

Washington Health System School of Nursing

Washington Health System

School of Nursing



Washington Health System School of Nursing

Annual Clery Security Report

2023

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Welcome

The Washington Health System is a community based health care and education institution with a work force of approximately 2,400, a student body of approximately 80, and numerous patients and visitors each year. The Washington Health System is comprised of the following entities: The Washington Hospital; Neighborhood Health Center; 30+ outpatient testing facilities across three counties; the Washington Physicians Group; Hospice and Palliative Care; Family Medicine Centers; Greenbriar Treatment Center; Strabane Trails and Strabane Woods of Washington; WSH and UPMC Cancer Center; Tri-State Surgery Center; Wound and Skin Healing Center; Wilfred R. Cameron Wellness Center; Children's Therapy Center Children's Express Care; and Your Child's Place. Located in Washington County in Southwestern Pennsylvania, it is bordered by Greene, Allegheny, Fayette, and Westmoreland counties.

The Washington Health System School of Nursing is located adjacent to the hospital, in a four story building, named the School of Nursing Building. The School of Nursing classrooms, Student Center, and Rice Family Energy Simulation Center are all located on Level A. The School of Nursing's Financial Aid and Admissions Officer, Administrative Assistant, Administrative Director, and Faculty offices are located on the first floor.

Ensuring a safe environment across campus is a shared responsibility that involves all members of the Washington Health System community. We rely on members to help identify and report potential safety concerns. In addition, certain individuals and departments have unique responsibilities for helping to ensure a safe and secure campus: the Campus Security Authorities (those with significant responsibility for students and student activity) and the Washington Health System Police Department.

The Washington Health System Police Department provides 24-hour law enforcement and security services for the academic campus and The Washington Hospital. The department works closely with members of the Washington community to solve problems and proactively address issues that will reduce the likelihood of crime occurring on our campus.

Each year, Washington Health System SON issues an annual report about safety and security programs and crime statistics as part of compliance with The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act ("Clery Act"). The statistics reflect incidents that have occurred within the main academic campus or The Washington Hospital and those from municipal police for the public areas immediately adjacent to the campus. In addition to these numbers, we include crime statistics for properties that are frequented by students such as Your Child's Place and the Washington Physician Groups offices that are owned and controlled by the Washington Health System but not immediately adjacent to the main campus.

We hope you will find this report valuable. Please review this information carefully and, in particular, the crime prevention tips included. Personal safety is a responsibility of everyone, and we need your assistance in helping to make our campus a safe environment.

If you have any questions or suggestions about security or law enforcement at the Washington Health System SON, please feel free to call (724) 223-3172 or email ilgolden@whs.org.

Jamie L. Golden RN, MSN, CNE Director, School of Nursing

Quick Reference Resources

- **Emergency: 9-1-1 (SON Building / Offsite Buildings) dial 3-3-3-3 (Washington Hospital building)**
- **Non-Emergency, WHS Police Department 724-579-1870 (if no answer dial 3-3-3-3 for assistance)**
- **City of Washington Police: 724-223-4226 (If emergency, dial 9-1-1)**
- **City of Washington Central Fire Station: 724-223-4228 (If emergency, dial 9-1-1)**
- **Director, Staff Education/School of Nursing, Jamie Golden: 724-223-3172**

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- **Title IX Coordinator, Jamie Golden: 724-223-3172**
- **Washington Health System School of Nursing, Main Offices: 724-223-3167; 724-223-3168**

Overview of the Washington Health System Police Department

The Washington Health System Police Department provides law enforcement and security services to the Washington Health System School of Nursing.

The department is comprised of state certified police officers and security officers. Police have full police enforcement authority granted to any municipal law enforcement officer, including the authority to make arrests. Police jurisdiction includes property owned by, or under the control of, Washington Health System, which includes adjacent public streets and sidewalks. While police officers enforce the laws, security officers enforce the Washington Hospital and Washington Health System School of Nursing's policies.

Types of Services Most Frequently Provided:

- Control vehicular and pedestrian traffic at the Main Entrance and Emergency Department.
- Provide wheelchair assistance from parking areas to the hospital.
- Control all parking garages and surface lots.
- Provide escorts to vehicles for employees, patients, students, and visitors.
- Guide visitors and provide directions to various hospital locations.
- Patrol all facility areas both interior and exterior.
- Routinely lock and unlock facility entrances and exits each morning and evening.
- Administer the card access system and control access to restricted areas.
- Provide protection for patients, visitors, employees, students, and property.
- Maintain lost and found property.
- Assist the Maintenance Department with emergency elevator entrapment rescues.
- Assist BHU staff in administering medications and escort new admissions safely to the BHU.
- Restrain combative patients and respond to disturbance codes throughout the facility.
- Remove unwanted, intoxicated or disruptive individuals from the premises.
- Investigate and document any thefts, unusual occurrences, suspicious persons, criminal activities, vehicle accidents or patient and visitor falls.
- Conduct internal investigations.
- Detect and report any hazardous conditions.
- Control access to the morgue and work with the County Coroner to accurately document and record all transactions in accordance with established policies and procedures.
- Maintain a fire watch on the helipad during landings and assist STAT crew with transport of staff and patients.
- Locate and return missing or eloped patients.
- Protect infants and newborns by participating in the infant abduction response plan.
- Respond to fire alarms, bomb threats, and disaster codes in the main hospital and school of nursing building.
- Respond to fire arms, intrusion and trouble alarms at remote satellite locations as required.
- Monitor CCTV cameras to detect criminal activities. Document and save recordings as required.
- Provide an armed response in compliance to all WHS established policies and procedures in

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regards to the use of force and other applicable policies while maintaining adherence to all applicable federal, state, and local laws.

- Monitor token machines each day, refill tokens and empty cash. Deliver monies to bank and escort business office employees to ensure safety on off-campus bank runs.
- Sign for and deliver nuclear medicine when required.
- Pick up and deliver medicine, equipment and supplies in emergency situations.
- Assist motorists in distress and provide emergency jump starting when requested.

Hours of Operation:

- The WHS Police and Safety Office is open from 0600 - 1400 Monday through Friday.
- The WHS Police post in the Emergency Department is identified as a priority post and is staffed dependent on operational availability.
- The WHS Police and Safety office in the main lobby on 2S is staffed during business hours dependent on operational availability.

Location of Services:

- The WHS Police and Safety office is located on the second floor of the S wing directly across from the visitor information desk.
- The WHS Police post at the Emergency Department is located immediately inside the entrance door to the waiting room.

Availability of Staff:

- WHS Police officers are available 24-7-365. WHS Police officers can be summoned by dialing the Switchboard operator (0). The switchboard operator will then contact WHS Police via 2-way radio.
- WHS Police officers are required to complete Comprehensive Crisis Management Training. All officers are required to maintain ACT 235 Lethal Weapon certification.

Contact Numbers:

- Director, WHS Police and Safety (724) 223-4095 (also Vocera)
- Lead WHS Police (724) 223-3289
- ED post station WHS Police (724) 579-1870 (also Vocera)

The Campus Security Act and Legal Requirements

The Campus Security Act requires colleges and universities to:

- publish an annual report every year by October 1st that contains three years of campus crime statistics and certain campus security policy statements.
- disclose crime statistics for the campus, public areas immediately adjacent to or running through the campus; and certain non-campus facilities and remote classrooms. The statistics must be gathered from campus police or security, local law enforcement, and other campus officials who have "significant responsibility for student and campus activities".
- provide "timely warning" notices of those crimes that have occurred and "pose an ongoing threat to students and employees".
- disclose in a public crime log "any crime that occurred on campus...or within the patrol jurisdiction

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of the campus police or the campus security department and is reported to the campus police and security department".

- disclose any agreements with state and/or local law enforcement.
(Duke University Annual Security Report, pg. 3)

Preparation of the Annual Security Report

The Washington Health System Police Department prepares and distributes this report. Crime statistics and policy information is gathered information from other Washington Health System departments and Campus Security Officers, as well as, the City of Washington Police Department and other law enforcement agencies.

We encourage members of the Washington Health System School of Nursing to use this report as a guide for safe practices on and off campus. It is available on the web at <https://www.washingtonhospital.org/schools/nursing/>. Each member of the school of nursing community receives an e-mail that describes the report and provides the web address. For a paper copy, contact the Washington Health System Police Department at 155 Wilson Ave. Washington, Pa. 15301 or (724) 579-1870.

(Duke University Annual Security Report, pg. 3)

Crime Log

The Washington Health System Police Department updates the Daily Crime Log within two business days and includes all crimes reported to the department. The Crime Log is available for viewing during business hours at the Washington Hospital, Police Department 155 Wilson Avenue, Washington, Pa. 15301.

(Duke University Annual Security Report, pg. 3)

Professional Standards

The WHS Police Department's relationship with the community is vital to a safe and secure campus. All individuals of the Washington Health System School of Nursing should expect to be treated in a courteous and professional manner by members of the WHS Safety and Security / Police Department.

The quality of service is dependent in part on feedback from the community. The Police Department has an extensive professional standards process in place to respond to citizen complaints and concerns.

Please help us improve our department by bringing your concerns to the attention of any of the following individuals in a timely manner:

- Request the Lead WHS Police Officer: 724-223-3289
- Request The Director WHS Police & Safety: 724-223-4095
(Duke University Annual Security Report, pg. 4)

Incident Reporting and Response

How to Report a Crime or Emergency:

Students, employees, patients, and visitors are encouraged to accurately and immediately report any criminal offense, suspected criminal activity, or other emergency on campus directly to the WHS Police Department or to the appropriate police agency for crimes occurring off campus. Reporting crime to the WHS Police Department can be done in several ways. Please make the report to the WHS Police Department at 724-579-1870. If no answer and you need emergency assistance while on campus dial x3333. You may also report in person at the WHS Security Department located at the entrance to the Emergency Department lobby or by approaching a security officer on duty. The department will conduct a thorough investigation of reported incidents when deemed appropriate. All felonies and misdemeanor offenses of the Pennsylvania Crimes Code will be reported to the appropriate local police agency. Summary offenses are reviewed by school officials and may be handled internally. Incident reports involving students are forwarded to the Director, School of Nursing for review and potential action by the student conduct system. If any crime shows evidence of being hate related, the incident will be categorized as such. A hate crime is defined as an incident where the victim is intentionally selected because of the victims' actual or perceived race, gender, religion, sexual orientation, national origin, gender identity, ethnicity, or disability.

(Duke University Annual Security Report, pg. 5)

Timely Warning Notification

Washington Health System issues timely warning notices for Clery crimes that occur (on campus, public property, and non-campus property) and pose a serious or continuing threat to students and employees. The warnings are timely, issued in a manner that withholds the names of the victims as confidential, and may aid in the prevention of similar occurrences.

Timely Warnings are typically issued for the following crimes:

- Murder/ Non-Negligent Manslaughter
- Aggravated Assault
- Robbery involving force or violence

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- Sexual Assault
- Domestic Violence, Dating Violence, Stalking
- Major incidents of Arson
- Hate Crimes
- Violations of liquor law, drug law, or weapons possession law
- Vehicle theft

Decisions concerning whether to issue a timely warning will be made on a case by case basis using the following criteria:

- Nature of the Crime
- Continuing danger to the campus community
- Possible risk of compromising law enforcement efforts
(Duke University Annual Security Report, pg. 7)

Emergency Response Plan

The Washington Health System School of Nursing is committed to ensuring the campus community receives timely, accurate, and useful information in the event of a significant emergency or dangerous situation on campus or in the local area that poses an immediate threat to the health and safety of campus community members. The school will immediately notify the campus community upon confirmation of an emergency or dangerous situation. The School uses EDU 2.0 as a route for communication. Emergency messages are received via text and/or email as set up by the student, faculty, and staff.

Other notification methods used for emergencies that may impact the campus community:

- Email
- Vocera
- Hospital Intercom System
- Text message
- Phone call

Evacuation Policy

(Policy STAT ID: 3909103)

I. PURPOSE

The Evacuation Plan has been developed to provide Washington Health System with a plan of action should an emergency arise that may lead to an evacuation of a patient care area, non-clinical department, or the entire hospital. The hospital is committed to provide patients, visitors and staff with guidance and directives to follow in the event of an emergency. It outlines responsibilities of individuals and departments, prioritizes evacuation requirements and conceptually establishes how the evacuation should take place. The Evacuation Plan has been developed as a portion of a more comprehensive Emergency Management Plan for The Washington Hospital. It has been designed to integrate with the existing Fire Response policy, the National Incident Command System (NIMS) and other standard hospital operating procedures.

The Evacuation Plan will be maintained by the Director of Safety & Security and the Director of

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Maintenance and Operations with the cooperation of all departments within the hospital. Every department within the hospital will be responsible for implementing the plan and for maintaining up-to-date emergency procedures in their work area. Department managers will notify the Director of Safety & Security and the Director of Maintenance & Operations if significant changes or alterations in your departments transpire which could impact implementation or performance of the Evacuation Plan.

The Director of Safety & Security will review the Evacuation Plan and update regularly or as major changes/events in the hospital occur.

The purpose of the Evacuation Plan is to save lives. It is intended to provide for the safety of the staff as well as the patients and visitors during a response to an emergency where partial, (i.e., horizontal or vertical), or total patient evacuation may be required.

II. DEFINITIONS

ALL CLEAR: Discontinue Emergency Response. Internal/External emergency situation has been alleviated and operations can return to normal. Personnel may return to their normal work assignments.

CRITICAL: Vital signs are unstable and not within normal limits. Patient is acutely ill or unconscious.

EXTERNAL EMERGENCY: An emergency that occurs outside the hospital, somewhere in the surrounding community. A disproportionate amount of hospital staff is often required to care for the incoming Emergency Department patients or victim load.

FIRE DOORS AND SMOKE-BARRIERS: Doors and corridor walls designed to divide the hospital into compartments to prevent the spread of fire and/or smoke and protect patients, visitors, and personnel for a rated period of time.

GATHERING-IN: Providing information regarding a major event (such as September 11th) in which we have no indication that we are specifically at risk and there is no apparent need to shelter-in place or evacuate. In such a situation, the best place to go is your office/department where you can monitor email, voicemail and news via radios, television or the Internet. Department Managers will be in contact with the Hospital Command Center and will provide information, including the operating status of the hospital, as it becomes available.

HORIZONTAL EVACUATION: This type of evacuation takes place when air contaminants, fire or heavy smoke from a single room threatens to spread to adjoining areas. All patients, visitors, and personnel in the affected areas should be moved laterally to the nearest area that is protected by fire/smoke doors, and is adjacent to an exterior exit way, which includes enclosed stairwells.

INCIDENT COMMANDER: The individual responsible for the management of all incident operations during the hospital emergency event.

INTERNAL EMERGENCY: An incident that occurs inside the facility or has a direct impact on the safety of patients, or the structural facility. A need for additional resources and extra hospital personnel to care for patients, including possible transport and evacuation, due to an emergency within the facility such as

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power failure, fire, flood or explosion.

MESSENGER: A person who records messages and transports them to the intended receiver.

NON-CRITICAL: Vital signs are stable and within normal limits. Patient is conscious and can be either comfortable or uncomfortable. Patient may or may not be ambulatory.

ON-CALL STAFF: The personnel of the various hospital departments who are on call for hospital business or emergency response on a 24 - hour basis.

PARTIAL EVACUATION: Could also be termed immediate action evacuation or the removal of patients who are in immediate danger to an area of relative safety. A single rescuer usually accomplishes this. When assistance becomes available, or as time permits, the patients can be relocated to an area farther from the hazard or fire.

REFUGE AREAS: : A remote (outside) location away from the building and out of the way of responding emergency personnel where patients, visitors, students, and staff can meet after an evacuation so that they may be accounted for. The locations are established to hold triaged hospital patients following evacuation from their rooms and/or awaiting discharge or transfer to other facilities. Most hospital patients are in need of medical support and will be evacuated to the "Refuge Areas" for treatment and tracking. There may be more than one refuge point depending on the size of the building.

RUNNER: A person who carries supplies, equipment between hospital departments during an emergency situation.

SHELTER IN PLACE: Patients, visitors and staff may be put on alert, but instructed to remain where they are until further instructions are given, such as to evacuate because of imminent danger. Based on the specific incident, type of construction, built in fire protection, and with concurrence with local fire officials it is sometimes the safest course of action so that patients are kept out of harms way, order is maintained and everyone can be kept informed of the latest status of the incident.

STAGING AREAS: Locations at which resources are kept while temporarily awaiting incident assignment. Most large incidents will have separate Staging Areas for non-clinical hospital staff, volunteers, supplies and other resources.

TRANSPORTER: A person who transports victims by wheelchairs, carts, stretchers, blankets, beds or accompanies ambulatory patients and remains with the victims/patients until released by the person in charge of the area.

