



## **WORKPLACE VIOLENCE PREVENTION PROGRAM**

### **Management Commitment and Employee Involvement**

#### **POLICY STATEMENT**

The New York City Health and Hospitals Corporation (“HHC”) hereby affirms its commitment to providing a safe workplace for its employees and to compliance with the New York State workplace violence prevention law and regulations. This Policy Statement governs all HHC entities.

This policy is designed to meet the requirements of New York State Labor Law Section 27-b and the Regulations for Public Employers Workplace Violence Prevention Programs, 12 NYCRR Part 800.6, and highlights some of the elements that are found within our Workplace Violence Prevention Program.

Workplace Violence is defined as occupational assaults, homicide, or attempt or threat (physical or verbal) to inflict physical injury occurring where a public employee performs any work-related duty in the course of his or her employment.

HHC is responsible for:

1. assisting each HHC entity in evaluating its workplaces to determine the presence of factors that might place its employees at risk for workplace violence; developing and implementing a written workplace violence prevention program; and providing entity employees with information and training, at the time of employee's initial assignment and at least annually thereafter, on the risks of workplace violence in the workplace.
2. preparing a written workplace violence prevention program that includes information on the workplace violence risk factors identified at each work location, and a description of the methods used at each location to control these risk factors.
3. implementing a workplace violence prevention program and taking appropriate actions in response to threats or acts of violence against staff. In addition to the workplace violence prevention program, HHC Operating Procedure 20-10 and HHC facility specific Codes of Conduct have been established to describe expectations for appropriate employee conduct.
4. ensuring that each HHC entity is designating an individual to oversee the workplace violence program. This individual, in administering the program, shall also ensure that any incidents or complaints involving other areas of legal compliance relative to employees, such as domestic violence and/or alleged civil rights violations, shall be referred to the Corporation's designated responsible officials for such purposes. Accordingly, where an alleged workplace violence incident or complaint, although initially presented to the workplace violence program coordinator as such, is found to present issues of civil rights violations (including domestic violence), such matter will be referred to the Corporation's relevant Equal Employment Opportunity Officer or Human Resources department for appropriate investigation and response.

In accordance with Title 12 NYCRR Part 800.6 regulations, the workplace violence prevention program shall be developed with the participation of the authorized employee representative. This process shall include participation in workplace violence prevention risk assessment walkthroughs and a review of the Workplace Violence Incident reports. However, in no instance will the Corporation make known, or disclose, to the authorized employee representative, or anyone else outside of the Corporation, any information that could be considered statutorily-protected patient health information, substance or alcohol abuse treatment records, confidential HIV-related information, or mental health treatment clinical information. Such disclosure will only be made if applicable patient authorization(s) to disclose such information has first been obtained, or applicable Corporate procedures governing the proper and legal disclosure of such information have first been satisfied. This review of the Workplace Violence Incident reports will be conducted at least annually, with the participation of the authorized employee representative, and will have the dual goals of identifying trends in the types of incidents occurring in the workplace and of reviewing the effectiveness of the mitigating actions taken.

Retaliation against any staff member who exercises any right accorded to him/her pursuant to this policy is prohibited. All HHC employees must be provided information on the procedures for reporting workplace violence incidents. In the event of a workplace violence incident, the employee needs to contact the Workplace Violence Coordinator (listed below) and to notify their supervisor or the Administrator on Duty. A copy of the written workplace violence prevention program must be made available to any employee upon request within a reasonable time period.

Effective Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Ram Raju, MD  
President and CEO

Facility name: \_\_\_\_\_

Workplace Violence Prevention Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Workplace Violence Prevention Program (“the Program”)**

**2. DEFINITIONS**

- 2.1 **Authorized Employee Representative** – An employee authorized by the employees or the designated representative of an employee organization recognized or certified to represent the employees pursuant to article 14 of the Civil Service Law.
- 2.2 **Commissioner** – The Commissioner of Labor of the State of New York or his or her duly authorized representative for the purpose of implementing 12 NYCRR Part 800.6.
- 2.3 **Employee** - An employee working for the New York City Health and Hospitals Corporation (HHC).
- 2.4 **Employer** - New York City Health and Hospitals Corporation (HHC).
- 2.5 **Imminent Danger** - Any condition or practices in any place of employment which are such that a danger exists which could reasonably be expected to cause death or serious physical harm immediately or before the imminence of such danger can be eliminated through the enforcement procedures otherwise provided by 12 NYCRR Part 800.6.
- 2.6 **Retaliatory action** – The discharge, suspension, demotion, penalization, or discrimination against any employee, or other adverse employment action taken against an employee in the terms and conditions of employment.
- 2.7 **Serious physical harm** – Physical injury which creates a substantial risk of death, or which causes death or serious protracted disfigurement, protracted impairment of health or protracted loss or impairment of function of any bodily organ or a sexual offense as defined in Article 130 of the Penal Law.
- 2.8 **Serious Violation** – A serious violation of the public employer workplace violence prevention program (WVPP) is the failure to:
  - a. Develop and implement a program;
  - b. Address situations which could result in serious physical harm.
- 2.9 **Supervisor** - Any person within the HHC who (i) has the authority to direct and control the work performance of an employee, or (ii) has the authority to take corrective action in response to a report of workplace violence.
- 2.10 **Workplace** - Any location away from the employee’s domicile, whether permanent or temporary, in which the employee is authorized to perform any work-related duties in the course of his or her employment.
- 2.11 **Workplace Violence** - Any physical assault or acts of aggressive behavior occurring where a public employee performs any work-related duty in the course of his or her employment including but not limited to:
  - a. An attempt or threat, whether verbal or physical, to inflict physical injury upon an employee;
  - b. Any intentional display of force which would give an employee reason to fear or expect bodily harm;
  - c. Intentional and wrongful physical contact with a person without his/her consent that entails in injury;

- d. Stalking an employee with the intent of causing fear or material harm to the physical safety and health of such employee, when such stalking has arisen through and in the course of employment.

