



<b>DEPARTMENT:</b> Information Protection and Security	<b>POLICY DESCRIPTION:</b> Workplace Violence Prevention Policy
<b>PAGE:</b> 1 of 5	<b>REPLACES POLICY DATED:</b> 5/1/10, 11/1/12, 8/1/16, 9/1/18
<b>EFFECTIVE DATE:</b> November 1, 2024	<b>REFERENCE NUMBER:</b> IP.PS.002 (formerly IP.PS.006 and SS.001)
<b>APPROVED BY:</b> Ethics and Compliance Policy Committee	

**SCOPE:** All facilities and locations in the United States operated by HCA Healthcare, Inc. or any of its Affiliates (collectively “the Company”).

**PURPOSE:** To outline the framework that Facilities, including hospitals, ambulatory surgery centers, behavioral health free-standing hospitals, and freestanding emergency medical care facilities, must follow to protect providers, patients, colleagues, vendors, volunteers, lessees, and visitors from Workplace Violence (WPV), and to provide resources to all Company locations (e.g., including but not limited to physician practices, urgent care centers, Parallon, HealthTrust, Groups, and Divisions) in addressing WPV.

**POLICY:**

1. The Company takes WPV seriously and prohibits all verbal or physical behavior that is abusive, threatening, intimidating, harassing or demeaning.
2. The prevention of WPV is everyone’s responsibility and all colleagues will maintain a workplace atmosphere of mutual respect and civility towards other colleagues, providers, patients, vendors, volunteers, lessees, visitors and any other persons in the workplace. All colleagues are expected to report any instance of WPV that is witnessed, even if they are not directly involved, through the Facility’s existing reporting mechanism. No employee will be subjected to retaliation, intimidation or disciplinary action as a result of reporting WPV to the Facility or law enforcement in good faith under this policy, or as a result of informing another of their right to report WPV. When an individual elects to file a police report regarding any incident of WPV, the Facility will provide reasonable cooperation to the law enforcement investigation.
3. No employee, provider, patient, vendor, volunteer, lessee, or other visitor is permitted to possess a Deadly Weapon of any type on their person, in their locker or anywhere on Company grounds while working or representing the Company, unless that person is required to do so as a component of their job and complies with applicable local, state and federal laws. This ban extends to any Company owned vehicles. This prohibition does not apply to duly sworn Peace Officers on duty in any state, nor does it apply to duly sworn Peace Officers off duty in the State of Texas, or in any state where Peace Officers are permitted to carry while off duty.
4. Each Facility will maintain a Workplace Violence Prevention Plan (WPV Prevention Plan). The Facility’s WPV Prevention Plan must address:
  - a. Governance and Leadership;
  - b. Risks, Reporting and Response;
  - c. Training; and
  - d. WPV Prevention Plan Analysis.
5. In developing a WPV Prevention Plan, Facilities may utilize the **WPV Prevention Plan Toolkit**, which provides further information regarding the criteria set forth in Section 4 above (link in

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References below).

All other Company locations in the United States may refer to these principles, resources and the **WPV Prevention Plan Toolkit** to evaluate WPV prevention needs.

6. In addition to the requirements of this policy, locations in California must comply with either the Cal/OSHA regulations found at California SB 1299 (Chapter 842, Stats. 2014) and Title 8, California Code of Regulations, Section 3342 related to WPV applicable to California Health Facilities, or with California SB 553 (Chapter 529, Stats. 2023) applicable to California employers (links in References below).

**PROCEDURE:**

**1. Governance & Leadership**

- a. The Facility will designate a chairperson to lead a WPV Committee, which must include:
  - I. One registered nurse who provides direct care to patients of the Facility;
  - II. One physician who provides direct care to patients of the Facility;
  - III. One Facility employee who provides security services for the Facility, if practicable;
  - IV. Representative from Facility Ethics and Compliance;
  - V. Representative from Facility Quality; and
  - VI. Representative from Facility Human Resources.
- b. The WPV Committee will develop a WPV Prevention Plan, with input from providers and colleagues of the Facility.
- c. The WPV Committee shall meet quarterly, unless otherwise needed. Meetings will include the following, as required:
  - I. Reviewing previous WPV incidents to determine trends and threats;
  - II. Providing recommendations to Facility leadership that will prevent and/or mitigate WPV incidents;
  - III. Performing a WPV related risk analysis;
  - IV. Conducting the annual WPV Prevention Plan assessment; and
  - V. Reporting the results of the WPV Prevention Plan assessment to the governing body of the Facility.
- d. The Facility's WPV Committee chairperson is responsible for maintaining the WPV Prevention Plan.
- e. The Facility's WPV Committee chairperson shall ensure the Facility's WPV Prevention Plan is reviewed and revised by all members of the Facility's WPV Committee on an annual basis.
- f. The Facility will establish a WPV Prevention Plan approval process. A member of the Facility's leadership team shall be the final approver of the Facility's WPV Prevention Plan.
- g. Each Facility shall make available on request an electronic or printed copy of the Facility's WPV Prevention Plan to each health care provider or employee of the Facility. If the WPV

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Committee determines the WPV Prevention Plan contains information that would pose a security threat if made public, the WPV Committee may redact that information before providing the WPV Prevention Plan.