TRIAGE: The sorting and classifying of patients or casualties for treatment and care. Triage will be used to determine order of transfer to other facilities. Triage categories:

- Red - Immediately life-threatening. Those tagged as red need critical interventions. This category may also include high-profile patients the media will be asking about.
- Yellow - Serious and potentially unstable. These patients may deteriorate into category red. They have a potential threat to life or limb and should be transferred to a tertiary care facility.
- Green - Slightly injured or "walking wounded" patients. They do not have life or limb threatening

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injuries.

- Black - Dead or near death. These are the dead or dying who under ordinary circumstances would need extensive resources to stay alive.

VERTICAL EVACUATION: The movement of patients in a downward direction. Typically this should be the next step after horizontal movement. Vertical movement of patients may become necessary if a fire or smoke is threatening the floor, gases makes the floor untenable, or structural conditions make it unsafe to stay. Refuge should be found on a lower floor. If possible, two floors below the involved floor are recommended. Ambulatory patients should be grouped and taken down the stairs. Elevators for non-ambulatory patients can be used only after the Maintenance Department in collaboration with the Fire Department has deemed the elevators safe and the President & CEO/Incident Commander has given the order to do so. In preparing for patient vertical movement, hospital personnel should perform certain duties as teams.

III. HOSPITAL EMPLOYEE RESPONSE

In the event that a partial or total hospital evacuation response is necessary, Department Managers/designees will initiate their departmental call list. Employees will be directed to either stay at home and await further instructions or report to their department. All employees are expected to report directly to their own department if requested to do so and sign-in with their Department Managers/designees. All employees that are already working a scheduled shift are required to stay on their department. Department Managers/designees will make staff assignments based on individual department needs. If individual department needs have been met, the Department Managers/designees will assign staff to report to the Labor Pool located in the Resident Dining Room.

ALL HOSPITAL EMPLOYEES WILL REMAIN AT THE HOSPITAL UNTIL AN "ALL CLEAR" HAS BEEN ANNOUNCED AND THEY HAVE BEEN RELEASED BY THEIR DEPARTMENT MANAGER/DESIGNEE.

IV. FACTORS INFLUENCING ACTIVATION

The following are examples of what could lead to activation of the Evacuation Plan.

A. INTERNAL EMERGENCIES

Fire, smoke, hazardous materials release, or irritant fumes in the hospital.

Loss of environmental support services

- Heat
- Water supply
- Air conditioning
- Electrical power

Other examples

- Explosion
- Police actions
- Armed or violent visitor

B. EXTERNAL EMERGENCIES

Natural Hazards

- Blizzard
- Tornado
- Flood
- Earthquake
- Hurricane

Civil disturbance

Terrorism

Transportation accidents

Hazardous materials releases

Contaminated victims/toxic agents

Radiation

V. TYPES OF RESPONSE

Response to an emergency situation should typically be addressed by one or more of the following activities:

A. GATHERING-IN/SHELTER IN PLACE:

Based upon the type of building construction and fire protection systems in the hospital; staff, patients and visitors may be instructed to remain where they are until further instructions are provided to them. Closing doors and windows in patient rooms should provide initial protection from fire. In most incidents, the safest place for a patient is in his/her room. **NEVER hesitate to relocate because of imminent danger.** Certain instructions may be given to maintain order and **keep everyone informed of the latest status of the incident. Initiation of the Shelter in Place**

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requires that all routine activities stop and that preparations are made to enable immediate movement of patients should the incident necessitate such actions as outlined in the following types of patient evacuation.

Hospital patients, visitors, and staff will be alerted to a Shelter-In-Place situation in several ways. Department Managers and staff will alert their patients of the need to stay inside. Broadcast emails, Vocera and voicemails will be used to relay the same message. If you have been alerted or notified to Shelter-In-Place:

1. You should calmly enter the nearest building and wait for further information. If you seek shelter inside a hospital building, Department Managers will provide assistance and information. The hospital will also disseminate information, as soon as it is available, via broadcast email, broadcast Vocera messages, and broadcast voicemails.
2. Close all windows and doors, where possible, and turn off individual office heating and air conditioning units, if applicable for your area. Stay away from windows and doors.
3. Detailed information will be provided as quickly as possible. In any emergency, local authorities may not immediately be able to provide specific information regarding the emergency. In this case, the best procedure is to remain in place until you receive more detailed information. In addition to the aforementioned methods of communication, two-way radios are available from the Emergency Department.
4. Information from Department Managers, and broadcast email, Vocera messages and voicemail will assist in notification of when Sheltering-In-Place ends.

B. EVACUATION:

The orderly evacuation, partial or total, of a hospital is an entirely different process than is recommended for most other buildings and involves special considerations. Due to the fact that so many patients may be medically unstable and dependent on mechanical support equipment, total evacuation of the hospital is to be initiated only as a last resort, and must proceed in a planned and orderly manner. Elevators are to be used only upon the instructions of the President & CEO/Incident Commander. Staff will inspect the evacuation route prior to beginning evacuation to determine if it is safe to use. During evacuation, place chart with patient and include personal belongings if possible and a blanket. Patients unable to walk may be moved to safety by: back carry, blanket carry, wheelchairs, stretchers, beds, and evacuation equipment. After the evacuation is complete, a head count will be made with the results reported to the President & CEO/Incident Commander.

All other non-patient care departments will secure their areas and assist in the evacuation of patients or other duties as designated by the President & CEO/Incident Commander.

1. PARTIAL EVACUATION:

This stage will be implemented in the event of fire or emergency that is confined to a floor or a room. It may be necessary only to transport patients to another safe area using horizontal or vertical evacuation procedures.

a. HORIZONTAL:

This stage involves patients who are secured from immediate danger but remain on the same floor. Horizontal evacuation typically means at a minimum, that everyone in the

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department will be moved to the area horizontally beyond the first fire/smoke doors that close automatically when the alarm is triggered.

b. VERTICAL:

This stage refers to the complete evacuation of a floor. For vertical evacuation, patients are to be **transported down**, not up. For a localized incident, patients can be transferred to an area of refuge identified elsewhere in the hospital, typically at least two floors beneath the incident floor.

2. TOTAL EVACUATION:

Total Evacuation orders will be given only by the President & CEO/Incident Commander.

A total evacuation should be implemented in the event that a fire or other emergency threatens the entire facility such that no areas are considered safe. In this situation it is necessary that all patients, visitors and staff be removed completely to the outside to the assigned Refuge Area. All patients should be tagged and/or triaged by the department manager/designee before they leave their department.

The following areas should be considered as external refuge areas in the event of total evacuation.

- School of Nursing Building
- Employee Parking Garage
- Physician Parking Lot
- Information System Parking Lot
- Visitor Parking Garage
- Level G Radiation Parking Garage
- Level G Employee Parking Garage
- Emergency Department Parking Lot
- Materials Management Parking Lot

VI. SOUNDING THE ALARM:

Any person receiving information or discovering the fire should take the following actions immediately; Sound the hospital fire alarm by pulling the nearest pull station. Never attempt to fight a fire that may endanger your life

The **fire alarm system** will sound for any situation that indicates that a smoke detector, heat detector, sprinkler system or pull box station has been activated. Switchboard will announce a "**CODE RED**" in the event that the fire alarm system has been activated. In the event of an imminent severe weather emergency, (e.g., tornado, hail storm, etc.) switchboard will announce on the overhead paging system that **a severe weather emergency is approaching**. Additionally,

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Switchboard will notify Security by radio. It is important that all patients, visitors, and employees respond to the fire alarm system and prepare for a partial or total evacuation if necessary.

If the event escalates to a potential situation for evacuation, on the direct order of the President & CEO/Incident Commander, Switchboard will announce **"ALL DEPARTMENTS PREPARE FOR ACTIVATION OF THE EVACUATION PLAN"**. This will inform all departments to begin preparations for an evacuation. When the event escalates for the need to evacuate, on the direct order of the President & CEO/Incident Commander, Switchboard will announce **"ALL DEPARTMENTS INITIATE EVACUATION PLAN"**. This will inform all departments to begin the evacuation process.

VII. ACTIVATION OF THE PLAN

The decision to evacuate is a difficult decision. Patients will be evacuated only when absolutely necessary. Situations worthy of evacuation include danger posed by fire, smoke, flooding or a potential exposure to hazardous materials. Evacuation may also be required as a result of structural damage or the potential for damage imposed by severe climatic changes, where personnel and patients are in more danger within the hospital than any risks posed by evacuation. Not all emergencies will require an emergency evacuation response. The procedures that follow apply only to those situations when an actual evacuation is necessary.

During any evacuation, unique challenges will be faced due to the physical layout of the hospital and the unstable nature of the patients. All staff members perform important roles in the implementation of an evacuation.

The decision to implement the Evacuation Plan will be determined by the President & CEO/Incident Commander. Once consideration is being given to implement an evacuation, the Switchboard will be contacted so that they can notify Security. If the hospital activates a Total Evacuation, all Department Managers/designees will notify their personnel to report to the hospital. In the event of a Partial Evacuation, personnel will be notified to report to the hospital, if necessary.

Washington County Department of Public Safety call 911 - 24/7 operations

When the decision is made to activate the Evacuation Plan, the magnitude of the emergency response must be determined. For large scale events or total facility evacuation, the President & CEO/Incident Commander (IC), will immediately notify:

Washington Health System's Hospital Command Center will coordinate with Washington County Department of Public Safety and other local agencies to establish, as needed, inner and outer perimeters. Once notified that an evacuation is in progress and assistance is needed, Washington County Department of Public Safety will activate the Washington County Mass Casualty Incident Plan. Washington Health System will send out an alert utilizing the Knowledge

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Center requesting ED census, and the number and type of patients other hospitals can accept (bed resources).

Any hospital personnel in the vicinity of an incident requiring immediate life saving action will initiate the partial, (either horizontal or vertical evacuation) of a particular area when conditions are life threatening. The objective is to get patients, visitors and personnel to safe refuge areas.

Hospital employees will immediately assume the responsibilities of their assigned roles upon activation of the Evacuation Plan. Inter-hospital, local and regional coordination of activities will be coordinated by the Hospital Command Center (HCC) and Washington County Department of Public Safety (WCDPS).

VIII. GENERAL EVACUATION GUIDELINES

- **Walk, don't run.**
- **Evacuate the hospital immediately using nearest accessible stairwell or exit.**
- **Do not use the elevators.** Elevator shafts may fill with smoke or the power may fail.
- **Do not re-enter affected areas until authorized to do so (even if the fire alarm stops).** Wait until the "ALL CLEAR" is given.
- Move away from exit discharge doors and congregate in exterior areas (i.e., parking lots, or streets) away from the site of the emergency.
- In all instances, follow the directions of fire and security personnel.

During an emergency, initial evacuation of persons in immediate danger must take precedence over all other actions. Initial evacuation routes are posted throughout the hospital. Initiation of a partial (i.e., horizontal or vertical) or total evacuation of the hospital, with the exception of the need to move persons in immediate danger, will be coordinated under the direction of the hospital's President & CEO/Incident Commander. Incident specific evacuation routes and the process by which floors will be evacuated must be coordinated through the Hospital Command Center.

During a major emergency, a hospital's telephone service may be overloaded or disrupted. In such an event, there are: emergency phones throughout the hospital and intercoms located in the following areas: Hospital Command Center, Emergency Department, Maintenance, PACU, Laboratory, Pharmacy, Out Patient Surgery, Materials Management, and Radiation Therapy. In addition, the Emergency Department can provide emergency communication equipment such as portable radio units, or staff may utilize personal cell-phones, for communications between employees throughout the emergency and for contacting emergency personnel. Evacuation and specific guidance for travel route and in-house transportation must be a systematic, coordinated effort in order to remove all patients, visitors, and staff from the hospital in a safe and timely manner.

The Incident Commander will assign a designated, representative to the affected department(s) exit point. This individual will be able to help provide in-house transportation information and real time guidance required to move patients to the appropriate Refuge Areas within the hospital. This individual will maintain telephone, radio or Vocera contact with the assigned representative within the Hospital Command Center and relay information regarding departmental conditions and

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needs. They will maintain contact with the HCC throughout the incident or until evacuation of the area is complete.

IX. EVACUATION RESPONSIBILITIES

A. PRESIDENT & CEO/INCIDENT COMMANDER

The Incident Commander will retain the full authority and remain responsible for the decisionmaking process until relieved by a more senior ranking official.

- All available information shall be evaluated and evacuation schedule established in coordination with the Administrative Staff/Section Chiefs. This information shall include: structural, non-structural and utility evaluation from the Director of Maintenance & Operations/Facility Unit Leader and the VP Regulatory Affairs & Quality/Logistics Chief.
- Patient status reports from Executive VP/Planning Chief.
- Evaluation of manpower levels and authorization activation of staff call-in plans as needed.
- Evacuation schedule to Executive VP/Planning Chief, Emergency Department Assistant Manager/Liaison Officer, Director of Safety & Security/Safety & Security Officer, VP Regulatory Affairs & Quality/Logistics Chief and VP Patient Care Services/Operations Chief which will be distributed to Department Managers/designees.

B. EMERGENCY DEPARTMENT ASSISTANT MANAGER /LIAISON CHIEF

Maintains contact with Washington County Department of Public Safety officials, Pennsylvania Department of Health and EMS agencies.

C. VP REGULATORY AFFAIRS & QUALITY/LOGISTICS CHIEF

- Notifies Executive VP/Planning Chief of plans.
- Assembles evacuation teams from Labor Pool of a minimum of 6 personnel.
- Ensures coordination of patient transportation with Emergency Department Assistant Manager/Liaison Officer.
- If able, assigns six people to each floor for evacuation manpower.
- Briefs team members on evacuation techniques
- Arranges transportation devices (wheelchairs, gurneys, evacuation equipment, etc.) to be delivered to assist in evacuation.
- Reports to Manager/designee for order of patients being evacuated and method of evacuation.
- Obtains equipment/supplies needed for structural safety during evacuation.

Evacuation responsibilities for specific departments are summarized below.

D. V.P. PATIENT CARE SERVICES/OPERATIONS CHIEF

1. ADMINISTRATIVE NURSING SUPERVISOR/INPATIENT AREAS SUPERVISOR

- Verifies Managers/designees have initiated evacuation procedure.
- Assigns Refuge Area Coordinators and adequate number of nurses to refuge areas.

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E. V.P. OF MEDICAL AFFAIRS /MEDICAL CARE DIRECTOR

- Notifies physicians of need for patient transfer orders.
- Organizes efforts to meet medical care needs and physician staffing of evacuation holding areas.
- Assists V.P. Patient Care Services/Operations Chief as needed.

F. ALL HOSPITAL EMPLOYEES

Any employee, who reasonably believes that an emergency is taking place, or is about to take place, that could put patients or staff in imminent danger, will initiate the emergency evacuation of an area. When the fire alarm sounds, employees should be expected to implement fire response procedures appropriate to his or her work area. There is no code to indicate if an alarm signifies an exercise or real fire. Therefore, every alarm should be treated as a potentially serious event.

If an emergency occurs in a patient care area, or threatens a patient care area, employees will remove patients who are in immediate danger. **DO NOT WAIT FOR INSTRUCTIONS.** Patients will be taken to the nearest safe area on the same floor beyond the first fire/smoke door if possible (horizontal evacuation). If the patients are not in immediate danger and the alarm has been activated, **WAIT** for evacuation orders.

Do not leave patients unattended. Hospital staff will assume responsibility for patients under someone else's care before they leave to report to pre-assigned disaster response assignments. For example, appropriate hand-off must be conducted before leaving any patient.

All hospital employees will canvas the hospital for existing patient transport equipment and redirect as needed to critical areas. Ensure adequate number of stretchers and other equipment to move patients.

G. SAFETY & SECURITY DEPARTMENT

All members of the hospital's Safety & Security Department will immediately communicate with their department to receive emergency orders. Communication will be done by radio or telephone. They will be prepared to perform a variety of duties including but not limited to:

- Ensure that an officer is dispatched to the front entrance of the hospital and to the Emergency Department entrance to meet the emergency responders and direct them to the scene of the problem.
- Ensure that officers are dispatched as needed to direct entrances/exits and activate lock-down procedures as needed.
- Security officers will follow departmental policies.

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- Security officers/designees, using radios will be located at exit(s) of patient care units to ensure that all patients, visitors and staff are accounted for.
- Checks that complete evacuation has taken place and that no patients/staff remain.
- Place "Evacuated at _____ (date/time)" sign up at main area exit/entrance of evacuated area after evacuation is complete.

H

FIRE RESPONSE TEAM

All members of the Fire Response Team will respond as per the hospital Fire Response Policy.