2.12 **Workplace Violence Prevention Program** – An employer program designed to prevent, minimize and respond to any workplace violence, the development and implementation of which is required by Article 2, Section 27-b of the New York State Labor Law and Code Rule 800.6.

### 3. CONTENTS OF PROGRAM

3.1 HHC is committed to the safety and security of its employees. HHC has numerous policies and procedures in place that are designed to protect employees from workplace violence. This written Program consolidates and summarizes these policies and procedures. HHC shall review and update the Program on at least an annual basis. The review(s) and update(s) shall set forth any mitigating steps taken in response to any incident of workplace violence.

### 4. PERIODIC WORKPLACE ASSESSMENTS

4.1 HHC shall evaluate (i) the workplace to which employees are assigned, or (ii) workplace concerns identified by employees in field work setting(s), in each case to determine the presence of factors or situations that might place employees at risk of workplace violence.

4.2 HHC shall consider the factors set forth in Section 6, below, and other factors when conducting its workplace risk evaluations.

### 5. EVALUATION OF WORKPLACE VIOLENCE RISKS TO HHC EMPLOYEES

5.1 The Workplace Violence Prevention Law (Section 27-b of the Labor Law) requires an assessment of risk factors present in the workplace.

5.2 HHC has a workforce of approximately 38,000 employees.

5.3 HHC is an integrated healthcare delivery system. HHC provides medical, mental health and substance abuse services through its eleven acute care hospitals, four skilled nursing facilities, six diagnostic and treatment centers, and community based clinics. HHC Health and Home Care provides in-home services, and MetroPlus provides primary and preventative care insurance coverage.

5.4 To determine the potential risks for workplace violence that HHC employees may face, HHC in consultation with authorized employee representatives, evaluated employee work locations and the work duties of employees.

5.5 HHC has also reviewed prior reports concerning workplace violence, consulted with Hospital Police directors, conducted an assessment of employee duties, consulted with different levels of employees from department heads, line supervisors, line staff, and has reviewed written correspondence from authorized employee representatives.

5.6 After a thorough review of physical facilities (as described below) each HHC facility/entity developed a Workplace Violence Prevention Walkthrough Summary. Information regarding the specific assessment of each HHC work location is found in Appendix A to this Program.

5.7 HHC has included authorized employee representatives in facility assessments and has solicited feedback to review the workplace violence prevention program. HHC will review its assessments and solicit feedback from authorized employee representatives at least annually. Facility work place violence Incident reports maintained by the Workplace Violence Coordinator are available to authorized employee representatives upon request,

#### 5.7.1 HHC Central Office

The HHC “Central Office” supports the mission of HHC and is located at:

- 125 Worth St, New York, NY 10013
- 160 Water St, New York, NY 10038
- 55 Water St, New York, NY 10041
- IT at Jacobi Medical Center (1400 Pelham Pkwy S, Bronx, NY 10461)
- Cook Chill Plant at Kings County Hospital Center (599 Kingston Ave, Brooklyn, NY 11203)

#### 5.7.2 Acute Care Facilities

Acute care facilities provide a full range of emergency, acute medical and surgical, as well as psychiatric care services.

- a. Bellevue Hospital Center (462 1st Ave, New York, NY 10016)
- b. Coney Island Hospital (2601 Ocean Pkwy, Brooklyn, NY 11235)
- c. Elmhurst Hospital Center (7901 Broadway, Elmhurst, NY 11373)
- d. Harlem Hospital Center (506 Lenox Ave, New York, NY 10037)
- e. Jacobi Medical Center (1400 Pelham Pkwy S, Bronx, NY 10461)
- f. Kings County Hospital Center (451 Clarkson Ave, Brooklyn, NY 11203)
- g. Lincoln Medical and Mental Health Center (234 E 149th St, Bronx, NY 10451)
- h. Metropolitan Hospital Center (1901 1st Ave, New York, NY 10029)
- i. North Central Bronx Hospital (3424 Kossuth Ave, Bronx, NY 10467)
- j. Queens Hospital Center (8268 164th St, Jamaica, NY 11432)
- k. Woodhull Medical and Mental Health Center (760 Broadway, Brooklyn, NY 11206)

#### 5.7.3 Diagnostic and Treatment Centers

Diagnostic and Treatment Centers provide health care consultation, treatment, and procedure delivery which does not require hospitalization.

- a. Cumberland Diagnostic & Treatment Center (100 N Portland Ave, Brooklyn, NY 11205)
- b. East New York Diagnostic & Treatment Center (2094 Pitkin Ave, Brooklyn, NY 11207)
- c. Gouverneur Healthcare Services (227 Madison St, New York, NY 10002)
- d. Morrisania Diagnostic & Treatment Center (1225 Gerard Ave, Bronx, NY 10452)
- e. Renaissance Health Care Network Diagnostic & Treatment Center (264 W 118 St, New York, NY 10026)
- f. Segundo Ruiz Belvis Diagnostic & Treatment Center (545 E 142nd St, Bronx, NY 10454)

**5.7.4 Long Term Care**

Long term care facilities provide skilled and rehabilitation inpatient care, post intensive and critical care treatment.

