DOCUMENTS

"*Variance/Incident Report: Patient or Employee*" form

PROCEDURE

1. Hazardous materials/waste includes, but is not limited to:
   - Chemicals.
   - Chemotherapy agents.
   - All materials and wastes that require special handling.
   - Infectious and regulated medical waste, including sharps.

Hazardous materials/waste policy as it pertains to patients

1. Staff will assess the patient's plan of care for the need to address hazardous materials/waste.

2. The patient's home will be assessed for the presence of appropriate supplies and information in the event of an exposure incident, e.g., disposal bags and personal protective equipment for chemotherapy administration, including a chemotherapy spill kit.

3. Hospice staff will communicate the need for hazardous materials/waste supplies to the appropriate company, e.g., to the infusion company for chemotherapy disposal containers.

4. Hospice will implement appropriate work practice controls, engineering controls and personal protective equipment in the provision of patient care.

Hazardous materials/waste as it pertains to Hospice

1. Hospice will assess each site and the activities supported and/or provided by each site for the need to safely handle/dispose of sharps, cytotoxic waste and infectious waste.

2. Hospice will provide the necessary supplies, environment or services to meet any needs identified.

3. Hospice will provide in services to staff upon hire and annually thereafter on all policies/procedures related to the identification, handling, transportation, disposal and exposure to hazardous materials/waste. This includes the Hazard Communication Standard and the Hazardous Chemical Right-To-Know Law.

4. All areas with hazardous materials/waste within Hospice site(s) are identified with the appropriate signs/labels.

5. In the event of exposure to a hazardous material, staff will:
   - Implement immediate action as indicated by the type of hazardous material.
   - Notify the supervisor.
   - Seek follow up care as necessary.
   - Complete a *Variance/Incident Report: Patient or Employee* form.

Hazardous Waste Disposal

POLICY

- All potentially hazardous non-biological waste, including all disposable medical products, is to be discarded into a color coded container before being transported.
- Employees will not transfer waste into another container or sort through the contents of hazardous waste bags.
- All patients are instructed in the appropriate procedure for disposal of medical (hazardous) waste in the home.

PURPOSE

To ensure that hazardous waste is removed from the patient's home, transported and disposed of safely, efficiently and without threat to patients, staff, Hospice or the environment.

REFERENCE

The Joint Commission CAMHC Standard: EC.02.02.01; Medicare CoP#: 418.116; CHAP Standard: HSLG 1.1; ACHC Standards: HSP7-9A.01, HSP7-9A.02

PROCEDURE

1. Hazardous waste is defined as cytotoxic/chemotherapy waste.
2. Gloves will be worn when gathering, transporting or destroying waste which has a chance of having been exposed to hazardous wastes.
3. Containers will not be over filled so that they cannot be easily and tightly closed.
4. All containers will be tightly closed or sealed prior to being taken from the home.
5. If the outside of the container or bag is observed to be punctured or damp from internal leakage, the container will be placed into another container or bag by a gloved employee prior to handling/moving.
6. Spills of hazardous material and waste will be cleaned up immediately utilizing a chemo spill kit with disposal per kit directions.

7. All materials used in the administration of cytotoxic agents are placed in a rigid chemotherapy container, e.g., chemo bags, tubing and syringes. Gloves are worn to prevent possible exposure.

8. When the containers become full, close and secure lid to avoid accidental opening. Company providing chemotherapy should be notified to pick up container and provide replacement.

9. Hazardous waste/biohazard bags and containers will be closed and stored in designated area in the office.

Hazard Communication Program

POLICY

- All employees who work with or may be exposed to hazardous materials under normal working conditions or foreseeable emergencies have the need and "Right-To-Know" what health and physical hazards exist from chemicals found in the workplace.
- The Hazard Communication Program is to be readily accessible to all employees. The written program will be located and available in each site.
- The written program will be reviewed on an annual basis by the Director to ensure a complete and accurate list of chemicals used in the workplace.