I

LABOR POOL

A representative will notify the Hospital Command Center (HCC) that they are operational. Normal visiting hours will be suspended during the emergency situation. It is anticipated that a significant number of people will volunteer their help during an emergency, including family members, visitors and nearby residents. The Director of Human Resources/Labor Pool Unit Leader will help manage this influx and assign personnel to register these volunteers and assign them to a specific Staging Area in the Labor Pool (Resident Dining Room). They should be prepared to perform a variety of duties including but not limited to:

- Report to the VP of Human Resources/Labor Pool Unit Leader at the hospital for a head count and to receive emergency assignments.
- Manage and establish the staging areas for volunteers, patient families/visitors and medical students in the Labor Pool Area (Resident Dining Room).
- Assign volunteers based on their ability to perform specific task.
- Ensure that responsible personnel are assigned to stay with relatives of victims in the hospital waiting area and provide the HCC with the names of family members and volunteers that are in the facility.
- All volunteers will sign-in at the Labor Pool and should provide their full name, contact information, credentials, and list any special talents (e.g., knowledge of another language).

All available non-clinical staff (i.e., Housekeeping, Medical Records, Business Office, Staff Education, SON, IS, etc.), not previously assigned will assist in the movement of patients.

MAINTENANCE & OPERATIONS

J

Maintenance personnel will report to the management of their assigned work unit. They will be prepared to perform a variety of duties including but not limited to:

- After conferring with the Hospital Command Center, responsible for shutting down the gas valves, air-conditioning, heating, ventilation and other utilities/equipment to all or part of the facility as appropriate.
- If unable to reach the Hospital Command Center due to the urgency of the situation or unavailability of communication equipment, Maintenance & Operations/Engineering has the authority to proceed with the shutdown. As soon as possible, the Hospital Command Center will be informed of the action.

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- Maintain and control functioning of all available elevators, ventilation equipment and emergency generators.
- Help move patients, and assist as directed by management.
- Transport storeroom supplies and bring in resources from other areas of the hospital as requested.
- In the event of a hospital wide evacuation, the employee will be expected to help move patients and victims from patient rooms to refuge areas and then to ambulances or other vehicles as appropriate.
- Perform other duties as requested or redeploy to provide labor resources as needed **K**.

NURSING DEPARTMENT MANAGERS

1

GENERAL STANDARDS

Maintain continuity of care by assigning responsibilities for ancillary personnel assigned to the unit and request additional resources as needed from the Labor Pool.

Communicate with the Hospital Command Center.

Request additional personnel to support and transport patients.

Provide adequate drug and medical equipment (e.g., oxygen, IV pump, etc) to support each patient during transportation and evacuation procedures.

Assign staff to clear all obstructions from corridors and then stand by to control fire/smoke doors and exits as required.

Utilize the departmental "Patient Condition List" and Staffing roster for accountability of all patients and staff.

Coordinate the discharge and movement of current patients to create room for incoming patients or evacuees from other areas in the hospital.

Evacuate patients in immediate danger first, followed by ambulatory patients. Appoint a leader to lead them to the safest part of the same floor (toward exit). Direct the leader as to where to take the patients if they must leave the floor. Do not leave ambulatory patients without staff guidance. When possible, use wheelchairs to remove nonambulatory patients to a safe place on the same level and then take the chairs back for additional patients.

Children should be handled like other patients, except that in ambulatory evacuation alternate the older and younger children in the evacuation line, if time and circumstances permit.

Disoriented patients (e.g., Psych, Dementia/Alzheimer's) should be handled like other patients. If time and circumstances permit, alternate the confused ambulatory patients between coherent patients.

The immediate safety of the patient at this time must be given preference over aseptic techniques.

As the department is evacuated, assess the need to shut off utilities (e.g., medical gases, equipment, etc) and **TURN ON THE LIGHTS**.

Be alert for further instructions or changing environment hazards. Make periodic checks to assess patient's safety and emotional health.

Ensure that doors are closed and mark an "X" after a patient room is evacuated.

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Before initiating a horizontal evacuation of patients, staff should do a quick check of the adjoining area of refuge to avoid unnecessary movement to potentially unsafe areas.

In collaboration with physicians, if possible, evaluate the status of each patient.

Determines patient status. Patients will be evacuated according to status.

Communicate status on patients' charts according to the following criteria: Non-critical/Ambulatory, Non-critical/Non-ambulatory and Critical/Requires Ventilation or Special Equipment.

Report patient status to the HCC and to the VP of Patient Care Services/ Operations Chief.

Secure a triage transportation tag to the patient gown or robe; provide a copy of tag to Director of Admitting & Patient Access/Patient Tracking Officer for tracking.

Determine the best available method for transportation for each patient and most appropriate destination based on patient acuity and care needs (e.g., SNF, etc).

Identify and procure specialty equipment, as needed, which will be necessary for transportation and continued patient care.

Place patient records, medications, prosthetics and valuables in a bag with each patient's name clearly marked in indelible ink on the bag.

Assign a person to record Evacuation Activity including: time of evacuation, method of evacuation, name of patient, evacuation status and evacuated from Room _____ to _____(area). Forward documentation of evacuation and patient disposition to Director of Admitting & Patient Access/Patient Tracking Officer.

Assist Case Management Manager/Patient Information Officer and Social Services in notifying patient emergency contact.

As time permits, places personal belongings in bag labeled "BELONGINGS" with patient's name clearly marked in indelible ink name and patient number.

REMEMBER, IF HORIZONTAL EVACUATION IS IMPLEMENTED, IT COULD BE JUST THE INITIAL STEP IN A SERIES OF MOVEMENTS TO SAFETY. BE ALERT FOR FURTHER INSTRUCTIONS!

2. CARDIOPULMONARY SERVICES/RESPIRATORY CARE

- Assign staff members to perform ventilation on required patients.
- Assesses number of positive pressure breathing devices/bag-valve-masks available.

3. MEDICAL/SURGICAL PATIENT CARE UNITS

When an emergency occurs, all staff will report to their own department for a head count and emergency assignments. **Managers/designee** will direct activities of their staff. These activities may include, but are not limited to:

UNIT SPECIFIC STANDARDS

Orthopedic patients who are fastened into traction devices may not fit through doorways. To the extent possible, patients should not be left unattended. Ropes and straps may have to be disconnected or cut to move the patient.

4. SURGICAL SERVICES (i.e., OPERATING ROOMS, POST ANESTHESIA CARE UNITS)

When an emergency is called, the remaining elective surgical schedule will be cancelled. The following guidelines will be used in the event that it becomes necessary to evacuate the operation

room. The area to which these patients will be taken will depend upon the condition of other areas of the hospital and how many patients need to be evacuated.

If anesthesia has begun but the surgical procedure has not started, the anesthesiologist will terminate the anesthetic as soon as it is safe to do so. The anesthesiologist and circulating nurse will accompany the patient to a pre-determined safe location.

If a surgical procedure is in progress, the surgeon and anesthesiologist will determine when it is safe to terminate the procedure and move the patient. During transport, the anesthesiologist, the circulating nurse and the surgeon will accompany the patient if the surgical procedure has not been completed.

The following personnel are responsible for ensuring the safety of all patients:

- **Operating suite**, the surgeon in charge in each case.
- **PACU**, the covering anesthesiologist is responsible to coordinate with nursing.

The **Manager/designee** will direct activities of the staff. These activities may include, but are not limited to:

UNIT SPECIFIC STANDARDS

- Close doors to occupied OR suite(s) and place wet towels around the doors if smoke, dust or fumes are present; keep the surgeon advised on safe exit routes, relocation or refuge areas.
- To the greatest extent possible, obtain equipment and services required for completion of the surgery; Keep list of anticipated supplies on hand and be prepared to ensure additional sterile supplies can be processed quickly.
- Immediately call for additional support to transport and move patients.
- Appoint a leader to go with patients and lead them to the safest part of the same floor (toward exit) and direct the leader where to take them if they must leave the floor.
- When possible, use wheelchairs to remove non-ambulatory patients to a safe place on the same level and then return the chairs for remaining patients.
- Non-ambulatory patients may be rolled in a blanket and moved to a safe location in addition to using stretchers and beds where feasible.

5. CRITICAL CARE

In the event of an emergency, the **Manager/designee** must evaluate patients in the Critical Care Unit in collaboration with the intensivist or a resident for possible discharge. Using established discharge criteria as a guide, as many patients as possible should be transferred out of the Critical Care Unit. The **Manager/designee** will direct activities of the staff. These activities may include, but are not limited to:

UNIT SPECIFIC STANDARDS

- Patients may be rolled in a blanket and moved to a safe location in addition to using stretchers and beds where feasible.

PATIENT CARE CONSIDERATIONS:

a. Patients on ventilators:

- Work with the residents and respiratory therapists to evaluate whether it is appropriate to shut-off oxygen, ventilation equipment and other gases and provide interim support.
- When central O2 is turned off, switch ventilator to room air and/or obtain portable O2 tanks. If no power, patients must be bagged. When evacuating, ventilator patients must be bagged.

b. Patient with arterial lines and Swan-Ganz:

- Disconnect transducer from patient cable. Take pressure bag with patient.

6 LABOR AND DELIVERY

Designated Nursing staff will report to their own department for a head count and emergency assignments. The **Manager/designee** will direct activities of the staff. These activities may include, but are not limited to:

UNIT SPECIFIC STANDARDS

- Assign support staff to wheel incubators, instruments and supplies with the patient if needed to complete Labor and Delivery procedures.
- Babies can be in the mother's arms or be carried by a nurse utilizing the infant evacuation aprons.

7 OB/GYN AND PEDIATRICS

In the event of an emergency, the **Managers/designees** will ensure that as many babies as possible are taken to their mothers. The **Managers/designees** will direct activities of the staff. These activities may include, but are not limited to:

UNIT SPECIFIC STANDARDS

- Boarder babies will remain in cribs/bassinets with a nurse in attendance during Shelter in Place and horizontal evacuations.
- Incubator babies will be moved in their incubators to other locations, and if necessary, multiple babies may be placed into a single crib or incubator.
- Helpless patients may be rolled in a blanket and moved to a safe location in addition to using stretchers and beds where feasible.

L NUTRITIONAL SERVICES

Nutritional Service employees will be prepared to perform a variety of duties including but not limited to:

- Assist in directing visitors in the food service areas to exit the hospital.
- Immediately clear hallways of all tray carts, steam carts and food serving carts.
- Prepare and serve nourishment to patients, family members, volunteers and other personnel if good health practices can be maintained.
- Set up menus or backup service in emergency situation and maintain adequate supplies.

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Evaluate the impact of the emergency situation to determine if utilities and appliances in kitchen and cafeteria areas should be shut off or are safe.

X. FACILITY ORDER AND ROUTE OF EVACUATION

A. EVACUATION OF PATIENT CARE AREAS

REMOVAL OF PATIENTS, WHEN AUTHORIZED, WILL BE IN THE FOLLOWING ORDER:

- Patients in Immediate Danger
 - Walking or ambulatory patients
 - Leave in single file.
 - Wheelchair patients, Isolettes, Cribs
 - Bed bound patients, those patients not able to help themselves.
- Elevators are to be used only upon the instructions of the President & CEO/Incident Commander. Staff will inspect the evacuation route prior to beginning evacuation to determine if it is safe to use. During evacuation, place chart with patient and include personal belongings if possible and a blanket. Patients unable to walk may be moved to safety by: back carry, blanket carry, beds, transport carts, and evacuation equipment. After the evacuation is complete, a head count will be made with the results reported to the President & CEO/Incident Commander.

B. PATIENT TRANSPORT/EVACUATION METHODS THAT MAY BE UTILIZED:

- **BLANKET CARRY** - patient behind and facing you, blanket under his arms and over your shoulders, knot held in front of you. Blanket should be folded diagonally. Lean forward to carry.
- **BLANKET DRAG** - patient diagonal, lift at head and pull head first, even down stairs. To move patient from bed to floor or blanket.
- **SWING METHOD:** One carrier on each side of patient, grasping each other's wrist under his/her knees and each other's shoulder behind patients back (under his/her arms). Especially for seated patients.
- **3 CARRIERS:** All on one side of patient, lift and roll patient to face their chest. Carry feet first. Can be aided by fourth person lifting from other side until weight is up and balanced.
- **6 CARRIERS:** Three on each side of patient can provide full spine support by alternating arms underneath.

C. PRIMARY EVACUATION ROUTES

All patients, visitors and staff will utilize the nearest exits to their area and will be directed to the parking lot closest to their evacuation route. Exit routes are identified with illuminated "EXIT" signs as per the Life Safety Codes. Primary total evacuation routes for different sections of the hospital are as follows:

1. HOSPITAL GROUND AND FIRST FLOOR, AND SINGLE STORY OUTSIDE FACILITIES:

All patients, visitors and staff will be evacuated via the nearest fire exits to their respective areas and will be directed to the parking lot closest to their evacuation route.

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2. HOSPITAL SECOND FLOOR:

All ambulatory patients, visitors and staff will **exit through the nearest fire exit**. All stretcher and wheelchair patients are to be evacuated through the S-Wing Main Lobby.

2A area evacuees (i.e., Pharmacy, Morgue, and Housekeeping Department) should exit via the **2A Pharmacy exit, 2A service ramp or employee entrance**, whichever is closest.

2B area evacuees (i.e., Laundry, and Maintenance) should exit via the **Maintenance entrance doors**.

2C area evacuees (i.e., Nutritional Services/Cafeteria) should exit via the **C-wing North** stairwell and exit by the Safety and Security Department or the **Cafeteria stairwell** to the Emergency Department entrance behind Nurses Station 3.

2E area evacuees (i.e., Community Room, Case Management, and Employee Assistance Program), should exit via the **Community Room exit or Main Lobby**.

2S area evacuees (i.e., Security, Volunteers Desk, Admitting/Patient Access, Laboratory, and Gift/Coffee Shop) should exit via the **Main Lobby or the S-Wing stairwell** exit located by the elevators.

2H area evacuees (i.e., Stout Conference Rooms), should exit via the H Wing entrance or H Wing Southeast stairwell.

3. HOSPITAL THIRD FLOOR:

3A area evacuees (i.e., Medical Staff Offices, WPSO Offices, Ruth York Learning Center, Medical Library, and Administration Offices) should exit via the physician's entrance or the **A-Wing stairwell** and proceed to the **West** exit.

3B area evacuees (i.e., Switchboard, Medical Records, and Radiology) should exit via the **B-Wing stairwell** to the **Maintenance entrance doors**.

3C area evacuees (i.e., Nuclear Medicine) should exit down the **C-Wing stairwell** and exit by the Safety and Security Department or **Cafeteria stairwell**.

3E area evacuees (i.e., OR) should exit via the **E-Wing, West stairwell or E-Wing East stairwell**.

3S area evacuees (Laboratory) will exit down the **S-Wing, North stairwell** and out nearest exit.

3H area evacuees (i.e., OPSU, PACU and OR), should exit via the H Wing Southeast stairwell.

All others are to evacuate via nearest exits.

4. HOSPITAL FOURTH FLOOR:

4A area evacuees (i.e., Acute Rehab Unit) should exit via the **A-Wing, North or South stairwell** and proceed to the closest exit.

4B area evacuees (i.e., Physical Therapy) should exit via the **B-Wing stairwell** to the **Maintenance entrance doors**.

4C area evacuees (i.e., Ortho-Neuro) should exit down the **C-Wing, North or South stairwell**.

4E area evacuees (i.e., Information System Net Techs) should exit via the **E Wing, East stairwell or C-Wing South stairwell**.

4S area evacuees (Surgical) will exit down the **S Wing, North or South stairwell** and out nearest exit.

4H area evacuees (i.e., Mechanical Room), should exit via the H Wing Southeast stairwell.

All others are to evacuate via nearest exits.

5. HOSPITAL FIFTH FLOOR:

5A area evacuees (i.e., Innovation Unit) should exit via the **A-Wing, North or South stairwell** and proceed to the closest exit.

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5B area evacuees (i.e., Respiratory Care) should exit via the ***B-Wing stairwell*** to the ***Morgue entrance doors***.

5C area evacuees (i.e., Labor & Delivery) should exit down the ***C-Wing, North or South stairwell***.

5E area evacuees (i.e., Obstetrics and Gynecological) should exit via the ***E-Wing, East or West stairwell***.

5S area evacuees (Pediatrics, Medical/Surgical Department) will exit down the ***S-Wing North stairwell*** and out nearest exit.

5H area evacuees (i.e., Critical Care Unit), should exit via the H Wing Southeast stairwell or E Wing East stairwell.

All others are to evacuate via nearest exits.

6. HOSPITAL SIXTH FLOOR:

6A area evacuees should exit via the ***A-Wing, West stairwell*** and proceed to the closest exit.

6B area evacuees (i.e., Transport Services, Hospitalist, Staffing Office and offices) should exit via the ***B-Wing stairwell*** to the ***Maintenance entrance doors***.