- a. Coler Specialty Hospital and Nursing Facility (900 Main St, New York, NY 10044)
- b. Dr. Susan Smith McKinney Nursing and Rehabilitation Center (594 Albany Ave, Brooklyn, NY 11203)
- c. Gouverneur Healthcare Services (227 Madison St, New York, NY 10002)
- d. Henry J. Carter Specialty Hospital and Nursing Facility (1752 Park Avenue, New York, New York 10035)
- e. Sea View Hospital Rehabilitation Center & Home (460 Brielle Avenue, Staten Island, NY 10314)

**5.7.5 Health & Home Care**

Provides supportive professional health care to clients at their places of residence, and is located at:

- 160 Water Street, 9<sup>th</sup> & 19<sup>th</sup> Floor, New York, NY 10038
- 81 03 Baxter Ave, Annex O, Elmhurst, NY 11373

**5.7.6 MetroPlus**

Provides low or no-cost government sponsored health insurance coverage, and operates at the following locations:

- 160 Water St , New York, NY 10038
  - Floors: 2, 3, 4, 5, 11, 12, 18 & 19
- 33 Maiden Lane, New York, NY 10038
  - Floor: 3
- Bellevue Hospital Center (462 1st Ave, New York, NY 10016)
- Coney Island Hospital (2601 Ocean Pkwy, Brooklyn, NY 11235)
- Elmhurst Hospital Center (7901 Broadway, Elmhurst, NY 11373)
- Gouverneur Healthcare Services (227 Madison St, New York, NY 10002)
- Harlem Hospital Center (506 Lenox Ave, New York, NY 10037)
- Jacobi Medical Center (1400 Pelham Pkwy S, Bronx, NY 10461)
- Kings County Hospital Center (451 Clarkson Ave, Brooklyn, NY 11203)
- Lincoln Medical and Mental Health Center (234 E 149th St, Bronx, NY 10451)
- Metropolitan Hospital Center (1901 1st Ave, New York, NY 10029)
- North Central Bronx Hospital (3424 Kossuth Ave, Bronx, NY 10467)

- Queens Hospital Center (8268 164th St, Jamaica, NY 11432)
- Woodhull Medical and Mental Health Center (760 Broadway, Brooklyn, NY 11206)
- Client/Patient Homes
- External Clinics/ Diagnostic Centers
- Mobile RV
- Health Centers (see 5.7.7)

#### 5.7.7 Child and Teen Health Services and Community Health Centers

Child and Teen Health Services and Community Health Center clinics provide health care consultation and treatment which does not require hospitalization. These clinics typically provide healthcare in sites owned and maintained by New York City Housing Authority.

- a. Bedford Stuyvesant Alcoholism Treatment Center (722 Myrtle Street, Brooklyn, NY 11205)
- b. Baruch Houses Family Health Center (300 Delancey Street, New York, NY 10002)
- c. Brownsville CHC (259 Bristol Street, Brooklyn, NY 11212)
- d. Bushwick Communicare (335 Central Avenue, Brooklyn, NY 11221)
- e. Bushwick Health Center (1420 Bushwick Avenue, Brooklyn, NY 11207)
- f. Corona Medical Center (104-04 Corona Avenue, Corona, N.Y. 11368)
- g. Corona Medical Center (34-33 Junction Blvd, Jackson Hts., N.Y. 11372)
- h. Crown Heights (1218 Prospect Place, Brooklyn, NY 11212)
- i. Daniel Webster Houses (401 East 168th Street, Bronx, NY 10456)
- j. Drew Hamilton Houses (2698 8th Ave, New York, NY 10039)
- k. Dyckman La Clinica de Las Americas (175 Nagle Ave St, New York, NY 10034)
- l. Eleanor Roosevelt Houses CHC (388 Pulaski Street, Brooklyn, NY 11206)
- m. Fort Greene CHC (295 Flatbush Ave, Brooklyn, NY 11201)
- n. Grand Street Campuses (850 Grand Street, Brooklyn, NY 11206)
- o. Grant Houses (3170 Broadway, New York, NY 10027)
- p. Greenpoint Community Health Center (875 Manhattan Avenue , Brooklyn, NY 11222)
- q. Gunhill (1012 East Gunhill Road, Bronx, NY 10469)
- r. Homecrest CHC (1601 Ave S, Brooklyn, NY 11212)
- s. Jonathan Williams Houses CHC (333 Roebling Street, Brooklyn, NY 11211)
- t. Judson Health Center (34 Spring St, New York, NY 10012)

- u. La Clinica Del Barrio (413 East 120th Street St, New York, NY 10035)
- v. Lafayette Houses CHC (434 Dekalb Ave, Brooklyn, NY 11205)
- w. Lenox Avenue (115 West 116th Street, New York, NY 10026)
- x. Mariner's Harbor Family Health Center (2040 Forest Ave, Staten Island, N.Y. 10303)
- y. Melrose Houses (348 East 156th Street, Bronx, NY 10451)
- z. Mobile Medical Office 1 (230 Broadway, Staten Island, NY 10310)
- aa. Mobile Medical Office 1 (385 Jersey Street, Staten Island, NY 10301)
- bb. Mobile Medical Office 1 (Midland Avenue, Staten Island, NY 10306)
- cc. Neighborhood Help Center (114-02 Guy R. Brewer Blvd, Jamaica, NY 11434)
- dd. Parsons Communicare Clinic (90-37 Parsons Boulevard , Jamaica, NY 11432)
- ee. Ridgewood Medical Center (769 Onderdonk Avenue , Ridgewood, N.Y. 11385)
- ff. Roberto Clemente Health Center/Sylvia Del Villard (540 East 13th St, New York, NY 10009)
- gg. Smith Communicare Health Center (60 Madison Street, New York, NY 10038)
- hh. Springfield Gardens Medical Center (134-64 Springfield Blvd , Springfield Gardens, NY 11413)
- ii. St. Nicholas Houses (281 West 127th Street, New York, NY 10027)
- jj. Stapleton Family Health Center (111 Canal Street, Staten Island, N.Y. 10302)
- kk. Sumner Avenue Houses CHC (47 Marcus Garey Ave, Brooklyn, NY 11206)
- ll. Sutter Avenue CHC (1091 Sutter Avenue, Brooklyn, NY 11212)
- mm. Sydenham Health Center (264 West 118th Street, New York, NY 10027)
- nn. The Health Center at Tremont (1826 Arthur Avenue , Bronx, NY 10457)
- oo. Washington Heights (600 West 168th Street, New York, NY 10032)
- pp. Williamsburg Health Center (279 Graham Avenue, Brooklyn, NY 11211)
- qq. Women's Medical Center (59-17 Junction Blvd , Corona, N.Y. 11368)
- rr. Woodside Medical Center (50-53 Newtown Road, Woodside, N.Y. 11377)