## 2. Risks, Reporting and Response

- a. The Facility will identify how it assesses WPV risks in its WPV Prevention Plan. This assessment will include:
  - I. Community risks, resources and impacts;
  - II. Facility risks, resources and impacts;
  - III. Department specific strengths and vulnerabilities; and
  - IV. Previous incident data and current mitigation efforts.
- b. The Facility will identify how it standardizes WPV reporting and response procedures, including:
  - I. Identifying the process for all colleagues who, in good faith, are reporting their experience with, or witness to, a WPV event;
  - II. Identifying the process that Facility-designated departments and/or colleagues (Company security, human resources, administration, nursing, etc.) take when investigating WPV events;
  - III. Identify the Facility's process for reporting WPV events to Company Division, Group and Corporate personnel; and
  - IV. Identifying the Facility's process for providing support and care to those affected by WPV, and implementing measures that safeguard colleagues who experience a WPV event, including, where practicable, adjusting patient care assignments.
- c. Facilities and service lines may establish a single WPV Committee that represents multiple facilities if the Committee develops a WPV Prevention Plan for implementation at each Facility and if data related to violence prevention remains identifiable for each Facility.

## 3. Training

The Facility will identify how all colleagues are trained on its WPV Prevention Plan. Colleague WPV Prevention Plan training shall occur during the colleague's new hire orientation, as well as annually. Training shall also occur when a change to the WPV Prevention Plan occurs. The Facility will designate who is responsible for tracking WPV Prevention Plan training. This training shall include:

- a. The definition of WPV and precipitating factors that cause WPV within the healthcare setting;
- b. Violence prevention training for all colleagues and providers. The Facility shall document the various types of training (verbal, non-verbal, physical, situational awareness, etc.) that exist and which colleagues receive that training;
- c. The roles and responsibilities of leadership, clinical staff, security personnel, and external

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<p>law enforcement in addressing WPV;</p> <p>d. How colleagues can report WPV within the Facility; and</p> <p>e. The various WPV risk mitigations and colleague support the Facility has in place.</p> <p><b>4. Plan Analysis</b></p> <p>The Facility’s WPV Committee shall conduct an annual analysis of the WPV Prevention Plan. This analysis and all related findings and recommendations will be reported to Facility leadership for review and approval. A WPV Prevention Plan analysis shall include:</p> <p>a. A review/revision of the WPV Prevention Plan’s contents, including risk analysis and documented mitigation measures;</p> <p>b. A yearly review of all WPV incident reports to identify trends and threats;</p> <p>c. A review of The Joint Commission and any other local, state or federal regulatory WPV requirements to ensure Facility compliance; and</p> <p>d. A review of the WPV Prevention Plan’s overall effectiveness, to include recommendations and strategies to Facility leadership that enhances and supports the WPV Prevention Plan.</p>
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<p><b>DEFINITIONS:</b></p> <p><b>Affiliate</b> - Any person or entity Controlling, Controlled by or under common Control with another person or entity.</p> <p><b>California Health Facility</b> - Any facility, place, or building physically located in the State of California that is organized, maintained, and operated for the diagnosis, care, prevention, and treatment of human illness (physical or mental), including convalescence and rehabilitation and including care during and after pregnancy, or for any one or more of these purposes, for one or more persons, to which the persons are admitted for a 24-hour stay or longer. A California Health Facility includes hospital-based outpatient clinics and other operations located at a health facility, and all off-site operations included within the license of the health facility.</p> <p>California Health Facility includes facilities with the following bed classifications, as established by California Department of Public Health: 1. General acute care hospital, 2. Acute psychiatric hospital, 3. Skilled nursing facility, 4. Intermediate care facility, 5. Intermediate care facility/developmentally disabled habilitative, 6. Special hospital, 7. Intermediate care facility/developmentally disabled, 8. Intermediate care facility/developmentally disabled-nursing, 9. Congregate living health facility, 10. Correctional treatment center, 11. Nursing facility, 12. Intermediate care facility/developmentally disabled-continuous nursing (ICF/DD-CN) and 13. Hospice facility.</p> <p>In addition, California Health Facility includes the following non-facility settings: 1. Home health care and home-based hospice, 2. Emergency medical services and medical transport, 3. Drug treatment</p>
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programs, and 4. Outpatient medical services to the incarcerated in correctional and detention settings, such as county jails.

**Control** - The direct or indirect power to govern the management and policies of an entity; or the power or authority through a management agreement or otherwise to approve an entity's transactions (includes **Controlled, Controlling**).

**Deadly Weapon** – A firearm or anything manifestly designed, made or adapted for the purpose of inflicting death or serious bodily injury.

**Facility** – A hospital, ambulatory surgery center, behavioral health free-standing hospital, home health facility, or freestanding emergency medical care facility.

**Workplace Violence (WPV)** – An act or threat occurring at the workplace that includes any of the following:

1. Verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving colleagues, providers, patients, or visitors (TJC, 2023).;
2. An act or threat of physical force against a health care provider or colleague that results in, or is likely to result in, physical injury or psychological trauma; or
3. An incident involving the use of a firearm or other dangerous weapon, regardless of whether a health care provider or colleague is injured by the weapon.

**Workplace Violence Prevention Plan (WPV Prevention Plan)** – A written plan for providers, patients, colleagues, vendors, volunteers, lessees, and visitors which addresses WPV.

**REFERENCES:**

1. Equal Employment Opportunity, Anti-Harassment, and Respectful Workplace, HR.ER.072
2. HCA Healthcare Code of Conduct
3. HCA Healthcare Employee Handbook
4. The Joint Commission, EC.02.01.01, EP 17, EC.04.01.01, EP 1 and 6, HR.01.05.03, EP 29, and LD.03.01.01, EP 9
5. **4 Tex. Admin. Code § 331 (2023):** <https://statutes.capitol.texas.gov/Docs/HS/pdf/HS.331.pdf>
6. California SB 1299 (Chapter 842, Stats. 2014) and Title 8, California Code of Regulations, Section 3342: <https://www.dir.ca.gov/title8/3342.html>
7. IPS.PS.001: Physical Security Management Plan
8. [WPV Prevention Plan Toolkit](#)
9. [HCA Healthcare Workplace Violence Resource Page](#)