6E area evacuees (i.e., Oncology) should exit via the ***E-Wing, East or West stairwell***.

6S area evacuees (Medical Surgical Department) will exit down the ***S-Wing, North stairwell*** and out nearest exit.

All others are to evacuate via nearest exits.

7. HOSPITAL SEVENTH FLOOR:

7E area evacuees (i.e., Cath Lab) should exit via the ***E-Wing, East stairwell***.

7E area evacuees (i.e., Cardiac Short Stay Unit) should exit via the ***E-Wing, East or West stairwell***.

7S area evacuees (Cardiac) will exit down the ***S-Wing, North or South stairwell*** and out nearest exit.

All others are to evacuate via nearest exits.

8. HOSPITAL EIGHT FLOOR:

8E area evacuees (i.e., STAT MedEvac) should exit via the ***E-Wing, East or West stairwell***.

All others are to evacuate via nearest exits.

9. HOSPITAL NINTH FLOOR:

9TH floor evacuees should exit via the ***E-Wing, East stairwell***.

D. WHAT TO DO IF: YOUR EXIT ROUTE IS BLOCKED BY SMOKE:

a. **Stay calm, crawl low on the floor under the smoke.** The air is easier to breathe near the floor.

b. **If trapped in a room, close all doors between you and the smoke.** Seal the cracks around the doors and vents.

c. **If possible, open windows slightly at the top and bottom to let fresh air enter.**

d. **Signal at the window to rescuers.** Hang an object out the window (sheet, blanket) to attract the Fire Department's attention. If there is a phone in the room, give the operator your exact location, even if the fire department is on the scene. **Do not jump! The fire department will rescue you.**

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E. WHAT TO DO IF YOU ARE ON FIRE:

STOP, DROP, AND ROLL. If your clothes catch on fire, **Stop, Drop, and Roll**, wherever you are. Rolling smothers the fire.

F. EVACUATION OF NON-PATIENT AREAS

Should an incident occur of such magnitude requiring total evacuation from the hospital or evacuation of a specific floor, the staff on that floor should immediately evacuate to a safe area to await specific emergency response assignments. For purposes of identification, staff members of these non-patient care areas should be classified as non-clinical. Under emergency conditions, this group of personnel will report to the Labor Pool or as determined by the Incident Commander to receive emergency response assignments if they do not have predesignated duties. General hospital evacuation guidelines include:

1. Persons in immediate danger should vacate first via the nearest exit. Prior to opening an interior door, first using the back of your hand, feel the door for heat. **NEVER** open a door that feels hot to the touch. Try to find an alternative exit. Pull the fire alarm if you see fire, smoke or any hazardous condition.
2. In threatened areas, first close all windows and doors if you can do so without placing yourself in danger.
3. In an area where there are visitors, calmly gather them in one area and direct them in a single file to the nearest exit. Assign one volunteer or employee to lead them, and one volunteer or employee to be the last in line. These visitors should be sent or escorted to one of the Refuge Areas. Visitors should remain in the refuge area until an "all clear" communication is declared or other directions are given. Available staff should then report to the Labor Pool.
4. **Always close doors you pass through and leave the lights on.**

XI. EVACUATION TRANSPORTATION TAG

An Evacuation Transportation Tag System can be useful to track patients who require evacuation from the hospital. Physicians and Nursing staff will be responsible for patient assessment/triage which will dictate mode of transportation based on acuity and care needs.

Conditions permitting, the assessment/triage process and transportation tag completion should be completed prior to movement of patient from the department. The tags should be updated and referred to during triage and transportation to the areas of refuge and possibly other healthcare facilities.

Director of Admitting & Patient Access/Patient Tracking Officer at the hospital will be responsible for tracking patients who are being transported to other locations.

XII. TRANSPORTATION RESOURCES

Transportation needs should be assessed and appropriate types of vehicles (ambulance, van, bus, etc.) will be determined. Travel arrangements will be coordinated through the Washington County

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Department of Public Safety Transportation Officer or the EMS Transportation Officer. Transportation requirements for large numbers of patients, medical supplies and equipment are difficult. In addition, available relocation sites with the necessary advanced life support equipment and emergency medical facilities tend to be scarce. EMS may or may not be able to provide additional transportation resources during an evacuation based on the nature of the event and its effect on citywide resources.

XIII. ALTERNATE CARE SITES

A list of local hospitals will be kept by the Admitting/Patient Access Department and made available during an event. The most prominent issue, as is the case with many hospitals, is that of staffing, specifically nurses, for the extra beds and even for existing beds.

There is currently a memorandum of agreement amongst the three Washington County hospitals to serve as alternate care sites for each other if the need arises, in addition to a memorandum of understanding with the Region 13 hospitals. Examples of such needs include but are not limited to: surge capacity, decontamination, and special populations.

XIV. STAFF EDUCATION

All employees and volunteers receive education and training on the Evacuation Plan, and response during new employee orientation. Individual departments and the Evacuation Plan provide employees with directions on how to prepare the hospital for evacuation. The Staff Education Department, in collaboration with the Director of Safety & Security, develops and provides this training. In addition, regular Emergency Preparedness exercises are completed that test employee knowledge of the Emergency Preparedness Plan on an ongoing basis. Department managers provide employees with specific Emergency Preparedness orientation to their department at the time of hire. The Medical Staff receives orientation and training to their role for Emergency Preparedness and in preparing the hospital for evacuation during their initial orientation to the hospital.

Exercises will be critiqued to identify deficiencies and opportunities for improvement and will be evaluated on staff knowledge of the following:

- Specific building evacuation response duties
- Preparation for hospital evacuation
- Transfer of patients to areas of refuge

Fire Safety Management Plan

(Policy STAT ID: 4739128)

I. SCOPE

The Washington Hospital Fire Prevention Management Plan describes the process that will provide for a fire safe environment of care for patients, visitors, employees, and medical staff. The program is designed to assure compliance with the requirements of the Joint Commission, Pennsylvania Department of Health, NFPA Life Safety Code 2012 Edition, Pennsylvania Department of Labor and Industry and all other applicable codes and standards.

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Coordination of the Fire Safety Management Program is a shared responsibility of the Hospital Director of Safety and Security and Director of Facilities Management. All hospital employees participate in the Fire Safety Management Program.

To maintain the facilities in compliance with the Life Safety Code 2012 (LSC) and to comply with other applicable National Fire Protection Association (NFPA) standards, The Washington Hospital has established programs and practices, including:

- Maintenance programs
- Interim Life Safety Management Program
- Joint Commission Standards
- PA DOH Standards
- Facility fire response plan

In compliance with Joint Commission, the Hospital has adopted LSC NFPA 101 2012 as its standard, except when state and local requirements are more stringent.

The 2018 Guidelines for Design and Construction for Hospitals and Health Care Facilities manual, Pennsylvania Department of Health Standards, and NFPA 2012 Standard for Health Care Facilities are used as design criteria for renovation and new construction projects. The Washington Hospital recognizes the need to consider and implement infection control risk assessments, and Interim Life Safety measures as required during renovation/construction projects and whenever patients are exposed to an increased risk of exposure to fire or products of combustion.

II. OBJECTIVES

The processes included in the Fire Safety Management Plan are designed to meet specific objectives. They include:

- A. Ensure proper operation of fire detection, alarm, and suppression systems through a program of inspection, testing, and maintenance.
- B. Ensure proper maintenance of other built and installed life safety features, such as fire and smoke walls, and fire doors.
- C. Provide and maintain portable fire extinguishers according to established criteria for type, placement, inspection, maintenance, and use.
- D. Ensure that acquisitions such as curtains, furniture, waste baskets, bedding, and other equipment meet established fire safety criteria.
- E. Investigate and recommend actions to correct deficiencies, failures, and user errors that may impact fire prevention or safety.
- F. Ensure that all employees and others working within the building understand the buildings life safety features and their roles in fire prevention and response.
- G. Conducting fire safety training and supervising staff activities to reduce the possibility of fire and its effects should one occur.
- H. Ensure that fire response procedures address institutional and departmental/area needs.
- I. Establish processes for identifying deficiencies and collecting data regarding fire prevention and life safety processes and staff compliance.
- J. Developing plans for improvement to resolve life safety deficiencies.
- K. Implementing Interim Life Safety Measures (ILSM) whenever serious life safety deficiencies exist

and whenever life safety is diminished during construction.

III. RESPONSIBILITIES

- A. The Director of Safety and Security and the Director of Facilities Management are responsible for developing, implementing, and monitoring this plan. The Director of Safety and Security focuses on the human aspects of fire safety such as safe work practices and emergency response evacuation. The Director of Facilities Management focuses on the physical aspects of fire safety such as operability of fire safety equipment and the design, construction, and maintenance of buildings.
- B. All staff, personnel, and volunteers are responsible for obeying fire safety rules and participating in fire exit drills.

IV. FIRE SAFETY MANAGEMENT IMPLEMENTED PROCESSES

- A. **Fire Protection for Patients, Personnel, Visitors and Property. Strategies used to protect patients, personnel, visitors, and property from fire and products of combustion include, but are not limited to the following:**
 - 1. Compliance with NFPA 101, Life Safety Code and other referenced NFPA standards.
 - 2. Testing and maintenance programs for fire protection systems and safety equipment.
 - 3. Continuous identification and correction of life safety deficiencies.
 - 4. Implementation of ILSM during construction and when significant life safety deficiencies exist.
 - 5. Procurement of flame resistant, bedding, draperies and other curtains, furnishings, decorations, and other equipment.
 - 6. Development and implementation of effective fire prevention and emergency response plans.
 - 7. Training and education programs that address assignment of specific duties, use of function of fire alarm systems, transmission of alarms, containment of smoke and fire, fire extinguishment, transfer to areas refuge, and preparation of building evacuation.
 - 8. Conduct of periodic fire drills to reinforce fire safety training programs.
 - 9. No smoking policy enforcement.

B. Inspection, Testing and Maintaining Fire Protection System (EC 02.03.05)

1. Director of Facilities Management is responsible for the maintenance, testing, and inspection of the fire protection systems. The scheduled tests are summarized in the following table:

Summary of Fire Protection Systems Maintenance, Testing and Inspection		
Equipment	Frequency	Reference / Element of Performance
Fire Detection and Alarm Systems		
Supervisory signal devices except valve tamper switches	Quarterly	NFPA 72, 2010 / EP 01
Valve tamper switches and water flow devices	Semi-annually	NFPA 72, 2010 / EP 02
Duct detectors	Annually	NFPA 72, 2010 / EP 03
Electromechanical releasing devices	Annually	NFPA 72, 2010 / EP 04
Heat detectors	Annually	NFPA 72, 2010 / EP 03
Manual fire alarm boxes	Annually	NFPA 72, 2010 / EP 03
Smoke detectors	Annually	NFPA 72, 2010 / EP 03
Occupant alarm notification devices (audible and visible devices)	Annually	NFPA 72, 2010 / EP 04

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Off-premises emergency forces notification and transmission equipment	Quarterly	NFPA 72, 2010 / EP 04
Water-based Automatic Fire Extinguishing Systems		
Fire pumps	Monthly, no flow	NFPA 25, 2011 / EP 06
Fire pumps	Annually, flow condition	NFPA 25, 2011 / EP 11
Main drains	Annually	NFPA 25, 2011 / EP 09
Fire department connections	Quarterly	NFPA 25, 2011 / EP 10
Standpipe systems	Water flow tests at least every 5 years	NFPA 25, 2011 / EP 12
Dry Chemical Suppression Systems		
Kitchen automatic fire extinguishing systems	Semi-annually	NFPA 96, Commercial Cooking Operations / EP 13
Carbon dioxide and other automatic fire extinguishing systems	Annually	NFPA 13 and NFPA 12A / EP 14
Portable Fire Extinguishers		
Portable fire extinguishers	Inspected monthly; Maintained annually	NFPA 10 / EP 16
Smoke and Fire Management Systems		
Smoke and fire dampers	Inspect and test 1 year	NFPA 80, NFPA 105,

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	after installing; every 6 years thereafter	2007, NFPA 90A / EP 18
Automatic smoke detection shutdown devices for air handling equipment	Annually	NFPA 90A / EP 19
Standpipe occupant hose	Inspect and test 5 years after installing; every 3 years thereafter	NFPA 1962; NFPA 25 / EP 17
Fire doors	Annually	EP 25
Elevators with fireman's call	Monthly	NFPA 101; EP 27
Fire documentation review	Annually	EP 28

2. All life safety equipment is included in the Preventive Maintenance Program.

3. The Washington Hospital maintains documentation for the following:
- A current, accurate, and separate inventory of life safety equipment included in this management plan.
 - Performance and testing of each component identified in the plan.
 - Critical components of life support utility/equipment consistent with maintenance strategies.

C. Fire Response Plan

The Fire Response Plan is contained in the Hospital Policy Manual. The Plan addresses, but is not limited to, the following:

- Facility-wide fire response.
- Area-specific needs including fire evacuation routes.
- Specific roles and responsibilities of staff and volunteers at a fire's point of origin.
- Specific roles and responsibilities of LIP's (Licensed Independent Practitioners) at a fire's point of origin.
- Specific roles and responsibilities of staff and volunteers away from a fire's point of origin.
- Specific roles and responsibilities of staff and volunteers in preparing for building evacuations.

D. Reviewing Proposed Acquisitions for Fire Safety

Materials Management maintains standards for the purchase of bedding, window draperies and other curtains, furnishings, decorations, and the Facilities Management Department maintains standards for facility finishes such as wall and floor coverings in accordance with the Life Safety Code.

E. Compliance with the Life Safety Code

1. Newly constructed and existing buildings are designed and maintained to comply with the 2012 edition of Life Safety code, NFPA 101, and AIA Guidelines for Design and Construction of Hospital and Healthcare Facilities, 2010 hospital edition and Federal Accessibility Standards.
2. The Director of Facilities Management is responsible for making sure that sufficient progress is made towards the completing corrective actions in a timely manner.

F. Fire Drills

1. The Director of Safety and Security conducts and documents Fire Drills, according to Fire Response Plan. The **Fire Response Plan** is contained in the Hospital Policy Manual.
2. Fire drills are conducted quarterly on all hospital shifts annually in Business Occupancies. At
3. least 50% of the required drills are announced.
4. Staff in all areas of every building where patients are housed or treated participates in drills to the extent called for in the facility's fire plan.
5. All fire drills are critiqued to identify deficiencies and opportunities for improvement.
3. The effectiveness of the fire response training is evaluated at least annually.
7. During fire drills, staff knowledge is evaluated on the following:
 - a. When and how to sound fire alarms.
 - b. When and how to transmit for off-site fire responders.
 - c. Containment of smoke and fire.
 - d. Transfer of patients to areas of refuge.
 - e. Extinguishing fire.
 - f. Specific fire response duties.
 - g. Preparation for building evacuation.

G. Interim Life Safety Measures

The Director of Facilities Management implements ILSM to temporarily compensate for hazards posed by significant life safety deficiencies and construction. Responsibilities, selection, and documentation are provided in an attachment to this policy.

H. Reporting and Investigating Deficiencies, Failures and User Errors

1. Processes for identifying deficiencies, failures, and errors include semiannual safety surveillance surveys, security rounds, Fire Department inspections, routine building maintenance inspections, periodic life safety assessments to update the Statement of Conditions, inspection, testing, and maintenance activities, fire drills, and ILSM inspections.
2. Personnel may report deficiencies and problems via the Hospital work order system. The Director of Safety and Security investigates and documents deficiencies, failures, and errors and ensures corrective action is taken to prevent recurrence.
3. The Safety Committee reviews summary reports of life safety deficiencies, failures, and user errors and recommends corrective actions as necessary.

V. PERFORMANCE INDICATORS

- A. Performance monitoring is used to:
 - 1. Identify areas of concern and strengths in The Washington Hospital Fire Prevention and Response Program.
 - 2. Identify or determine actions necessary areas of concern.
 - 3. Assess compliance with fire Safety standards.
- B. The Director of Safety and Security and the Director of Facilities Management:
 - 1. Identify at least one measurable performance improvement standard to monitor performance regarding actual or potential risk related to one or more of the following:
 - a. Staff knowledge and skills.
 - b. Level of staff participation.
 - c. Monitoring and inspection activities.
 - d. Emergency and incident reporting.
 - e. Inspection, preventive maintenance, and testing of equipment.
 - 2. Consider high-risk, high-volume or chronic problems when developing performance standards to better focus limited resources.
 - 3. Set desired goals or benchmarks and develops and implements data collection and reporting procedures.
- C. The Safety Committee tracks performance and documents the results in the committee minutes.
- D. Annually, the Safety Committee recommends at least one EC performance improvement standard.
- E. The current performance indicators are:
 - 1. Required fire drills.
 - 2. Required testing of fire suppression systems.
 - 3. Required testing of emergency power systems.