#### 5.7.8 School Based Programs

School Based Programs provide health care consultation and treatment which does not require hospitalization. These programs typically provide healthcare in sites owned and maintained by New York City Department of Education.

- a. CES 73 (1020 Anderson Ave, Bronx, NY 10452)
- b. Frederick Douglas Academy (2581 Adam Clayton Powell Blvd., New York, NY 10039)



- c. IS 125 (1111 Pugsley Ave. Bronx N.Y. 10453)
- d. IS 145 (3334 80th St, Jackson Heights, NY 11372)
- e. IS 166 (800 Van Siclen Ave, Brooklyn, NY 11207)
- f. IS 286/172 (509 West 129 Street, New York, NY 10027)
- g. IS 302 (350 Linwood Street, Brooklyn, NY 11208)
- h. IS 49 (223 Graham Ave, Brooklyn, NY 11206)
- i. JHS 117 (1865 Morris Ave. Bronx, NY 10453)
- j. JHS 22 (167th Street College Ave. Bronx, NY 10452)
- k. Long Island City HS (14-30 Broadway, NY 11106)
- l. Norman Thomas HS (111 E 33rd St, New York, NY 10016)
- m. Progress HS (850 Grand St, Brooklyn, NY 11211)
- n. PS 161 (499 W 133rd St, New York, NY 10027)
- o. PS 194 (241 West 144 Street, New York, NY 10030)
- p. PS 197 (2230 5th Ave, New York, NY 10037)
- q. PS 200 (2589 Adam Clayton Powell Blvd., New York, NY 10039)
- r. PS 30/31 (144 East 128 Street, New York, NY 10035)
- s. PS 347 (225 East 23rd Street New York, NY 10010)
- t. PS 46 (2987 Frederick Douglas Blvd., New York, NY 10039)
- u. PS 51 (520 W 45th St, New York, NY 10036)
- v. PS 86 (87-41 Parsons Blvd, Queens, NY 11432)
- w. Springfield HS (143-10 Springfield Blvd, New York, NY 11413)

#### 5.7.9 **Correction Based Programs**

Correction Based Programs provide health care consultation and treatment which does not require hospitalization. These programs typically provide healthcare in sites owned and maintained by New York City Department of Correction.

- a. Bronx Courthouse - Forensic Court Clinic (215 E.161 St, Bronx, NY 10451)
- b. Manhattan Courthouse - Forensic Court Clinic (100 Centre Street, New York, NY 10013)
- c. Manhattan Family Court (60 Lafayette St, New York, NY 10013)
- d. Bronx Family Court (900 Sheridan Ave, Bronx, NY 10451)
- e. Brooklyn Family Court (330 Jay St, New York, NY 11201)

- f. Queens Family Court (151-20 Jamaica Ave, Jamaica, NY 11433)

## 6. RISKS PERTAINING TO WORKPLACE VIOLENCE

6.1 HHC has concluded that the following risks may present to HHC employees:

6.1.1 Working in public settings;

6.1.2 Working late night and/or early morning hours;

6.1.3 Exchanging money with the public;

6.1.4 Working alone or in small numbers;

6.1.5 Working with clients/patients at privately owned and public locations;

6.1.6 Previous security problems.

6.2 All of the listed risks may not apply to all HHC employees, as shown in the following examples (which do not include all HHC employees). Risks such as working in public settings, late night and/or early morning hours, and directly interfacing with members of the public apply to most staff working in facilities. The identified risks faced in working alone or in small numbers apply to staff working in the field such as marketing teams, home care providers, etc. HHC cashiers and a few other individuals handle cash.

6.3 According to National Institute of Occupational Health and Safety (NOISH), healthcare workers are at increased risk of workplace violence. There are many factors that contribute to this situation within the healthcare environment and may include but are not limited to: fear, confusion and stress of patients and families; the perception by patients and families of long waits for care in clinics or emergency departments; behavioral health factors; prevalence of weapons; substance abuse issues; use of hospitals by the police and criminal justice system; co-worker disagreement and personal issues.

## 7. CONTROL MEASURES

7.1 **General Control Measures** - Patients and visitors are responsible for being respectful and considerate of the rights and needs of all HHC staff. All patients and visitors are prohibited from the use of acts of verbal or physical aggression towards HHC staff.

HHC has clearly written codes of conduct for its employees. Staff who violate these guidelines and policies will be subject to disciplinary action.

Reporting of workplace violence has been centralized, as set forth in Sections 9 and 10, below. HHC will regularly review and enhance its control measures, where possible.

7.1.1 **HHC Facilities** - HHC has implemented one or more of the following control measures across all its facilities: the use of access control, security systems, door controls, alarms, lighting, physical barriers between the staff and the public, ID policies and procedures for entry by personnel who do not work at a particular facility and by the public.