PURPOSE

The Department of Labor Occupational Safety and Health Administration (OSHA) has mandated the implementation of a Hazard Communication Standard as stated in 29 CFR 1910, 1200. The purpose of the OSHA Hazard Communication Program is to provide information about chemicals in the workplace and their hazards to all employees. The program will include the following elements:

- Employee training.
- Safety Data Sheets (SDS) or access to SDS via internet or other site.
- Container labeling.
- List of hazardous materials present in the workplace.

REFERENCE

The Joint Commission CAMHC Standard: EC.02.02.01; Medicare CoP #: 418.116; CHAP Standard: HSLG 1.1; ACHC Standards: HSP7-9A.01, HSP7-9A.02

RELATED DOCUMENTS

OSHA Hazard Communication Standard 29 CFR 1910, 1200

CATEGORIES

Skin irritant: chemicals that cause irritation to the skin when the chemical is placed in direct contact with the skin.

Eye irritant: chemicals that cause irritation to the eye when the chemical is placed in direct contact with the surface of the eye.

Oral toxicant: chemicals when swallowed cause irritation or other toxicities.

Dermal toxicant: chemicals that are absorbed into the body through the skin following contact of the chemical with the skin.

Inhalation toxicant: chemicals which are irritating to the lining of the nose, mouth, esophagus or lungs when the chemicals are inhaled. These chemicals may also enter the body through the lungs and exhibit internal toxicities.

LABELING PROCEDURE

1. Containers of hazardous chemicals must be labeled, tagged or marked with the identity of the material and appropriate hazard warnings. Chemical manufacturers, importers and distributors are required to ensure that every container of hazardous chemicals they ship is appropriately labeled. The label must include:
   - Product identifier.
   - Supplier information (name, address and phone number).
   - Signal word (used to indicate the relative level of severity of hazard and alert reader to potential hazard on the label. "Danger" is used for more severe hazards. "Warning" is used for less severe hazards).
   - Pictogram (a symbol plus other graphic elements that is intended to convey specific information about the hazards of a chemical).
   - A hazard statement for each hazard class and category.
   - Precautionary statements.

2. All hazardous chemical containers will be labeled with the identity of the material and appropriate hazard warnings. Unlabeled containers will not be used. Contents of unlabeled containers will be discarded. Labels must be legible and prominently displayed.

3. Hazardous chemicals will remain in the original manufacturer's container until the time of use and will not be transferred into any other container without warning labels. The chemical name stated on the warning label must be identifiable/linkable to the chemicals described in the Safety Data Sheets (SDS).

4. The Director will be notified of any unlabeled containers found.

SAFETY DATA SHEETS (SDS)

1. The role of the SDS is to provide detailed information on each hazardous chemical, including its potential hazard effects, its physical and chemical characteristics and recommendations for appropriate protective measures. Chemical manufacturers and importers are required to develop or obtain a SDS for each hazardous chemical they produce or import. Distributors are responsible for ensuring that their customers are provided a copy of these SDS. Employers must have a SDS for each hazardous chemical in use.

2. Hospice will maintain a list of all hazardous chemicals known to be present using a product identifier that is referenced on the appropriate SDS and the corresponding SDS. A master list will be located in the written program and available from the Director at any time.

3. A SDS for each hazardous chemical will be located in the written program or via internet or other site.

4. The Director is responsible for acquiring and updating SDS. Contact with the chemical manufacturer or vendor will be made if the SDS is not received at the time of shipment.

5. The SDS contains the following information:
   - The chemical identity of the product.
   - Physical and chemical characteristics of the product.
   - Known acute and chronic effects and related health information.
   - Exposure limits.
   - If the chemical is known to be a carcinogen.
   - Emergency and first aid procedures.
   - The identification of the company preparing the SDS.

EMPLOYEE PROTECTION

Skin irritant: rubber or latex gloves are worn to protect the hands from the chemical, according to the information provided on SDS. Gowns and other body coverings that are impervious to the chemical are worn to protect exposed skin from the chemical.

Eye irritant: protective goggles are worn to prevent the chemical from contact with the eyes.

Oral toxicant: eating or drinking is not permitted when handling hazardous chemicals.

Dermal toxicant: rubber or latex gloves, impervious gowns or body coverings, according to the SDS, are worn to prevent the hazardous chemical from direct contact with the skin.