VI. EFFECTIVENESS

- A. The effectiveness of the Fire Safety Management Plan will be reported regularly and an annual evaluation will be performed at the end of the fiscal year.

VII. ORIENTATION AND EDUCATION

- A. The orientation and education component pertaining to safety addresses the following criteria:
 - 1. Fire prevention.
 - 2. Building compartmentalization and defend-in-place concepts.
 - 3. Responsibilities and emergency response procedures (at and away from fire's point of origin).
 - 4. Fire evacuation routes and areas of refuge.
 - 5. Use and function of the fire alarm systems.
 - 6. Building evacuation procedures and location and use of evacuation equipment.
 - 7. Actions necessary to contain smoke and fire.
- B. The Education Department manages New Employee Orientation Program. Generally, new employees are scheduled to attend orientation within 30 days of hire.
- C. The Education Department manages the Annual Refresher Training Program. Generally, all staff and personnel attend refresher training yearly thereafter.
- D. Supervisors provide worksite-specific orientation and annual refresher training.
- E. All staff training is documented.

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P - Pull Pin	R - Race
A - Aim	A - Alarm
S- Squeeze	C - Contain
S - Sweep	E - Extinguish

Fire Alarm Evacuation Policy

Evacuation is mandatory for all individuals when the fire alarm is sounding. Anyone who fails to evacuate may face disciplinary action.

Once a fire alarm sounds, do not assume that a fire alarm is a drill or false alarm. Remain calm and evacuate the facility. Remember to follow the instructions of the emergency responders. Do not reenter the facility until authorized. If you have any information regarding the alarm, present that information immediately to the responding emergency personnel.

While evacuating, remain attentive for dangerous or criminal activity that may be associated with the evacuation notice. Fire alarm activations may be associated with incidents other than fire. It is also possible that an individual has falsely activated the alarm system. If you observe criminal or suspicious activity, report it immediately to the WHS Police Department.

(Duke University Annual Security Report, pg. 12)

Fire Safety Report

Campus Fire Safety Right -to-Know Act

The Campus Fire Safety Right -to-Know Act is an amendment to the Higher Education Opportunity Act. This amendment serves to increase campus fire safety awareness across the nation, providing students and their families with the fire safety records of colleges/universities. Signed into law by President George W. Bush on August 14, 2008, this amendment requires post-secondary institutions to publicly release fire safety information. See Statistical Report within this document.

(Duke University Annual Security Report, pg. 12)

Washington Health System Emergency Codes

Washington Hospital - Dial **3-3-3-3** inside the main hospital building School of Nursing Building - Dial **9-1-1**
Buildings outside or off site of the Washington Hospital - Dial **9-1-1** WHS Greene - Dial **1-0-0** inside the main hospital building

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Medical	Medical Emergency Adult + Location
	Medical Emergency Pediatric + Location
	Medical Emergency Newborn + Location
	Rapid Response Adult + Location
	Rapid Response Pediatric + Location
	Stroke Alert + Location
Facility	Fire Alert + Location
Security/ Safety	Active Shooter Alert + Location
	Disaster Alert + (Nuclear, Biological, Chemical, Trauma)
	Missing Person Alert + Descriptor
	Security Alert + Location

Non-Discrimination Policy (WHSSN Faculty Manual)

Title IX of the Education Amendments of 1972 prohibits discrimination based on sex in educational programs and activities that receive federal financial assistance. To ensure compliance with Title IX and other federal and state civil rights laws, the Washington Health System School of Nursing has developed policies and procedures that prohibit sex discrimination in all of its forms.

It is the policy of the School of Nursing to admit qualified applicants without regard to race, color, national origin, ancestry, sexual orientation, religious creed, sexual preference, disability, age, veteran's status, gender identity, or marital status to all the rights, privileges, programs and activities generally accorded or made available to students at the School. It does not discriminate on the basis of race, color, national origin, ancestry, sexual orientation, religious creed, sexual preference, disability, age, veteran's status, gender identity, or marital status in administration of its educational policies, admission policies, scholarships and loan programs, and other school-administered programs.

The Title IX Coordinator has been designated to handle inquiries regarding Non-Discrimination Policies:
Jamie L. Golden MSN, RN, CNE Director, SON 724-223-3172 jlgolden@whs.org

The school encourages those who have experienced any form of sex discrimination to report the incident promptly to the Title IX Coordinator and/or the WHS Police Department. The School takes complaints very seriously and will work with victims to ensure their safety and to remedy the situation.

Non-Harassment/Assault /Bullying/Academic Incivility Policy (WHSSN Faculty Manual)

WHSSN is committed to maintaining a teaching/learning environment in which all students are treated with respect and dignity free from harassment and bullying, in both the classroom and all clinical settings.

Harassment is defined as showing hostility or aversion towards an individual that creates an intimidating, hostile, or offensive environment. It is conduct based on a protected class (race, national origin, color, sex, disability, religion) that is severe, pervasive, or persistent and creates a hostile environment.

Sexual Assault (as defined under the Clery Act) is an offense that meets the definition of rape, fondling, incest, or statutory rape as used in the FBI's Uniform Crime Reporting system. A sex offense in any act directed against another person, without the consent of the victim.

- **Rape** is defined as the penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.
- **Fondling** is defined as the touching of the private parts of another person for the purpose of sexual gratification, without the consent of the victim, including instances where the victim is incapable of giving consent because of his/her age or because of his/her temporary or permanent mental incapacity.
- **Incest** is defined as non-forcible sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.
- **Statutory Rape** is defined a non-forcible sexual intercourse with a person who is under the statutory age of consent.

Domestic Violence (as defined under the Clery Act) is felony or misdemeanor crimes of violence committed:

- by a current or former spouse or intimate partner of the victim;
- by a person with whom the victim shares a child in common;
- by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner;
- by a person similarly situated to a spouse of the victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction in which the crime of violence occurred.

For the purposes of complying with the requirements of this section any incident meeting this definition is considered a crime for the purposes of Clery Act reporting.

Dating Violence (as defined under the Clery Act) is violence committed by a person:

- who is or has been in a social relationship of a romantic or intimate nature with the victim and;
- the existence of such a relationship shall be based on the reporting party's statement and with consideration of the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship.

For the purposes of this definition:

- Dating violence includes, but is not limited to, sexual or physical abuse or the threat of such abuse.
- Dating violence does not include acts covered under domestic violence.

For the purposes of complying with the requirements of this section any incident meeting this definition is considered a crime for the purposes of Clery Act reporting.

Stalking (as defined under the Clery Act) is engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

- fear for the person's safety or the safety of others; or
- suffer substantial emotional distress.

For the purpose of this definition:

- Course of conduct means two or more acts, including, but not limited to, acts which the stalker

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directly, indirectly, or through third parties, by any action, method, device, or means follows, monitors, observes, surveils, threatens, or communicates to or about; a person, or interferes with a person's property.

- Substantial emotional distress means significant mental suffering or anguish that may, but does not necessarily, require mental or other professional treatment or counseling.
- Reasonable person means: a reasonable person under similar circumstances and with similar identities to the victim.

For the purposes of complying with the requirements of this section any incident meeting this definition is considered a crime for the purposes of Clery Act reporting.

Bullying is defined as unwanted, aggressive behavior that involves a real or perceived power imbalance.

Cyber bullying is bullying that takes place using electronic devices and equipment such as cell phones, computers, and tablets as well as communication tools including social media sites, text messages, chat, and websites. The behavior is repeated or has the potential to be repeated, over time. It includes such actions as making threats, spreading rumors, attacking someone physically, verbally or socially. **Academic incivility** is defined as disruptive behavior that substantially or repeatedly interferes with teaching and learning.

Incivility jeopardizes the welfare of all students (Center, D., 2120, p. 488). Incivility can lead to bullying which can be detrimental to classroom and clinical safety if not recognized. (Keashly, L. & Neuman, J.H., 2010).

Harassment, bullying or academic incivility may unreasonably interfere with an individual's performance.

Any student who feels harassed, assaulted, bullied, knows of, or suspects that occurrence of such acts is strongly encouraged to report the issue utilizing the chain of command. Any retaliation against an individual who makes a report is prohibited by law.

Each case will be thoroughly investigated while maintaining confidentiality to determine whether harassment, assault, bullying, or incivility has occurred.

The Director, School of Nursing will make the final determination if behaviors fit the adopted definitions.

Violation of this policy may result in discipline up to and including permanent dismissal from the program.

Violence against Women Act (VAWA)

(WHSSN Faculty Manual)

It is the policy of the School to comply with the Federal Violence against Women Act amendments to the Jeanne Clery Disclosure of Campus Security Policy and Campus Crimes Statistics Act, and the accompanying regulations which became effective on July 1, 2015 (collectively referred to as VAWA).

VAWA imposes additional duties on universities and colleges to investigate and respond to reports of sexual assault, stalking, and dating or domestic violence, and to publish policies and procedures related to the way these reports are handled. Washington Health System School of Nursing has directed its Title IX Coordinator to coordinate the School's compliance with VAWA and to respond to reports of violations and reporting related to VAWA requirements.

The Washington Health System School of Nursing's Title IX Coordinator is:

Jamie L. Golden MSN, RN, CNE
Director, School of Nursing 724-
223-3172 jlgolden@whs.org

VICTIMS OF ABUSE SUMMARY GRID

	AGENCY NOTIFICATION	COLLECTION OF EVIDENCE	REFERRAL
DOMESTIC VIOLENCE	<ul style="list-style-type: none"> Police (local municipality) (if patient requests) 	<p>Photographs (if visible injuries)</p> <ul style="list-style-type: none"> Areas of trauma Name-date-time taken <ul style="list-style-type: none"> Place in sealed envelope with patient label Part of medical record <p>Place in paper bag and label with patient label</p> <ul style="list-style-type: none"> Torn or blood-stained clothing Damaged jewelry Objects used in assault <p>Evidence in care of one person until given to authorities</p>	<p>Women's Shelter 724-223-9190 Legal Aid - 724-2256170 C.A.R.E. - 724-2227150 Helpline - 1-800-2371555</p>
SEXUAL ABUSE	<ul style="list-style-type: none"> Police (local municipality) (if patient requests) 	<p>Photographs (if visible injuries)</p> <ul style="list-style-type: none"> Areas of trauma Name-date-time taken Place in sealed envelope with patient label Part of medical record <p>Specimen collection per sex crime kit. Clothing to be placed in separate paper bags and then placed in bag and labeled with patient label. Evidence in care of one person until given to authorities.</p>	<p>If over 18 years of age: SPHS - 724-222-7150 If under 18 years of age: Childline - 1-800-932-0313 Children & Youth Services Washington - 724-228-6884 Greene - 724-852-5217 A Voice for Me Advocacy Center - 724-250-6419</p>

Warning Signs of Abusive Behavior and Future Risks

No victim is ever to blame for being assaulted or abused. Unfortunately, a person who is a victim of sexual assault, domestic violence, or dating violence is more likely to be re-victimized. Below are some tips to help reduce your risk, recognize warning signs of abusive behavior and avoid potential attacks.

Warning Signs of Abusive Behavior:

Domestic and dating abuse often escalates from threats and verbal abuse to violence. And, while physical injury may be the most obvious danger, the emotional and psychological consequences of domestic and dating violence are also severe. Warning signs of dating and domestic violence include:

- Being afraid of your partner.
- Constantly watching what you say to avoid a "blow-up".
- Feelings of low self-worth and helplessness about your relationship.
- Feelings isolated from family or friends because of your relationship.
- Hiding bruises or other injuries from family or friends.
- Being prevented from working, studying, going home, and/or using technology (including mobile devices).
- Being monitored by your partner at home, work, or school.
- Being forced or pressured to do anything you don't want to do.

Help Reduce your Risk and Avoid Potential Attacks:

- If you are being abused or suspect that someone you know is being abused, speak up to intervene.
- Get help by seeking information and support services ex: Women's Shelter or Employee Assistance Program.
- Learn how to look for "red" flags in relationships so you can learn to avoid some of those characteristics in future partners.
- Consider obtaining a protective order or no contact order from the local court.
- Trust your instincts - if something doesn't feel right in a relationship, speak up, or end it.

Sexual Assault Prevention:

- Be aware of rape drugs.
- Try not to leave your drink unattended.
- Only drink from un-opened containers or from drinks you have watched being made or poured.
- Avoid drinks like punch bowls.
- Cover your drink. It is easy to slip in a small pill even while you are holding your drink. Hold a cup with your hand over the top, or choose drinks that are contained in a bottle and keep your thumb over the opening.
- If you feel extremely tired or drunk for no apparent reason, you may have been drugged. Find your friends and ask them to leave with you as soon as possible.
- If you suspect you have been drugged, go to a hospital and ask to be tested.
- Keep track of how many drinks you have had.
- Try to come and go with a group of people you trust.
- Avoid giving out your personal information. If someone wants your number get theirs instead.

Walking around Campus:

- Make sure your cell phone is easily accessible and fully charged.
- Be familiar with where emergency phones are installed on campus.
- Be aware of open buildings where you can use a phone.
- Take major, public paths rather than less populated shortcuts.

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- Avoid dimly lit places and talk to Facilities Management if lights need to be installed in an area.
- Avoid putting music headphones in both ears so that you can be more aware of your surroundings, especially if you are walking alone.
- Walking to your vehicle is unavoidable, so try to walk with someone. Carry a noise maker (like a whistle) on your keychain.
- If walking feels unsafe at any time, contact the WHS Police Department (724-579-1870) for an Escort.

If you need to get out of an uncomfortable or scary situation, you may try:

- Remember that being in this situation is not your fault. You did not do anything wrong, it is the person making you feel uncomfortable that is to blame.
- Be true to yourself. Don't feel obligated to do anything you do not want to do. "I don't want to" is always a good enough reason. Do what feels right to you and what you are comfortable with.
- Have a code word with your friends or family so that if you don't feel comfortable you can call them and communicate your discomfort without the person you are with knowing. Your friends or family can then come to you or give an excuse for you to leave.
- Lie. If you don't want to hurt the person's feelings it is better to lie and make up a reason to leave than to stay and be uncomfortable, scared, or worse.

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- Try to think of an escape route. How would you try to get out of the room? Where are the doors? Windows? Are there other people around who might be able to help you?

If you or someone you know has concerns and need to talk with someone, please call the Title IX Coordinator, Jamie Golden RN, MSN, CNE at 724-223-3172 or jlgolden@whs.org. If the Title IX Coordinator is unavailable, please call Employee Assistance Program at 724-223-3430. (Duke University Annual Security Report, pg. 25-26)

Employee Assistant Program (Washington Hospital EAP)

The Meaning of Employee Assistant Program (EAP)

When a personal or work-related concern interferes with your enjoyment of life, your loved ones, or your work, you may want to seek the help of professionals through the Employee Assistance Program (EAP). Professional counselors provide prompt, confidential assistance at all levels of responsibility. The Washington Hospital EAP is staffed by licensed professional counselors and certified employee assistance professionals.

The Washington Hospital initiated EAP for all hospital employees and their families in 1982. Since that time, the hospital's EAP has expanded to employers located in the area served by The Washington Hospital and its Occupational Medicine Center (OMC).

The Employee Assistant Program is available to all students at the Washington Health System School of Nursing.

Services Provided by the EAP

The Washington Hospital EAP provides comprehensive services that are professional, free, confidential, and voluntary. The EAP professional counselors have experience in assisting employees and eligible family members with a wide range of personal and work-related problems. When identified, problems frequently can be resolved through short-term counseling services. When necessary, employees are referred to qualified community resources. The EAP

offers assistance with problems such as:

Family and Marital
Anxiety Depression Grief and Loss Work-
Related Concerns ***EAP Services Include:***

Parenting
Alcohol and Drug Abuse
Financial
Legal
Stress

- Assessment/Evaluation
- Short-Term Counseling
- Supervisory Consultation
- Case Management
- Wellness Programs
- Information/Referral

Location, Hours, Referral Process

The EAP offices are located on the second floor of The Washington Hospital near the main lobby. Regular hours are 8 a.m. to 4:30 p.m., Tuesday, Wednesday, and Friday, and 8 a.m. to 9 p.m., Monday and Thursday. Just phone (724) 223-3430 or (800) EAP-LINK to reach an EAP counselor. Employees and eligible family members can make appointments directly with a counselor, and appointments are usually available within 24 to 48 hours. Most EAP sessions last about an hour. You and your counselor will meet privately.

Confidentiality

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EAP involvement is confidential. Employee and family member privacy is protected by state and federal confidentiality guidelines. Information can be shared only with written consent or as required by law. EAP records do not become a part of an employee's personal file. EAP involvement does not interfere with job security or promotion.