7.1.2 **Working off-site** – Some HHC employees work off-site, and have regular dealings with members of the public. HHC recognizes that security at off- site locations may not be within the control of the employee. If an employee who is working off-site believes that he or she is in danger of being physically assaulted, the employee shall immediately remove himself/herself from the location. If necessary, the employee shall contact 911. As soon as practicable, the employee shall report the incident to his or her supervisor and the Workplace Violence Prevention Coordinator. HHC has implemented policies and procedures for personnel to avoid conflict.

7.1.3 **Access to the Workplace** - On-site Security Personnel shall ensure that only authorized persons (employees with identification badges, patients, patients with appointments, visitors accompanying patients, and visitors with passes) are permitted to enter HHC buildings and/or locations operated by the HHC. HHC employees may be subject to restrictions on access at a particular site, location, or department.

7.1.4 **Prohibition on Firearms and Other Harmful Devices** – Employees, affiliate staff, students, volunteers and individuals providing service to HHC are prohibited from possessing firearms, switch blades, knives, swords, bats, clubs, any explosive, caustic, incendiary or poisonous substance or device, any type of ammunition and any type of device or object designed to harm another in the workplace including work lockers and/or vehicles used to conduct HHC business. This prohibition also applies to employees who are licensed to carry firearms unless specifically authorized by the President of HHC. This prohibition does not apply to law enforcement personnel who are authorized by law to carry a licensed firearm and to HHC personnel who are authorized to handle and confiscate certain prohibited items and devices as part of their work duties.

The prohibition on firearms and other harmful weapons and devices applies to patients and visitors at HHC facilities and HHC work locations.

7.1.5 **Prohibitions on Employee Conduct** - Employees shall not engage in workplace violence, including the assault, and threat of physical assault, of co-workers or members of the public.

## 7.2 **Hierarchy of Control Measures**

7.2.1 Engineering controls are changes to a physical workspace made in order to render it safer. Some examples of these controls are access cards, door locks, alarms, and counters designed to keep physical distance between the employee and others.

7.2.2 Administrative controls (or work practice controls) are changes in work procedures such as written safety policies, rules, supervision, schedules, and training with the goal of reducing the duration, frequency, and severity of exposure to potential risk factors.

7.2.3 Personal Protective Equipment (PPE) Safety equipment issued to help employees in protecting themselves from the hazards of their work environments. For the most part, this type of intervention is not relevant to workplace violence prevention at HHC.

## 8. **MANDATES RELATED TO WORKPLACE VIOLENCE**

8.1 HHC personnel are prohibited from retaliating against any employee if the employee engages in any of the following:

8.1.1 Files a Workplace Violence Report, or makes a verbal report concerning workplace violence;

8.1.2 Files a complaint concerning workplace violence with the NYS Department of Labor, and/or accompanies the Department of Labor during an investigation regarding workplace violence.

## 9. **ORDERS OF PROTECTION AND ACCOMMODATION REQUESTS BASED ON SUCH ORDERS**

9.1 HHC strongly encourages that any Order of Protection secured by an HHC employee be submitted to the Hospital Police/Security Director, especially where the person from whom protection is sought is an HHC employee and/or is likely to seek entry to the protected employee's work location.

9.2 An employee who has secured an Order of Protection and is concerned that the person from whom protection has been sought may attempt to contact the employee at his/her work location are encouraged to submit a copy of such Order to the Hospital Police/Security Director.

9.3 If an employee who has secured an Order of Protection is a victim of domestic violence, a sex offense or stalking and is concerned that the person from whom protection is sought may attempt to contact the employee at his/her work location, he/she may request an accommodation from the Equal Employment Opportunity (EEO) office.

9.4 Employees are encouraged to report all violations of Orders of Protection to the New York City Police Department and the Hospital Police/Security Director.

## **10. REPORTING THE POTENTIAL FOR WORKPLACE VIOLENCE AND INCIDENTS OF WORKPLACE VIOLENCE**

### 10.1 Reporting Circumstances Which Present the Potential for Workplace Violence

10.1.1 HHC personnel should report circumstances that they believe present a potential for physical violence (assaults and homicides), attempted assaults, threats reasonably perceived to result in physical violence, or other conduct that would be reasonably expected to lead to an assault or a homicide. The employee should submit a [Workplace Violence Incident Reporting Form \(HHC2829\)](#), which is available on the HHC Intranet and in hard copy format, to his/her immediate supervisor, Hospital Police, Human Resources and/or the Workplace Violence Prevention Coordinator.

10.1.2 HHC employees who have been the victim of domestic violence, a sexual offense or stalking are strongly encouraged to report such incident(s) to the Workplace Violence Prevention Coordinator, Hospital Police, and/or to the EEO office.

### 10.2 Reporting Incidents of Workplace Violence

10.2.1 HHC employees who have been the victim of, or who have witnessed, a workplace violence incident such as a physical assault should prepare a [Workplace Violence Incident Reporting Form \(HHC2829\)](#) and submit it to the reporting employee's supervisor, Hospital Police, Human Resources or the Workplace Violence Prevention Coordinator.

### 10.3 Reporting Imminent Danger of Workplace Violence

10.3.1 Matters involving imminent danger to any employee shall be reported verbally to the supervisor, Hospital Police and/or New York City Police Department by dialing 911, and shall be documented on the Workplace Violence Incident Report.

### 10.4 Reporting Directly to the Workplace Violence Prevention Coordinator

10.4.1 If an employee reasonably believes in good faith that submitting a Workplace Violence Incident Report to a supervisor would not result in corrective action, the employee may submit the Workplace Violence Incident Report directly to the Workplace Violence Prevention Coordinator. (See Section 12, below, for further information on the Workplace Violence Prevention Coordinator.)