Inhalation toxicant: use hazardous chemicals in a well-ventilated area. Follow specific instructions in SDS for the use of respirators or other protective equipment.

Flammable products: liquids, gases or solids identified as flammable are stored in areas designated for flammable substances only. Flammable chemicals are not stored, delivered nor handled near areas of heat, spark or fire. Follow the instructions for handling of the flammable chemical identified on the SDS.

Detection methods and observations: refer to SDS for each hazardous chemical for specific information on the color, appearance or odor of the product to detect the presence of the chemical in the workplace. Follow the instructions on the SDS for containment of the chemical, clean up and disposal.

EMPLOYEE TRAINING

1. All employees who work with or are potentially exposed to hazardous chemicals will receive initial and annual training on the Hazard Communication Standard and the safe use of those hazardous chemicals. Whenever a new hazard is introduced, additional information and training will be provided.

2. Hazard Communication training will emphasize the following items:
   - Summary of the standard and the written program.
   - Chemicals and physical properties of hazardous materials and methods that can be used to detect the presence or release of chemicals.
   - Physical hazards of chemicals, e.g., potential for fire, explosion, etc.
   - Health hazards, including signs and symptoms of exposure to chemicals and any medical condition known to be aggravated by exposure to the chemical.
   - Procedures to protect against hazards including: personal protective equipment and attire required, proper use; work practices or methods to assure proper use and handling of chemicals; and procedures for emergency response.
   - Work procedures to follow to assure protection when cleaning hazardous chemical spills and leaks.
   - Where SDS are located, how to read and interpret the information on both labels and SDS and how employees may obtain additional information.
   - Documentation of Hazardous Communication training will be maintained in each employee's personnel file.

Variance/Incident Reporting

POLICY

Hospice will establish a consistent documentation and reporting process, in consideration of all federal/state laws and regulations, and define those incidents that require reporting.

PURPOSE

To define the types of incidents/variances to be reported in patients and employees as well as the process for reporting.

REFERENCE

The Joint Commission CAMHC Standards: EC.04.01.01, EC.04.01.03, EC.04.01.05; Medicare CoP#: 418.58c; CHAP Standards: HSLG 1.1, HSRM 1.D; ACHC Standards: HSP6-7A, HSP7-5A.01

RELATED DOCUMENTS

"*Variance/Incident Report: Patient or Employee*" and "*Variance/Incident Reports: Quarterly Data Aggregation*" forms

PROCEDURE

1. Hospice will document and report all incidents (accidents, injuries, safety and security hazards) that deviate from routine Hospice operations and will result in injury or potential harm to a patient/caregiver or Hospice staff. Such incidents may include, but are not limited to:
   - Security incidents involving patients, staff and others in Hospice office or staff in the field.
   - Employee needlesticks with contaminated needles.
   - Equipment and/or medical device failure with resulting injury or harm.
   - Procedure error which results in trauma and/or injury.
   - Untoward outcome, including adverse drug events and reactions.
   - Medication errors.
   - Motor vehicle accidents involving Hospice vehicle or the employee's vehicle while employee is on Hospice business.
   - Any staff accidents that require treatment, lost work days, hospitalization or that identify new safety hazards that were previously unrecognized.
   - Alleged/suspected patient abuse.

- Unexpected patient death not related to the patient's terminal illness within twenty-hour (24) hours of admission.
- Witnessed patient falls.
- Unwitnessed patient falls that require medical intervention.
- Sentinel events.
- Hazardous materials or wastes exposures, spills or other incidents.
- Fire safety management problems, deficiencies and failures.

2. No copies will be made of variance/incident reports and confidentiality of involved individuals will be maintained.

Variance/Incident Reporting

1. A *Variance/Incident Report: Patient or Employee* will be completed on all incidents, as defined in policy, by the staff member involved or the first person to become aware of the incident.

2. The report will be submitted to the immediate supervisor, who is responsible for immediate investigation of the incident and taking any appropriate action.

3. The supervisor will review the *Variance/Incident Report: Patient or Employee* and will document awareness of the incident.