Cost of EAP Services

Services provided by EAP counselors are paid by your employer and are free to employees and their eligible family members. Students of the Washington Health System School of Nursing are eligible to receive six (6) sessions free of charge. If a referral to a community resource is needed, clients are responsible for any charges, based upon their health plan coverage.

EAP Assistance at Your Fingertips

EAP is there when you need help. Ask yourself the following questions:

- Do you worry frequently about your problem(s)?
- Are your worries affecting your health, work, or personal life?
- Do you feel sad or anxious most of the day?
- Do you need to talk to someone?

If you answered "yes" to any of these questions, you may want to consider help from an EAP counselor. Everyone experiences personal problems, but they usually can handle them on their own. Life today can be complicated, and occasionally, you may want help from a professional counselor.

The purpose of EAP is to help employees and their families help themselves. EAPs are designed to prevent personal problems from becoming serious problems, which may affect personal well-being and job performance. The Washington Hospital's EAP helps to preserve an organization's most valuable resource, its human resource.

Education and Prevention

The Washington Health System has put in place an on-line program that provides education regarding personal safety and preventative measures to ensue, via Net Learning, required for all employees and students to complete upon orientation and annually. The WHS Education Institute tracks compliance for WHS employees and the School tracks compliance with the students. The Net Learning module is entitled: Workplace Violence.

Lockdown

(Policy STAT ID: 4327680)

I. LOCKDOWN

All Hospital entrances can be secured by either activating an emergency via key switch **or** via the Galaxy access control software.

LOCKDOWN key switches are located in the following locations:

1. WHS Police Office on the first floor C wing.
2. Switchboard Office on the 3rd floor BC wing.

Galaxy software is located on Personal Computers in the following locations:

1. Switchboard Office - 3rd Floor BC Wing.
2. WHS Police Post in the Emergency Department (ED) - 1st floor H wing.
3. WHS Police Post in the Main Lobby - 2nd Floor S wing.
4. WHS Police & Safety Directors Office - 2nd Floor School of Nursing.
5. Human Resources Department - 3rd Floor School of Nursing.

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II. TYPES OF LOCKDOWNS

- **ED ZONE LOCKDOWN** - WHS Police (WHSP) and ED staff are able to activate an ED zone LOCKDOWN by pushbutton located in the WHSP ED post or via the Galaxy software.
- **CCU ZONE LOCKDOWN** - WHSP and CCU Staff can activate the CCU zone LOCKDOWN (1 door) by pushbutton located at the Nurses station near the CCU entrance.
- **HOSPITAL LOCKDOWN with Authorized Entry/Exit** - Employees with valid ID badge access can enter the building using card reader access points - free egress is permitted.
- **HOSPITAL LOCKDOWN with Exit Prevention** - Authorized personnel are permitted to enter the facility but no egress is permitted due to potential danger. Staff members from other departments will be utilized to help prevent anyone from leaving.
- **HOSPITAL LOCKDOWN with Entry & Exit Prevention** - Staff members from other departments will be utilized to help with the LOCKDOWN.

III. POSSIBLE LOCKDOWN EVENTS

- Active Shooter/Weapon Threat Incident
- Victim of Violent Crime in ED
- Hostage Situation
- Infant/Child Abduction
- Bomb Threat
- Civil Disturbance
- Natural or Man-Made Disaster
- Utility Failure
- Other unforeseen Circumstances

IV. AUTHORIZATION FOR LOCKDOWN

Typically LOCKDOWN events evolve rapidly and on duty WHS Police will have the discretionary power to immediately initiate a LOCKDOWN without prior consultation.

- WHS Police (WHSP), ED Charge Physician, Administration or Administrative Nursing Supervisor (ANS) will consult if time permits.
- WHSP will ultimately make the final decision to engage a LOCKDOWN and what level of a LOCKDOWN is required.
- In any instances where there is a question of whether to LOCKDOWN or not, WHSP will err on the side of caution keeping in mind that the safety and well-being of our employees, patients and visitors is foremost. WHSP will not overrule a LOCKDOWN request unless it is unreasonable based on existing facts.
- Note - CCU staff have the authority to engage the CCU zone LOCKDOWN without prior consultation due its remote location and the immediacy of such an action, but CCU will immediately notify WHSP in all instances of CCU zone LOCKDOWN and WHSP will respond to investigate and assist as needed.

V. PROCEDURE FOLLOWING INITIATION OF LOCKDOWN

ED ZONE LOCKDOWN

1. WASHINGTON HEALTH SYSTEM POLICE (WHSP)

In the event of an ED zone LOCKDOWN, WHSP will be responsible to:

- a. Notify switchboard of the LOCKDOWN.
- b. Check all ED doors to make sure they are secure, these include the following:
 - i. ED Ambulance Entrance
 - ii. ED Main doors
 - iii. ED BHU Auto exterior doors
 - iv. All interior perimeter doors that access the ED Treatment areas

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- v. Triage rooms 1 thru 4
- c. Screen and wand all persons who wish to enter the ED - patients must always continue to be treated during a LOCKDOWN. In conjunction with ED staff, WHSP will determine which if any immediate family members may visit patients. If conditions warrant, WHSP reserves the right to refuse entry to all persons.
- d. Fully document all LOCKDOWNS on the Activity Log & submit an Incident Report for each LOCKDOWN occurrence.
- e. Conduct Post Incident Analysis for all LOCKDOWN occurrences to review procedures and performance.

2. SWITCHBOARD

In the event of a LOCKDOWN or LOCKDOWN request, Switchboard will be responsible to initiate the LOCKDOWN if necessary. Once the LOCKDOWN is initiated, Switchboard will be responsible to:

- a. Announce the LOCKDOWN condition over the hospital intercom as ED LOCKDOWN ALERT.
- b. Announce over Vocera that an ED LOCKDOWN ALERT is in place.
- c. Call 9-1-1 and notify Administrative Nursing Supervisor, Administration or Administrator on call.
- d. Send out an ED LOCKDOWN ALERT over the Blackboard system.
- e. Send out the ED LOCKDOWN ALERT ALL CLEARs once the LOCKDOWN has been lifted.

1. ADMINISTRATION

Incident Command Center will be activated if necessary dependent on circumstances **surrounding the LOCKDOWN.**

CCU ZONE LOCKDOWN

In the event of a CCU zone LOCKDOWN, CCU will be responsible to:

- 1. Engage the CCU zone LOCKDOWN without prior consultation due to its remote location and the immediacy of such an action.
- 2. Notify WHSP in all instances of CCU zone LOCKDOWN and WHSP will respond to investigate and assist as needed.
- 3. Lift the CCU zone LOCKDOWN by returning the LOCKDOWN switch to the open position. **HOSPITAL**

LOCKDOWN

1. WASHINGTON HEALTH SYSTEM POLICE (WHSP)

In the event of a HOSPITAL LOCKDOWN, WHSP will be responsible to:

- a. Notify switchboard of the LOCKDOWN.
- b. Physically ensure that all perimeter doors are secure and functioning as designed.
- c. Contact 9-1-1 for back-up support from local law enforcement if this is deemed necessary - in many instances that require a HOSPITAL LOCKDOWN local law enforcement will be aware of the situation and most likely be on site or en-route.
- d. Work in conjunction with, Hospital Incident Command, 9-1-1 dispatch, and local law enforcement to establish and control vehicle access to the Main Hospital Entrance, ED entrance and other surface streets and parking lots surrounding the hospital if necessary.
- e. Call in additional WHSP officers if required. The Director of Police & Safety will be informed as soon as possible and will authorize the calling in of additional contract security to respond if deemed necessary. WHSP will maintain a Memorandum of Understanding (MOU) with a local contract security company and this contact information will be provided to WHSP officers and updated as required.
- f. Document all LOCKDOWNS on the Activity Log & submit an Incident Report for each LOCKDOWN occurrence.
- g. Conduct Post Incident Analysis for all LOCKDOWN occurrences to review current procedures and staff performance.

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Note - Should the nature of the Emergency require that individuals NOT leave the building or NOT enter into specific areas of the hospital; WHSP in concert with local law enforcement and all available hospital personnel will make all reasonable efforts at exit prevention and zone access control. (Due to the fact that there is dozens of exits from the hospital and the life safety requirement for free egress, this will be difficult to maintain at 100% compliance.) The current access control software permits authorized employees to swipe into the building during LOCKDOWN at Hospital entrances equipped with card readers.

1. SWITCHBOARD

In the event of a LOCKDOWN or LOCKDOWN request, Switchboard will be responsible to initiate the LOCKDOWN if necessary. Once the LOCKDOWN is initiated, Switchboard will be responsible to:

- a. Announce the LOCKDOWN condition over the hospital intercom as HOSPITAL LOCKDOWN ALERT.
- b. Announce over Vocera that a HOSPITAL LOCKDOWN ALERT is in place.
- c. Call 9-1-1 and notify Administrative Nursing Supervisor, Administration or Administrator on call.
- d. Send out a HOSPITAL LOCKDOWN ALERT over the Blackboard system.
- e. Send out the HOSPITAL LOCKDOWN ALERT ALL CLEARs once the LOCKDOWN has been lifted.

1. ADMINISTRATION

Incident Command Center will be activated if necessary dependent on circumstances surrounding the LOCKDOWN.

VI. AUTHORIZATION TO DISENGAGE LOCKDOWN

The decision to disengage the LOCKDOWN will be reached jointly by the WHSP and the Incident Commander, Administrative Nursing Supervisor or ED Physician in charge.

All efforts will be made to end the LOCKDOWN as quickly and as safely as possible to minimize disruption to patient care. To disengage the LOCKDOWN, please do one of the following procedures:

- If the LOCKDOWN was initiated via **key switch** - the LOCKDOWN must be unlocked via key switch.
- If the LOCKDOWN was initiated via **Galaxy Software** it must be unlocked via Galaxy Software. The Reset Procedure for Galaxy Software is as follows:
- To unlock all affected doors once the LOCKDOWN is disengaged - EACH DOOR MUST BE MANUALLY RESET IN THE GALAXY SOFTWARE. The software operator must go into the hardware "DOOR" tree in the Galaxy software and Right Click the door then left Click UNLOCK. WHSP will be responsible to manually inspect each door to ensure it is functioning properly.

Alcohol and Drug Policy (*WHS policy)

(WHSSN Faculty Manual)

The Washington Health System School of Nursing is committed to maintaining a healthy and substance abuse-free environment that promotes the safety and welfare of students, faculty members, employees, and patients and families. The School of Nursing faculty and staff require that nursing students provide safe, effective, and supportive client care. To fulfill this purpose, nursing students must be free of chemical impairment during participation in any part of the School of Nursing program including classroom, clinical laboratory, clinical settings, and other school sponsored functions. The student has the responsibility to report medications taken or prescribed to Employee Health Services and the nursing instructor.

The abuse of alcohol and/or other chemical dependencies are known to cause physical and psychosocial effects which may render that individual incapable of performing the essential functions of a student nurse in a safe, competent manner.

In accordance with the Federal Controlled Substance Act of 1970 and the Pennsylvania Controlled

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Substance, Drug, Device, & Cosmetic Act of 1972, the Washington Health System School of Nursing prohibits the possession, use, and/or distribution of alcohol or illegal drugs on hospital and school property, as well as off-site clinical locations.

Drug diversion, manufacture, sale, distribution, and possession of illicit/illegal controlled substances, as well as any misdemeanor or felony charges related to these conditions are grounds for permanent dismissal from the program.

The Washington Health System School of Nursing defines the chemically impaired student as one who, while in the academic or clinical setting, is under the influence of, or has abused, either separately or in combination: alcohol, over-the-counter medication, illegal/illicit drugs, prescribed medications, inhalants, synthetic designer drugs, or other mood altering substances. Substance abuse is the regular use of drugs for other than the accepted medical purposes and to the extent that it results in physical or psychological harm to the user and/or is used in a way that is detrimental to society. Abuse of the substance includes episodic misuse or chronic use, either prior to or during the academic or clinical experience, which has produced psychological and/or physical symptoms which endanger the student and others. Health risks associated with substance abuse may lead to both psychological and physical dependence that can affect virtually any body system depending on the particular substance abused. Substance abuse among nursing students is a major issue since it can compromise the integrity of the learning environment, as well as place vulnerable patients at risk. Nursing education reflects the society in which schools of nursing exist. Substance abuse is a universal health problem that affects all segments of society, including student, faculty, and staff in nursing schools. The high demands of nursing school, inordinate stress levels, and burn-out are contributing factors to nursing students developing substance behaviors. This health problem must be proactively addressed when identified within the nursing student population. Primary and secondary prevention strategies incorporating social support, availability of counseling, teaching stress management, promoting dialogue about student substance abuse, and providing a safe supportive environment for student "whistle-blowers" are vital in this process. The nursing faculty will intervene with the chemically impaired student as outlined in the established procedure. Based on the assumption that addiction is an illness that can successfully be treated, the faculty is committed to promoting student recovery from substance abuse. This would include referrals to the Employee Assistance Program and/or the Pennsylvania Nurse Peer Assistance Program (PNAP).

The need for drug testing policies is grounded in the prevalence of chemical abuse & dependence in health care providers. Prior to admission, student applicants are required to submit to a urine drug and hair follicle screen at a designated time at the Washington Health System Employee Health Service (Addendum I). The drug screen must be negative.

During the Program the student may be subject to random urine drug screen no more than two times a year in a rolling twelve (12) month period. The student will complete/sign the required Random Testing form and Employee Health Service forms if selected for random testing/screening (Addendum IV).

"For cause" testing will occur if "Reasonable Suspicion" of impaired behaviors of the student nurse are observed. If the student refuses testing, the student faces disciplinary action, including permanent dismissal from the school.

If a student nurse who is employed by the Washington Health System shows "Reasonable Suspicion" of impaired behaviors, while in the hospital employee role, hospital policy would take precedence.

DEFINITION OF TERMS

For the purpose of this Policy, the below listed terms are defined as follows:

- A. **Legal Drug** - A prescribed drug or over-the-counter drug which has been legally obtained and is being used for the purposes for which it was prescribed or manufactured.
- B. **Illegal Drug** - Any drug which cannot be legally obtained (e.g. marijuana, narcotics, hallucinogens, etc.) or which, although legal, has been illegally obtained or prescribed, or drugs not being used

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for prescribed purposes or in larger doses than recommended.

- C. **Over the Counter Drugs** - any drug that is obtained without prescription, that alone or in conjunction with, other prescription and non-prescription medications, results in impairment.
- D. Reasonable Suspicion
 - 1. The nursing instructor observes that the nursing student's behaviors, speech, body odor, or appearance are indicative of the use of alcohol or drugs. Reasonable suspicious behaviors could include conduct that prevents the student from performing the essential functions of the student role or which poses a direct threat to themselves and/or to the safety of others.
 - 2. Aberrant or unusual behavior of an individual student which:
 - a. is the type of behavior that is recognized as an accepted symptom or symptoms of intoxication or impairment caused by illegal drugs, legally prescribed drugs taken in unsafe quantities, or alcohol;
 - b. is not reasonably explained as resulting from causes other than the use of controlled substances.
 - 3. Reports of illegal drug or alcohol usage or aberrant behavior by students, which are not confirmed by the firsthand observations of the nursing instructor, shall not constitute reasonable suspicion.
 - 4. Other Behavioral Red Flags that can be identified are:
 - a. Frequently being late or absent from class and clinical experiences
 - b. Repeatedly leaving class early and/or taking excessive unscheduled breaks during class and clinical experiences
 - c. Late submission of assignments with peculiar or improbable excuses
 - d. Unsafe performance or use of poor judgment in the clinical area
 - e. Deteriorating class and clinical performance
 - f. Frequently leaving the clinical area
 - g. Avoiding peer, faculty, and group work
 - h. Smell of alcohol and marijuana, which may be masked by breath mints/ sprays, chewing gum, perfumes/colognes, Febreze, etc.
 - i. Slurred or rapid speech, sleepiness, nervousness, excessive giddiness or talkativeness
 - j. Pinpoint or dilated pupils, bloodshot or red eyes and inappropriate use of sunglasses
 - k. Erratic behaviors with verbal or physical outbursts or threats to harm self or others
 - l. Unsteady or staggering gait; fine motor tremors.

Policy

- A. **Regulation of Alcohol and Illegal Drugs-The** use or possession of alcohol or illegal drugs on any Washington Health System sites or any off-site clinical sites/agency is prohibited, as is being under the influence of alcohol or illegal drugs during class, clinical, and school activities.
- B. **Regulation of Legal Drugs** - Students should be aware that the use of some prescriptions drugs, drugs not prescribed for them, and/or over-the-counter drugs may also affect their ability to properly perform their student roles and responsibilities. Therefore, the student has the responsibility to report medications prescribed or taken to the nursing instructor and Employee Health Services.
- C. A student may continue to attend class, clinical, and school activities while using a legal, prescribed medication, as long as this does not pose a threat to her/his own safety or the safety of patients, hospital employees, visitors, or other students and the student can perform the student nurse roles, in the opinion of Employee Health Services.