### 10.5 Privacy Concern Cases

10.5.1 Privacy Concern Cases are those involving (1) an injury or illness to an intimate body part, the reproductive system, or resulting from a sexual assault; (2) mental illness; (3) HIV; (4) needle stick injuries and cuts from sharp objects that may be contaminated with another person's blood or other potentially infectious material; and/or (5) other injuries or illnesses if the employee independently and voluntarily requests that his or her name be withheld on the Workplace Violence Report.

10.5.2 Employees may submit reports directly to the Workplace Violence Prevention Coordinator if the incident being reported presents privacy concerns.

10.5.3 The Workplace Violence Prevention Coordinator will redact the name of the victim and will enter "Privacy Concern Case" in place of the victim's name in the Workplace Violence Incident Report before sharing a copy of such report with anyone other than the representatives of the HHC Office of Corporate Patient Safety and Employee Safety and the New York State Department of Labor.

## **11. SUPERVISOR DUTIES**

### **11.1 Forwarding the Workplace Violence Incident Report**

11.1.1 Every supervisor who has received a Workplace Violence Incident Report (or a verbal report) shall ensure that it is forwarded to the Workplace Violence Prevention Coordinator. All supervisors shall ensure that the report is forwarded on an expedited basis.

11.1.2 The supervisor shall affirmatively seek the guidance of the Workplace Violence Prevention Coordinator on matters that are very likely to lead to an incident of workplace violence.

### **11.2 Other Duties**

11.2.1 Supervisors (in consultation with their managers) may take any measures within their authority to correct a potential for workplace violence or to respond to a workplace violence incident including contacting HHC Hospital Police and where appropriate, temporarily re-assigning personnel, or referring personnel for discipline.

11.2.2 When appropriate to ensure the effectiveness of control measures such as lighting or access, supervisors may also request that building repairs be made. This does not relieve supervisors from the duty of completing a Work Order and submitting it to the Department of Facilities Management for required repairs.

### **11.3 Assessment of Physical Workplace**

11.3.1 The on-site Workplace Violence Prevention Coordinator, Director of Environmental Safety, Director of Hospital Police/Security, Director of Human Resources and the Director of Facilities Management shall jointly assess the workplace on a yearly basis. Where corrective measures are suggested, a supervisor from the specific location shall report the matter via the department head. Matters to be reviewed by the department head shall include, but not be limited to:

- a. Whether existing engineering control measures are adequate;
- b. Whether existing engineering control measure systems are operational, whether there is a need for additional engineering control measures systems to be installed or updated;
- c. Whether administrative controls are being complied with; and
- d. Whether weapons prohibitions are being complied with and enforced.

## **12. WORKPLACE VIOLENCE PREVENTION COORDINATOR**

12.1 The Workplace Violence Prevention Coordinator (WVP Coordinator) is the person responsible for ensuring that the risk evaluation is completed; the Workplace Violence Prevention program is available according to the provisions addressed herein; training is conducted; all Workplace Violence Reports are reviewed; and that the members of the Workplace Violence Prevention Committee receive all required and necessary documentation regarding reported incidents of workplace violence.

- 12.1.1 The WVP Coordinator shall ensure that an annual review of all work place violence reports is conducted and that a matrix is developed to evaluate risk, to identify trends in types of incidents in the workplace, and review the effectiveness of actions taken to mitigate workplace violence. HHC will share the matrix with the authorized employee representative and will solicit feedback via the authorized employee representatives regarding its review at least annually.
- 12.2 The WVP Coordinator shall be HHC facility/entity specific. He/she may be contacted during normal business hours by phone at the phone number or email provided in the Contact List in Section 16.
- 12.3 In case of an emergency outside of normal business hours, the Administrator on Duty shall be contacted through the facility paging system or hospital police at the phone number provided in the Contact List in Section 16.

### **13. WORKPLACE VIOLENCE PREVENTION COMMITTEE**

- 13.1 The HHC Facility Workplace Violence Prevention Committee (Committee) shall consist of at least three (3) employees from the following areas: Environmental Safety Department, Hospital Police/Security Department, Human Resources Department, Facilities Management Department, HHC Office of Legal Affairs, HHC Office of Patient Safety and Employee Safety and Workplace, the facility Workplace Violence Prevention Coordinator, or designated departments on as-needed basis.
- 13.2 The Committee shall meet at least quarterly to review Workplace Violence Reports submitted the previous quarter, unless no reports were submitted during the prior quarter. The Committee may be required to meet more frequently to address reports of imminent danger to personnel. At least three (3) Committee members must be present for the Committee to convene. The Committee may consult with department heads, administration, supervisors, or other persons on an as-needed basis.
- 13.3 Complaints of imminent danger or the occurrence of workplace violence shall be reviewed within twenty four (24) hours of their receipt and the Committee may meet via telephone to review these complaints.
- 13.4 The Committee shall inform the effected employee and/or individual who prepared the Workplace Violence Incident Report of its determination. Such determination shall normally be sent via the Workplace Violence Prevention Coordinator. The Committee may communicate its determination directly with the individual who prepared the Workplace Violence Incident Report, if a communication via the Workplace Violence Prevention Coordinator is not appropriate.
- 13.5 Committee Determination
- 13.5.1 The Committee is authorized to make recommendations in response to Workplace Violence Incident Reports, which may include one or more of the following.
- a. Recommendations for changes in existing policies/procedures, which shall generally be made with the input of affected department heads, administration and/or supervisors;
  - b. Referrals to the HHC Office of Labor Relations, for further investigation and possible discipline
  - c. Referrals for counseling, including the Employee Assistance Program <http://www.nyc.gov/html/olr/html/home/home.shtml> (212) 306-7660;
  - d. Referrals to law enforcement authorities;
  - e. Referrals to the EEO Office;

- f. Any appropriate recommendation/referral based on the facts and circumstances presented.