4. The supervisor will assure all applicable federal/state reports/forms are completed, e.g., OSHA 300 Log.

5. The *Variance/Incident Report: Patient or Employee* will be forwarded to the QAPI committee for the purpose of reviewing, analyzing, aggregating, trending and making quality assessment/performance improvement recommendations (see *Variance/Incident Reports: Quarterly Data Aggregation*).

6. Follow up data needed to resolve the incident, e.g., lab reports, physical exams and police reports, will be collected by the supervisor.

7. A file will be maintained of all reported variance/incident reports, as well as any additional data/information pertaining to the *Variance/Incident Report: Patient or Employee*.

ADDITIONAL ACHC REQUIREMENTS

1. Hospice investigates all adverse events, incidents, accidents, variances or unusual occurrences that involve patient care and develops a plan of correction to prevent the same or similar event from occurring again. Events include, but are not limited to:
   - Unexpected death, including suicide of patient.
   - Any act of violence.

- A serious injury.
- Psychological injury.
- Significant adverse drug reaction.
- Significant medication error.
- Other undesirable outcomes.
- Adverse patient care outcomes.
- Patient injury, (witnessed and un-witnessed) including falls.

OSHA 300 Log

POLICY

The Occupational Safety and Health Act (OSHA) of 1970 and 29 CFR Part 1904 require employers to prepare and maintain records of occupational injuries and illnesses. To ensure that Hospice meets the record keeping requirements as stated by OSHA, the OSHA No. 300 Log is utilized. Hospice must report to OSHA:

- All work-related fatalities that occur within 30 days of the work-related incident; within 8 hours.
- All work-related in patient hospitalizations, all amputations and all losses of an eye within 24 hours (if incident occurs within 24 hours of the work-related incident).

PURPOSE

To meet OSHA requirements for reporting, recording and maintaining records of occupational injuries and illnesses.

REFERENCE

The Joint Commission CAMHC Standard: EC.04.01.01; Medicare CoP #: 418.116; CHAP Standard: HSLG 1.1; ACHC Standard: HSP7-5A.01

RELATED DOCUMENTS

Occupational Safety and Health Act of 1970 and 29 CFR Part 1904; www.osha.gov

PROCEDURE

1. The Director is responsible for completing, maintaining and posting the OSHA 300 Log in accordance with OSHA record keeping requirements.

2. All work-related illnesses are recorded on an OSHA form 301 (Injury and Illness Report). Injuries requiring medical treatment (other than first aid) or involve loss of consciousness, restriction of work or motion or transfer to another job are recorded. Medical treatment does not include: one-time treatment and/or subsequent observation of minor scratches, cuts, burns, splinters, etc., which do not ordinarily require medical care even though provided by a physician or registered professional personnel. Exposures to and/or contraction of reportable communicable diseases in the course of work performance are considered reportable on the log. Employee needlestick injuries with contaminated needles must also be recorded on the log. Each injury or illness is recorded within 7 days after learning of the occurrence and maintained for each calendar year.

3. The OSHA 300 Log, 300A and 301 are retained for a 5-year period and available for inspection by employees, former employees and authorized federal and state officials.

4. The *Summary*, a separate form (Form 300A), is posted by February 1 of the following year covered by the form and kept posted until April 30 of that year. The *Summary* is posted even if there are no recorded injuries or illnesses.

5. The OSHA 300 Log may be obtained from the local regional OSHA office.

Security Plan

POLICY

Hospice will ensure a secure environment for employees at all times.

PURPOSE

To maintain staff security.

REFERENCE

The Joint Commission CAMHC Standard: EC.02.01.01; CHAP Standard: HSRM 1.D; ACHC Standard: HSP7-2A.01

PROCEDURE

1. Employees will use designated, secured entrances for entering Hospice's office.

2. All persons entering Hospice's office will be identified.

3. Patients, vendors, sales representatives and others who come to Hospice's office must enter through the designated front door. The receptionist will security-screen all visitors.

4. Visitors are not permitted in any area of Hospice's office other than reception area, unless given permission by Administrator or Director.

5. The potential for workplace violence will be included in staff education, environmental tours and proactive risk assessments, when conducted.

Utility Systems

POLICY

Hospice will maximize patient's utility systems when equipment is used by the patient.