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Procedure for Faculty Intervention with the Chemically Impaired Nursing Student

A. Hospital Clinical Experiences

1. Because patient safety is paramount, the faculty member will remove the student from the clinical unit to a private area if signs of impaired behavior are observed. Inform the student of faculty responsibility to remove from clinical or classroom setting for "reasonable suspicion".
2. Prompt reporting to the proper chain of command is vital. The Director, School of Nursing will be notified immediately. The student will be questioned by the Director, School of Nursing or a designated faculty member regarding the use of any substances, and if used, what, when, and how much was used and by what route it was taken. The sign(s) and/or behavior(s) observed will be discussed and the student will be given an opportunity to provide a verbal explanation.
3. If "Reasonable Suspicion" of substance abuse occurs, a search of the student's personal belongings, such as book bags, purses, and locker, by Security officers, Director, School of Nursing, and/or the involved faculty member of Washington Health System is appropriate.

- B. **Other Experiences:** Should an incident be reported to the Director, School of Nursing, by any individual, from class or any other clinical experience (i.e., community agencies, Information Systems practice/testing), the Director or an authorized designee will discuss the sign(s) and/or behavior(s) observed with the student and question the student regarding substance use. The Director, School of Nursing and hospital security will go together to the off-site location via hospital vehicle. The student will be given an opportunity to provide a verbal explanation. The student will be requested to sign the Alcohol and Drug Policy Consent/Refusal form for drug testing (Addendum IV).
- C. If the student signs a consent form, the Director, School of Nursing or designated faculty member, and Security will escort the student directly, with no stops, to Employee Health Services for testing/assessment. If alcohol is the suspected substance used, Occupational Medicine must be notified so the student can be taken directly there for the assessment/testing/screening to be performed. In either circumstance, the Director, School of Nursing, or designated faculty member will remain with the student until the testing/assessment is completed.
- D. If there is an incident of impaired behavior between the hours of 1600 to 0700 or on the weekend, the instructor will notify the Nursing Supervisor and then escort the student to the Washington Health System Emergency Department for assessment. There may be an additional stipulation that the student nurse must report to Employee Health Services the next business day at 0700 for further testing.
- E. The student will not be permitted to leave the Hospital site alone. A family member or friend must be called to escort and drive the student home. If the student refuses any of the previous options, and leaves the facility, 911 will be contacted and informed that an impaired driver left the hospital. Student name and address, vehicle information, travel direction, and other information will be given. The call will be documented.
- F. The involved faculty member will complete the form, Documentation of Impaired Behavior Form (Appendix II), which documents evidence of chemical impairment. Meticulous documentation of suspected behaviors is necessary. This form will then be submitted to the Director, School of Nursing, and Employee Health Service. All appropriate faculty members also involved with the student during that semester on a "need to know" basis will be informed by the Director, School of Nursing. A copy of this report will be placed in the student's file.
- G. The student will be suspended from all class and clinical experiences until test results are received. A student with a negative result will be permitted to return to the school. A student with a positive result will remain on suspension pending the decision of the hearing.

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- H. The student will be informed by the Director, School of Nursing, of the results of the testing and the date of the panel hearing. The student does not attend the hearing.

Procedure for Hearing:

- A.** The hearing to determine if the student is chemically impaired will include an inquiry panel consisting of the Washington Health System's Employee Assistance Program (EAP) Coordinator, the Employee Health Nurse, the Director of Human Resources, the Director, School of Nursing, and a faculty member not directly involved in the incident.
- B.** The student will be notified of the panel's decision. Throughout this process, every effort will be made to protect the student's privacy and confidentiality.
- C.** If the panel finds that the student is not chemically impaired, the student will be permitted to continue in the nursing program and make-up assignments will be given. If it is determined that no violation has occurred, the documents will be removed from the student's file.
- D.** If the panel finds the student is chemically impaired, the student may either be designated as Program Dismissal Permanent (PDP) or required to take a voluntary leave of absence and enter a rehabilitation program monitored by EAP or PNAP. If it is determined there was policy violation and the student refuses interventions, the student will be permanently dismissed from program.
- E.** The EAP Coordinator will determine if a leave of absence and full-time rehabilitation program are necessary. The EAP Coordinator will also formulate a treatment plan. The academic consequences resulting from the chemical impairment identification will be explained to the student. If a full-time rehabilitation program is mandated, the student will not be permitted to attend clinical or classroom experiences in the nursing course until the terms of the rehabilitation program are fulfilled. A semester grade of a W (withdrawal) will be assigned for these courses. Participation/return to school depends on completion of comprehensive chemical dependency evaluation, recommendation of evaluator, & agreement with treatment plan (if needed).
- F.** Upon completion of a full-time rehabilitation program as validated by the EAP or PNAP the student may submit a written request for reinstatement into the program. This request must be submitted to the Recruitment and Admissions Committee twelve (12) weeks prior to the semester the student desires to return.
- G.** Students who are mandated to attend an outpatient rehabilitation program may be permitted to continue in the program if recommended by the EAP or PNAP Coordinator. The student must complete all required rehabilitation programs and EAP counseling, as well as providing random alcohol/drug screens. Additional monitoring through EAP or PNAP may be mandated. Failure to complete all the monitoring requirements may result in immediate program dismissal, permanent (PDP).
- H.** Should the student refuse to participate in a rehabilitation program, as determined by the EAP Counselor or PNAP, the student will be permanently dismissed (PDP) from the program. If additional chemical impairment occurs subsequent to implementation of these procedures, the student will be permanently dismissed (PDP) from the program.

Drug Free School

In compliance with Federal Regulations set forth by the Drug Free Work Place Act of 1989, and the Drug Free School and Communities Amendment Public Law 101-226: which requires all institutions of higher learning to adopt and implement a program that prohibits, prevents, and educates pertaining to the illegal

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possession, distribution or use of illicit drugs and alcohol by students and faculty.

This document is prepared to disseminate information about drug and alcohol abuse, its prevention and the consequences related to use and abuse of such substances.

Washington Health System School of Nursing requires all students and faculty to be physically and mentally fit, free of impaired behavior that adversely affects safety and performance. Washington Health System School of Nursing prohibits the unlawful manufacturing, possession, use, or distribution of illicit drug and/or alcohol on its property by employees, students, volunteers, and contracted personnel. Anyone found to be in violation of these standings as set forth by the WHS Alcohol and Drug Policy will be subject to disciplinary action, including suspension, termination, or expulsion. A referral may be required for counseling or rehabilitation. Such action is independent of prosecution by local, state, and/or federal authorities.

In conjunction with the policies set forth by the Washington Health System, the School of Nursing will inform students and faculty about the dangers involved with the use of illicit drugs and abuse of alcohol, the availability of student/faculty counseling and rehabilitation services / assistance programs, the penalties that may be imposed for the violation of laws and policies set forth and provide information on preventing drug and alcohol abuse. (Conemaugh Health System Campus Safety and Security Report, pg. 22)

Dangers Associated with the Use of Illicit Drugs and Alcohol:

Dependence on drugs and alcohol is a serious public health problem. Dependency is prevalent in all regions of the country and transcends all ethnic and socio-economical groups. Most individuals who abuse a substance deny their dependency, resulting in conflict and family difficulties. Serious consequences to dependency include mental health illness including paranoia and depression, as well as physical illness including damage to the brain, central nervous system, heart, liver, and kidneys. All drug and alcohol will affect how you act and will impair your judgment. The result is an undesirable, uncontrollable outcome of potentially permanent damage and possibly death. Provided is a chart describing drugs of abuse and effects. Also available is a DEA Resource Guide, Drugs of Abuse 2017 edition found at:

https://www.dea.gov/pr/multimedia-library/publications/drug_of_abuse.pdf

(Conemaugh Health System Campus Safety and Security Report, pg. 23)

Preventing Drug and Alcohol Abuse:

Preventing drug and alcohol abuse is a difficult task. A personal resolve to never begin using drugs is effective for some individuals, while "Just Say No" or simply being fearful of addiction and the associated problems are enough for others. Many factors are associated with an individual's risk for drug abuse; protective factors can reduce this risk.

Drug and alcohol abuse can be prevented when protective factors are integrated into an individual's life. Being involved in extracurricular activities such as exercise, shopping, playing sports or music; or volunteering in community service organizations can provide a healthy direction for an individual's attention. Education is an effective defense to understanding the health risks. Personal effects as well as legal consequences can curtail temptation.

The key to success is a matter of understanding your strengths and weaknesses. An individual who possesses a strong self-esteem, who had parental involvement with clean, consistent enforcement of limitations have a strong balance of risk and protective factors.

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To increase your self-esteem and assist you in remaining drug and alcohol free, surround yourself with positive, like minded friends, find activities that you enjoy and help you relax, discover a new interest, develop your talents, and learn positive coping mechanisms.

Conemaugh Health System Campus Safety and Security Report, pg. 23)

Potential Legal Sanctions:

Dependency on illicit drugs and alcohol can lead to a life of complication, misfortune, and regrets. The illegal use or trafficking of such substances and their abuse has an effect on the individual as well as society.

Legal sanctions under local, state, and federal law for unlawful possession, use or distribution of illicit drugs and alcohol include: The Commonwealth of Pennsylvania Controlled Substance, Drug, Device, and Cosmetic Act #64 of April 14, 1972; Monetary fines ranging up to \$250,000 and/or imprisonment up to 50 years for violations of its provisions. Under Pa Criminal Code Section 6307-6308; and 21 US codes

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Signs and Symptoms of Drug Abuse

The following "red flag" symptoms may indicate a drug problem:

School Performance	Social Interaction	Behavioral Changes	Physical Changes
Change in academic performance.	Unusual change in peer group.	Violent or bizarre behavior.	Red, puffy, or glassy eyes
Increased absences	Feelings of loneliness, isolation, withdrawal	Depression, anxiety, or paranoia	Runny nose, persistent , hacking cough
Disciplinary problems	Legal difficulties (DUI, underage drinking, etc...)	Lack of motivation	Nausea or vomiting
Dropping of co-curricular activities	Disregard for family	Memory loss	Nosebleeds
	Unusual changes in personal grooming habits	Inappropriate laughter	Tremors
		Collecting drug paraphernalia	Insomnia

Conemaugh Health System Campus Safety and Security Report, pg. 24)

811, 844, 853, 881, and 922 it is an offense if anyone attempts to purchase, consume, possess, or transport illegal substances. Punishment by provisions of the law, these sanctions are specific to the substances and amount, as well as the offense.

Conemaugh Health System Campus Safety and Security Report, pg. 23)

Drug and Alcohol Treatment: Local Resources

- Greenbriar Treatment Center Washington, Pa800-637-4673
- Alcoholics Anonymous Monesson, Pa 724-489-0740
- Alcoholics Anonymous Pittsburgh, Pa412-471-7472
- Allegheny County Drug/Alcohol Program .. Pittsburgh, Pa412-350-3857
- Narcotics Anonymous..... 24 hour Helpline..... 412-391-5247

Active Shooter-Weapon Threats

(Policy STAT ID: 4755340)

I. PURPOSE

To coordinate a proper response that would minimize the risk and reduce the number of casualties to patients, visitors and staff in the event of a developing or ongoing immediate life threatening incident involving weapons or other means intended to inflict serious bodily injury or death at The Washington Hospital. To assist law enforcement in locating and neutralizing the suspect.

1. Assumptions

1. The ACTIVE SHOOTER - LOCATION- plan may be activated to address any of the following conditions:
 - a. Active Weapon - An individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms or other lethal weapons.
 - b. Hostage -A patient, visitor or employee who has been taken hostage by a known or unknown person(s) with a weapon.

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- c. Threats - A situation involving potential physical or psychological harm towards patients, visitors, employees or physicians that may result in an incident.
2. Active weapon situations are typically over in less than 10 minutes - therefore, individuals must be prepared both mentally and physically to deal with an active weapon situation.
3. Characteristics of an active weapon situation evolve quickly and are unpredictable. Victims can be random or targeted, or the attack may be revenge motivated towards the institution. Law enforcement intervention is usually required to neutralize an active weapon situation.

II. DEFINITIONS

- A. **ACTIVE SHOOTER - LOCATION** - Report of a person(s) using or displaying a weapon inside a Hospital building or on Hospital Property.
- B. **WEAPON THREAT** - Report of a person(s) using, brandishing, or displaying a lethal weapon other than a firearm with the intent to injure or kill.
- C. **FACILITY LOCKDOWN** - Locking of all exterior doors to the facility.
- D. **EVACUATION** - Evacuate the building using your department-specific fire evacuation route.
- E. **SHELTER IN PLACE** - Lock department, where possible, or office door. Advise patients and visitors to stay within secured area and hide from danger.
- F. **DOORS** - Doors which can not be locked should be barricaded from the inside.

III. STATEMENT OF POLICY

The Washington Hospital is committed to maintaining a safe and secure environment. The Washington Hospital strives to eliminate the occurrence of all workplace violence incidents. All suspicious activity, threats, battery or any other workplace violence occurrence will be immediately reported to the Human Resource and WHS Police Departments for appropriate follow-up activity.

In the event of an individual using or displaying a weapon on Hospital property, The Washington Hospital will institute procedures to minimize the risk to patients, visitors and staff by evacuation, facility lockdown and/or shelter in place procedures and by containing the incident as much as possible.

IV. RESPONSE PROCEDURE -

Response to a critical WHS Police incident will be dictated by the specific circumstances of that incident. As such, the below guidelines are meant to offer insight into considerations for such response rather than dictate how every incident should be controlled.

V. ANY PERSON OR PERSONS USING OR DISPLAYING A WEAPON ANYWHERE INSIDE A HOSPITAL BUILDING, OR ANYWHERE OUTSIDE ON HOSPITAL PROPERTY

- A. Upon observing an individual(s) displaying or using a weapon report to Switchboard (3333) or 724 225-7000 immediately. (Satellite locations—please refer to ATTACHMENT 1)
- B. After ensuring that you are in a safe location, provide the Switchboard Operator with the following:
 1. Precise Location
 2. Type of weapon displayed or being used
 3. Any casualties
 4. Direction of travel
 5. Physical description of the suspect (include clothing description)
- C. Switchboard Operator will:
 1. Overhead page "Active Shooter or Weapon Threat - LOCATION " three times.

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2. Inform SON & Information Services (I.S.) with an email blast
3. Immediately contact police (911) and provide as much information as possible. Do not hang up the phone. Inform 911 of any changes of activity until police arrive.
4. Contact Hospital WHS Police via radio (walkie-talkie).
5. Contact the Administrative Nursing Supervisor, Administration and the Director of WHS Police and Safety.
6. Alert the Hospital staff of the threat utilizing the emergency messaging system "Active Shooter - LOCATION
7. Continue to overhead page "Active Shooter -" LOCATION every few minutes.
8. Switchboard will update locations on "ACTIVE SHOOTER" announcements if updated information is reported.
9. Announce the "Active Shooter - All Clear" when given the order to do so by the Hospital Command Center or Administration.

D. WHS Police Department will:

1. Activate the Hospital lockdown system upon Switchboard notice via the emergency key switch located in the WHS Police Office.
2. Manually lock down all exterior doors that are not on the automatic lockdown system.
3. Meet responding law enforcement agencies at the Hospital Emergency Department and main entrances and direct or guide to location of incident. Provide Hospital master keys, access swipe cards, maps and floor plans and bolt cutters if possible upon request.
4. Communicate with as many people as possible to alert them of the potential danger and instruct them whether or not to leave the facility.
5. Provide coverage at Hospital exits to assure that visitors and staff do not exit and enter into a restricted area with assistance from police if necessary.
6. Attempt to track the suspect on Hospital surveillance cameras and provide continuous information to the police.
7. Direct all news media to Public Information Officer (PIO) (Planning & Marketing) in the Conference Room A, first floor, Telford W. Thomas Information Systems Building.
8. Document the incident utilizing the WHS Police Incident Report form and assist local law enforcement with evidence preservation (surveillance video, etc.) and investigation.

E. Administration will:

1. In conjunction with the Hospital Emergency Preparedness & EMS Coordinator, attempt to establish a Hospital Command Center and will coordinate all activities with the police mobile command center. In the event that the Hospital Command Center (HCC) is involved in the location of the Active Shooter an alternate HCC will be chosen by the Incident Commander.
 - a. The following locations could be considered:
 - Emergency Department Conference Room
 - Administration Conference Room ■ SON Living Room
2. Notify the Emergency Department of possible number of inbound patients.
3. Communicate and coordinate activity with responders and the media.
4. Direct Switchboard to announce "Active Shooter-all clear" once the event is over.