13.6 Any employee or representative of employees who believes that a serious violation of a Workplace Violence Prevention Program exists or that an imminent danger exists shall bring such matter to the attention of the Workplace Violence Prevention Coordinator and shall afford the employer a reasonable opportunity to correct such activity, policy or practice. If, following a referral of such matter to the Workplace Violence Prevention Coordinator's attention, and after a reasonable opportunity to correct such activity, policy or practice, the matter has not been resolved and the employee or representative of employees still believes that a violation remains, or that an imminent danger exists, such employee or representative of employees may file a complaint with the NYS Department of Labor. Instructions for filing such complaints may be obtained on the NYS Department of Labor's website or by contacting the phone number provided in the Contact List in Section 16.

#### **14. EMPLOYEE INFORMATION AND TRAINING**

14.1 A copy of this Workplace Violence Prevention Program shall be maintained on the HHC's Intranet. The Workplace Violence Prevention Coordinator, Supervisors, or the AOD shall make a printed copy of this program available to employees within a reasonable time period. Requests made by authorized employee representatives shall be referred to the Workplace Violence Prevention Coordinator.

#### **14.2 Training**

14.2.1 HHC shall administer training to employees, upon initial assignment with HHC and on an annual basis that covers the following:

- a. The Workplace Violence Prevention Law and Code Rule 800.6;
- b. The HHC Workplace Violence Prevention Policy and Program, including that such policy and Program is accessible to all employees;
- c. Risk factors identified during the risk assessment;
- d. Measures employees can take to protect themselves from workplace violence;
- e. Measures that the HHC has adopted to protect employees from workplace violence; and
- f. How to report workplace violence;
- g. Other information as necessary shall be provided to affected employees whenever significant changes are made to the workplace violence program.

#### **15. ADDITIONAL INFORMATION RELATED TO THE PREVENTION OF WORKPLACE VIOLENCE**

15.1 Employees should seek to avoid and de-escalate situations that could result in workplace violence. Employees are strongly encouraged to avail themselves of the following resources:

15.1.1 **Training** - Training shall be administered upon initial employment and at least annually.

15.1.2 **Equal Employment Opportunity Office ("EEO")** - If an employee believes that he or she is the subject of employment discrimination, the employee is strongly encouraged to file a complaint with the facility/entity's EEO office. Victims of domestic violence, a sexual offense, or stalking have specific rights under the EEO laws and may be eligible for a work-related accommodation. The EEO office should be contacted for further details.

- 15.1.3 **Grievance Process** - Certain work related disputes may be appropriate for the filing of a grievance. Employees are strongly encouraged to contact their union representatives for guidance.
- 15.1.4 **Law Enforcement** - Workplace violence (e.g., physical assaults) is a crime. Employees who believe that they are the victim of a crime should contact Hospital Police and/or call 911 where applicable.
- 15.1.5 **NYS Department of Labor** - Employee or representatives of employees may file a complaint with the NYS Department of Labor. Instructions for filing such complaints may be obtained on the NYS Department of Labor’s website or by contacting the phone number provided in the Contact List in Section 16.
- 15.1.6 For telephone numbers of these resources, please see the phone numbers provided in the Contact List in Section 16.

**16. IMPORTANT PHONE NUMBERS**

16.1 Call [Hospital Police](#) to report threats or physical assault.

Facility	Hospital Police / Security Contact
Bellevue Hospital	Ext. 6191
Belvis DTC	Ext. 1818
Coler	Ext. 2222 and Emergency Operator Button
Coney Island Hospital	Ext. 4424
Cumberland DTC	Ext. 8028 and Ext. 311
East New York DTC	Ext. 501
Elmhurst Hospital	Ext. 2151
Gouverneur	Ext. 7111
Harlem Hospital	Ext. 2500
Henry Carter	Ext. 6-2222
Jacobi Hospital	Ext. 3-5667
Kings County Hospital	Ext. 4300
Lincoln Hospital	Ext. 5757
Metropolitan Hospital	Ext. 7302
Morrisania DTC	Ext. 2720
North Central Bronx	Ext. 5-3035
Queens Hospital	Ext. 2300
Renaissance DTC	Ext. 6583
Sea View Hospital	Ext. 3245
Susan McKinney DTC	Ext. 7245
Woodhull Hospital	Ext. 8028 and Ext. 311
Health & Home Care	911, 212-442-3974 & 646-772-3827
MetroPlus	911 & 212-442-3974
Central Office	125 Worth, 346 Broadway, 160 Water 911, 212-442-3974 & 646-772-3827 Cook Chill 718-245-4300 Manhattan Family Court 646-386-5030 or 646-386-5026 Bronx Family Court 718-618-2270 Brooklyn Family Court 347-401-9650



New York City Health and Hospitals Corporation

January 26, 2015

Workplace Violence Prevention Program

Facility	Hospital Police / Security Contact
	Queens Family Court 718-298-0117 or 718-298-0118