PURPOSE

To identify and decrease potential risks of utility systems failures.

REFERENCE

The Joint Commission CAMHC Standard: EC.02.01.01; CHAP Standard: HDRM 1.D; ACHC Standard: HSP7-2A.01

PROCEDURE

1. Hospice staff will determine if the patient's utility systems are compatible and safe for equipment use during initial and ongoing home safety assessments.

2. Such assessments and reassessments include:
   - Electrical outlets.
   - Space heaters.
   - Electrical cord and use of extension cords: grounding, cord condition, circuit overload and exposure to liquids.
   - Battery condition and charge, e.g., for oxygen concentrators, intravenous pumps and ventilators.
   - Any special electrical requirements for equipment, e.g., ventilators, intravenous pumps and concentrators.
   - Any special power requirements.

Violence in the Workplace Prevention

POLICY

Hospice is committed to providing a safe environment for employees, patients and visitors. Hospice refuses to tolerate violence in the workplace and will take action within its control to prevent violent incidents from occurring. Hospice requires prompt and accurate reporting of all violent incidents, whether or not physical injury has occurred.

PURPOSE

To define violence in the workplace prevention.

REFERENCE

The Joint Commission CAMHC Standard: EC.02.01.01; CHAP Standard: HSRM 1.D; ACHC Standard: HSP7-2A.01

PROCEDURE

1. Hospice will not discriminate against victims of workplace violence. Workplace violence prevention program includes: measures to protect all employees, including supervisors and managers; adherence to work practices that are designed to make the workplace more secure; and not tolerating verbal threats or physical actions that create a security hazard for others in the workplace.

2. Hospice has a zero tolerance for violence in the workplace. An employee is subject to immediate termination for cause. No talk of violence or joking about violence will be tolerated. Hospice defines violence to include physically harming another, shoving, pushing, harassment, intimidation, coercion, brandishing weapons and/or threats or talk of violence.

3. In order to promote a safe workplace, Hospice will limit access to all Hospice property to those with a legitimate business interest.

4. Hospice will not tolerate employees possessing any weapons, including weapons transported in employee vehicles, both inside the workplace and in the parking area. When working outside Hospice's premises, employees are prohibited from carrying or transporting weapons. No carrying of concealed weapons, with or without a valid permit to carry a concealed weapon, is permitted on Hospice property or while performing work as a Hospice employee, unless specifically authorized by Hospice. Weapons include guns, knives, explosives and other potential weapons. Appropriate disciplinary action, up to and including termination, will be taken against any employee who is in violation.

5. As part of the commitment to preventing workplace violence, Hospice provides education for recognition and prevention of violence in the workplace. Training will include:

- A review and definition of workplace violence.
- An explanation and description of Hospice's program for recognition and reporting of workplace violence.
- Training on how to identify potential workplace security hazards, e.g., no lights in the parking area at night, unknown persons loitering outside the building, etc.
- Review of measures that have been instructed at Hospice to prevent workplace violence.

6. In order to promote a peaceful working environment, Hospice encourages managers, supervisors and employees to enroll in courses to learn more about working with each other. Courses covering communication, problem solving, building effective working relationships, stress management and related or similar course topics are supported by the Director and Administrator.

7. Employees must report any event/incident that may involve a violation of any of Hospice's policies that are designed to provide a safe workplace environment. All events/incidents must be reported as soon as possible to the Director or Administrator.

8. All reports will be investigated and information will be kept confidential. Each incident will be evaluated by Hospice management team. The team will discuss the causes of the incident and will make recommendations on how to revise the workplace violence prevention program to prevent similar incidents from occurring. Revisions of the program will be put in writing and made available to employees.

9. In the event of a major workplace incident that affects, or has the potential to affect, the mental health of Hospice's work force, Hospice may provide initial counseling and support services to employees. As the crisis passes and support systems are put into place for individuals affected by the incident, Hospice will make every effort to return to normal business operations. A reasonable effort will be made to notify employees, patients and others who need to know the status of Hospice's business operations. In cases where direct contact is not possible or practical, an effort will be made to communicate through the news media and other available resources.