F. Washington Hospital Employees will:

1. Employees in the vicinity of an active weapon incident should follow the RUN -HIDE-

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FIGHT concept

- a. **RUN**
- b. **HIDE**
- c. **FIGHT**

2. Upon hearing a "Active Shooter" LOCATION overhead page employees will make a personal decision whether to evacuate or shelter in place, depending upon conditions at their present location.
 - a. If no unusual/threatening activity is observed, employees should evacuate using their department-specific fire evacuation route. Employees shall make every reasonable attempt to assist patients and visitors in evacuation.
 - b. Alert patients and visitors to the "Active Shooter" situation and provide assistance as needed.

G. RUN

1. **If there is an accessible escape path, attempt to evacuate the premises. Try to have an escape route plan in mind. If it can be done safely, remove patients, visitors and staff from the area affected by the critical WHS Police incident.**
 - a. The following areas should be considered as external refuge areas in the event of evacuation due to an Active Shooter.
 - School of Nursing Building
 - Employee Parking Garage
 - Physician Parking Lot
 - Information System Parking Lot
 - Visitor Parking Garage
 - Level G Radiation Parking Garage
 - Level G Employee Parking Garage
 - Emergency Department ParkingLot
 - Materials Management Parking Lot
2. Evacuate regardless of whether others agree to follow.
3. Leave your belongings behind.
4. Help others escape if possible.
5. Prevent individuals from entering an area where the assailant may be.
6. Keep your hands visible.
7. Follow the instructions of law enforcement, and realize that they may not initially understand if you are a victim or a suspect.
8. Do not attempt to move wounded people.
9. Listen for additional announcements and follow procedures after announcements are made.
10. Wait for an "Active Shooter - All Clear" announcement before resuming normal operations.

H. HIDE (DEFEND or SHELTER in PLACE)

1. If in an open area:
 - a. Drop to the ground (only if you have no other chance to escape.)
 - b. Look for a location that can provide protection from the assailant or their weapons. Move to the location as quickly as possible; however, do not expose yourself unnecessarily; run, walk, or crawl as the situation allows.
 - c. Make an effort to identify the location of the shooter, evaluate the situation and if possible, escape from the area and alert the authorities. However, if escaping is not possible, then stay put—behind a locked door, if possible—and try to hide behind cover and wait for help to arrive.

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2. If in an enclosed area:
 - a. Be out of the assailant's view.
 - b. Provide protection if shots are fired in your direction, i.e., behind a sturdy object.
 - c. Lock the door, if applicable, and attempt to block it with furniture.
 - d. Fortify your position with any available resources like electrical or computer cords
 - e. Silence your cell phone.
 - f. Turn off any other source of noise (i.e., radios, televisions).
 - g. Turn off computer monitors in your vicinity.
 - h. Hide behind large items (i.e., desks or cabinets).
 - i. If able to do so, allow others to seek refuge with you. Note: If in a group, do not cluster together. Stay as separate from each other as possible.
 - j. Close the blinds or otherwise block windows in which the assailant could potentially see you.
 - k. Lock departments and offices (where possible) and initiate the shelter in place procedure.
 - l. Keep people away from windows and exterior doors.
 - m. Try to remain calm.
 - n. Confidently and calmly assure staff to stay within their area/department.
 - o. Listen for additional announcements and follow procedures after announcements are made.
 - p. Wait for a "Active Shooter - All Clear" announcement before resuming normal operations.
3. If you are not able to RUN or HIDE :
 - a. Remain calm.
 - b. Dial 911, if possible.

I. FIGHT

1. Confront the assailant only as a **last resort** and only when your life is in imminent danger.
2. **Act as aggressively as possible towards him/her.**
3. **Improvise weapons**
4. **Throw items at the assailants head**
5. **Yell and scream**
6. **Commit** to your actions.
7. SWARM the assailant with numbers if possible
8. Listen for additional announcements and follow procedures after announcements are made.
9. Wait for a "Active Shooter - All Clear" announcement before resuming normal operations.
10. Local Law Enforcement will: Respond and neutralize the offender.

J. WHAT TO EXPECT UPON ARRIVAL OF LAW ENFORCEMENT

1. Law Enforcement can respond in a variety of different ways. Expect to see multiple appearances and different tactics/equipment used by responding officers as the incident progresses.
2. Officers may be wearing typical patrol uniforms but may also be outfitted in tactical equipment such as external bulletproof vests and helmets.
3. Officers may be armed with rifles and shotguns in addition to typical handguns.
4. Officers may use tear gas or pepper spray to control the situation. Such tactics, if used, may cause significant but temporary discomfort.
5. Officers will shout commands and may push individuals to the ground for their safety.

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6. Remain calm and follow the officers' instructions.
7. Put down any items in your hands, i.e., bags and jackets.
8. Upon realizing law enforcement presence, immediately raise your hands and spread your fingers, keeping your hands visible at all times.
9. Avoid making quick movements toward officers and understand that they may not be able to stay with you.
10. Avoid pointing, screaming and yelling.
11. Do not stop to ask officers for help or directions when evacuating, just proceed in the direction from which the officers are entering the premises.
12. Officers may need the following information:
 - a. Location of assailant(s)
 - b. Number of assailant(s)
 - c. Physical description of the assailant(s).
 - d. Number/type of weapons.
 - e. Number and location of victims.
13. The first responding officers may not stop to assist injured victims.
14. Rescue teams comprised of additional officers and emergency medical personnel will likely follow initial officers.

K. POST EVENT ACTIVITY - HOSPITAL INCIDENT COMMAND CENTER

- A. The Hospital Incident Command team will focus on the following items during the recovery phase:
 - a. Facility perimeter control and media access in conjunction with local law enforcement
 - b. Damage assessment and repair
 - c. Clean-up
 - d. Incident debriefing
 - e. Critical Incident Stress Management (C.I.S.M.)
 - f. Business continuation plan
 - g. Notification of appropriate regulatory and/or accrediting agencies

Workplace Violence Policy (Policy STAT ID: 5653185)

POLICY/PURPOSE

It is the policy of Washington Health System (WHS) to promote a safe workplace and continually strive to ensure no harm comes to patients, employees and others who are present in the facility. WHS employs highly trained and qualified Police Officers who are responsible for maintaining a presence and, when necessary, taking action to ensure the safety of all parties. WHS will respond appropriately to all reported incidents and threats. All reported incidents of actual or threatened violence, including those occurring in the course of the provision of care to a patient, will be documented in accordance with work practices and addressed by an agent of WHS as appropriate.

Related policies or policies referenced within can be found in Policy Stat or the Employee Handbook.

DEFINITIONS

- A. The following acts constitute workplace violence: any verbal or physical acts or threats of violence including intimidation, harassment, or coercion that are made by or against any staff member, patient, visitor, vendor, volunteer, contractor, domestic partner, student or member of the medical staff.

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- B. Abusive behavior includes repeated verbal comments intended to demean, belittle, exploit, or otherwise diminish one's emotional well-being. Bullying is a form of abusive behavior
- C. Occupant is defined as every person associated with WHS, including employees, patients, visitors, vendors, volunteers, contractors, students, and members of the medical staff, or other individual on health system property for non-business reasons.
- D. Domestic partner violence is a pattern of abusive behavior occurring between two people in an intimate relationship who are exhibiting unacceptable behavior in or around WHS facility.
- E. Reporting systems include but are not limited to documentation in a patient record or employee file, the filing of a work incident/injury report, WHS Police electronic reporting system, and reporting to the PA Department of Health via the Pennsylvania Patient Safety Reporting System (PA PSRS)

III. SCOPE

This policy covers all acts of workplace violence that include the potential to harm employees, staff and others on WHS property. Also included are threatened, implied or rumored acts of violence or aggression towards WHS occupants. All occupants of buildings, facilities and grounds of Washington Health System and its off-site facilities are covered by this policy. Employees involved in the provision of care are required to document and report all incidents of abuse or violence, injuries sustained as a result of the incident, as well as the circumstances surrounding any patient or patient's visitor who poses a threat to staff and others.

IV. PROCEDURES

- A. Occupants are required to ensure his or her behavior is in compliance with this policy and are responsible for reporting incidents of workplace violence or abuse to WHS Police and/or through WHS electronic and manual reporting systems.
- B. Employees are responsible for reporting all work injuries including those incurred as a result of workplace violence using established Employee Health and OSHA reporting requirements.
- C. Employees involved in the delivery of care are responsible for reporting any abusive behavior or acts of violence by a patient or patient's visitor using electronic or manual reporting systems.
- D. WHS Police are responsible for interviewing parties involved in incidents of violence/abuse and filing reports electronically. Reports are forwarded to VP Risk and Compliance or other WHS official as appropriate. WHS representative reports incidents as required to the PA Department of Health and other regulatory agencies. The WHS Police Department may also serve as consultants and resources in these matters for directors/ manager/supervisors and staff.
- E. Supervisors shall be responsible for:
 - 1. Taking immediate action to report/intervene in instances of abuse or workplace threats/violence, including incidents of domestic violence occurring in the workplace.
 - 2. Conveying to all staff that any staff member who feels threatened, or who knows or suspects the occurrence of an alleged threat is responsible for informing their supervisor, the Director of Police & Security or Human Resources. Staff must report the facts regarding such behavior so that WHS officials may promptly conduct an investigation and take appropriate action.
 - 3. Communicating this policy to all staff members on an on-going basis and evaluating employee performance as it relates to compliance with this policy.
 - 4. Taking corrective action in accordance with WHS Discipline and Discharge Procedures with staff members who do not comply with work practices designed to ensure workplace safety.
- F. All interventions by the WHS Police Department and Human Resources and those of its agents and directors/managers/supervisors will be implemented for the purpose of reducing the risks of threats and incidents of workplace violence/abuse.

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- G. Appropriate action will be taken in instances where the facility has knowledge of alleged threats to any facility occupant.
- H. All levels of management are responsible for affirmatively assuring staff members that all forms of threats are expressly prohibited by this policy. The Director of WHS Police and Safety or member of the Human Resources Department will conduct a prompt, thorough and discrete investigation of reported or suspected occurrences of threats and will take appropriate action. Human Resources will be notified of all reports of staff member threats. The Employee Assistance Program (EAP) is available for consultation to managers and/or security regarding the advisability of utilizing the EAP in specific cases.
- I. There will be no retaliation against any staff member who is a victim of abuse/violence and who reports an incident in good faith or participates in the investigation of a report.
- J. The intrusion of domestic/partner violence in the workplace is a recognized threat. The Director of WHS Police and Safety, members of the Human Resources Department, or other members of management are available to provide assistance for patients, families or staff members. Staff members who are aware of a potential or current threat are strongly encouraged to report to their manager, to the appropriate security personnel and to the Employee Assistance Program. The WHS Police Department will assist in enforcing Protection from Abuse orders; copies of any current civil orders should be provided to security. When applicable, a workplace safety plan will be developed and risk reduction strategies will be employed on premises in order to increase staff safety at work. Through the EAP and resources provided by the EAP, staff can develop a personalized safety plan.
- K. All communications and/or documentation generated by actions referenced in the Workplace Violence policy are to be kept confidential in accordance with WHS policies and HIPAA in the case of protected health information of a patient.
- L. If a situation arises whereby an employee is a victim of workplace violence that rises to the level of criminal misconduct, the employee always has the right to file a criminal complaint with WHS Police or the governing law enforcement agency. When circumstances allow, the employee will consult with the WHS Police prior to notifying 9-1-1. In all instances the employee will notify the WHS Police if 9-1-1 has been called without prior consultation.
The WHS Police and/or municipal police that respond from 9-1-1 dispatch will investigate and determine if charges can be filed. The employee may need to testify in court. Neither the employee nor WHS can press charges, only the Commonwealth can press charges with the employee as a victim and/or witness.

V. SANCTION

Violation of this policy by an employee will be subject to sanctions in accordance with the level of seriousness of the violation. This may include temporary or permanent reassignment to another work area, referral to the EAP and/or action taken under the Washington Health System's Discipline and Discharge Procedure including loss of employment. Violation of this policy by a non-employee occupant of WHS will be handled in accordance with the seriousness of the violation, up to and including arrest and removal from the property for serious violations.

Crime Statistics at On-Campus, Public Property, and Non-Campus Locations

It is the policy of the Washington health System Police Department to maintain and report statistics for the three most recent calendar years, with the assistance of the local police departments and designated Campus Security Authorities, in relation to criminal activities at on-campus locations as well as public property and non-campus locations frequented by the student community.

The specific crimes are referred to as "Clery Crimes" and are listed below:

Clery Crimes:

1. ***Criminal Homicide:***
 - a. Murder and non-negligent manslaughter
 - b. Negligent manslaughter
2. ***Sexual Assault:***
 - a. Rape
 - b. Fondling
 - c. Incest
 - d. Statutory rape
3. ***Dating Violence or Domestic Violence***
4. ***Stalking***
5. ***Robbery***
6. ***Aggravated Assault***
7. ***Burglary***
8. ***Motor Vehicle Theft***
9. ***Arson***
10. ***Arrests for:***
 - a. Liquor law violations
 - b. Drug law violations
 - c. Illegal weapons possession
11. ***Referrals for Disciplinary Actions for:***
 - a. Liquor law violations
 - b. Drug law violations
 - c. Illegal weapons possession
12. ***Hate Crimes Associated with:***
 - a. Any of the crimes listed in points 1-10
 - b. Any crime involving bodily injury
 - c. Any crime associated with a larceny-theft, simple assault, intimidation or destruction/damage/vandalism of property

(A hate crime is defined as an incident where the victim is intentionally selected because of the victim's actual or perceived race, gender, religion, sexual orientation, national origin, gender identity, ethnicity or disability.)

The Washington Health System School of Nursing does NOT provide On-campus Student Housing Facilities.

The Washington Health System School of Nursing does NOT have any Non-campus buildings or properties.

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Statistical Report:

Crimes:	On-Campus			Non-Campus			Public Property			Total		
	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021
Offenses												
Murder and NonNegligent Manslaughter	0	0	0	0	0	0	0	0	0	0	0	0
Manslaughter by Negligence	0	0	0	0	0	0	0	0	0	0	0	0
Rape	0	0	0	0	0	0	0	0	0	0	0	0
Fondling	0	0	2	0	0	0	0	0	0	0	0	2
Incest	0	0	0	0	0	0	0	0	0	0	0	0
Statutory Rape	0	0	0	0	0	0	0	0	0	0	0	0
Aggravated Assault	0	4	22	0	0	0	0	0	0	0	4	22
Robbery	0	0	0	0	0	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0	0	0	0	0	0
Motor Vehicle Theft	0	0	0	0	0	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0	0	0	0	0	0

Crimes	On-Campus			Non-Campus			Public Property			Total		
	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021
Arrests and Referrals for Disciplinary Action												
Liquor Law Violations	0	0	0	0	0	0	0	0	0	0	0	0
Drug Abuse Violations	0	1	0	0	0	0	0	0	0	0	1	0
Weapons Violation	0	0	0	0	0	0	0	0	0	0	0	0

Crimes	On-Campus			Non-Campus			Public Property			Total		
	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021
Hate Crimes												
Murder and NonNegligent Manslaughter	0	0	0	0	0	0	0	0	0	0	0	0
Rape	0	0	0	0	0	0	0	0	0	0	0	0
Fondling	0	0	0	0	0	0	0	0	0	0	0	0
Incest	0	0	0	0	0	0	0	0	0	0	0	0
Statutory Rape	0	0	0	0	0	0	0	0	0	0	0	0
Robbery	0	0	0	0	0	0	0	0	0	0	0	0
Aggravated Assault	0	0	0	0	0	0	0	0	0	0	0	0
Burglary	0	0	0	0	0	0	0	0	0	0	0	0
Motor Vehicle Theft	0	0	0	0	0	0	0	0	0	0	0	0
Arson	0	0	0	0	0	0	0	0	0	0	0	0
Larceny-Theft	0	0	0	0	0	0	0	0	0	0	0	0
Simple Assault	0	0	0	0	0	0	0	0	0	0	0	0
Intimidation	0	0	0	0	0	0	0	0	0	0	0	0
Destruction/Damage/vandalism of Property	0	0	0	0	0	0	0	0	0	0	0	0

Crime	On-Campus			Non-Campus			Public Property			Total		
	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021
VAWA Offenses												
Domestic Violence	0	0	0	0	0	0	0	0	0	0	0	0
Dating Violence	0	0	0	0	0	0	0	0	0	0	0	0
Stalking	0	0	0	0	0	0	0	0	0	0	0	0

	On-Campus			Non-Campus			Public Property			Total		
	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021
Fire Incidents												
Reported Fires	0	0	0	0	0	0	0	0	0	0	0	0
Fire Related Injuries	0	0	0	0	0	0	0	0	0	0	0	0
Fire Related Deaths	0	0	0	0	0	0	0	0	0	0	0	0

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Campus Map