16.2 Facility [Workplace Violence Prevention Coordinator Contact List:](#)

Facility	Name	Phone	Email
<a href="#">Bellevue Hospital</a>	Joseph Sweeney	212-562-2576	Joseph.sweeney@bellevue.nychhc.org
<a href="#">Belvis DTC</a>	Guillermo Magdaleno	718-579-5757	Magdaleg@nychhc.org
<a href="#">Coler</a>	Vito Aleo	212-848-6667	Vito.aleo@nychhc.org
<a href="#">Coney Island Hospital</a>	Audrey Russell	718-616-4362	Audrey.Russell@nychhc.org
<a href="#">Cumberland DTC</a>	Jaime Gonzalez	718-963-8032	Gonzalej10@woodhullhc.nychhc.org
<a href="#">East New York DTC</a>	Lee Mathieu	718-245-7332	Lee.mathieu@nychhc.org
<a href="#">Elmhurst Hospital</a>	Kubrat Hristoff	718-334-2151	hristofk@nychhc.org
<a href="#">Gouverneur</a>	Daniel Meisels	212-238-7675	Daniel.Meisels@nychhc.org
<a href="#">Harlem Hospital</a>	Ronnell Boylan	212-939-2500	Ronnell.Boylan@nychhc.org
<a href="#">Henry Carter</a>	Vito Aleo	646-686-0254	Vito.aleo@nychhc.org
<a href="#">Jacobi Hospital</a>	Susan Morris	718-918-3844	susanmorris@nbhn.net
<a href="#">Kings County Hospital</a>	Juan Checo	718-245-4310	Juan.Checo@nychhc.org
<a href="#">Lincoln Hospital</a>	Guillermo Magdaleno	718-579-5757	Magdaleg@nychhc.org
<a href="#">Metropolitan Hospital</a>	Anthony Notaroberta	212-423-7307	Anthony.notaroberta@nychhc.org
<a href="#">Morrisania DTC</a>	Guillermo Magdaleno	718-579-5757	Magdaleg@nychhc.org
<a href="#">North Central Bronx</a>	Susan Morris	718-918-3844	susanmorris@nbhn.net
<a href="#">Queens Hospital</a>	William Olmeda	718-883-2307	olmedawi@nychhc.org
<a href="#">Renaissance DTC</a>	Ronnell Boylan	212-939-2500	Ronnell.Boylan@nychhc.org
<a href="#">Sea View Hospital</a>	Ruben Morales	718-317-3821	moralesr9@seaview.nychhc.org
<a href="#">Susan McKinney DTC</a>	Sophia Isaac	718-245-7242	Sophia.isaac@nychhc.org
<a href="#">Woodhull Hospital</a>	Jaime Gonzalez	718-963-8032	Gonzalej10@woodhullhc.nychhc.org
<a href="#">Health &amp; Home Care</a>	Phil Romain	646-458-6190	Phil.romain@nychhc.org
<a href="#">MetroPlus</a>	Stephanie Platt	212-908-8720	PLATTTS@nychhc.org
<a href="#">Central Office</a>	Kirk Leon	212-442-3973	Kirk.leonl@nychhc.org

(^) - Acting

\* - Use only during business hours.

16.3 Facility [Hospital Police / Security Director Contact List:](#)

Facility	Name	Phone	Email
Bellevue Hospital	Joseph Sweeney	212-562-2576	Joseph.sweeney@bellevue.nychhc.org
Belvis DTC	Guillermo Magdaleno	718-579-5757	Magdaleg@nychhc.org
Coler	Vito Aleo	212-848-6667	Vito.aleo@nychhc.org
Coney Island Hospital	Thomas Tzimirotas	718-616-4422	Thomas.Tzimirotasi@nychhc.org
Cumberland DTC	Jaime Gonzalez	718-963-8032	Gonzalej10@woodhullhc.nychhc.org
East New York DTC	Juan Checo	718-245-4310	Juan.Checo@nychhc.org
Elmhurst Hospital	Kubrat Hristoff	718-334-2151	hristofk@nychhc.org
Gouverneur	Diana Taylor	212-238-7111	Diana.taylor@nychhc.org
Harlem Hospital	Ronnell Boylan	212-939-2500	Ronnell.Boylan@nychhc.org
Henry Carter	Vito Aleo	646-686-0254	Vito.aleo@nychhc.org
Jacobi Hospital	Michael McMorro	718-918-7563	Michael.mcmorrow@nbhn.net
Kings County Hospital	Juan Checo	718-245-4310	Juan.Checo@nychhc.org

New York City Health and Hospitals Corporation

January 26, 2015

Workplace Violence Prevention Program

Facility	Name	Phone	Email
Lincoln Hospital	Guillermo Magdaleno	718-579-5757	Magdaleg@nychhc.org
Metropolitan Hospital	Anthony Notaroberta	212-423-7307	Anthony.notaroberta@nychhc.org
Morrisania DTC	Guillermo Magdaleno	718-579-5757	Magdaleg@nychhc.org
North Central Bronx	Michael McMorrow	718-918-7563	Michael.mcmorrow@nbhn.net
Queens Hospital	William Olmeda	718-883-2307	valentinom@nychhc.org
Renaissance DTC	Ronnell Boylan	212-939-2500	Ronnell.Boylan@nychhc.org
Sea View Hospital	Ruben Morales (^)	718-317-3821	morales9@seaview.nychhc.org
Susan McKinney DTC	Juan Checo	718-245-4310	Juan.Checo@nychhc.org
Woodhull Hospital	Jaime Gonzalez	718-963-8032	Gonzalezj10@woodhullhc.nychhc.org
Health & Home Care	Kirk Leon	212-442-3966	Kirk.Leon@nychhc.org
MetroPlus	Kirk Leon	212-442-3966	Kirk.Leon@nychhc.org
Central Office	Kirk Leon	212-442-3966	Kirk.Leon@nychhc.org

(^) - Acting

\* - Use only during business hours.

16.4 Facility [Safety Director Contact List](#):

Facility	Name	Phone	Email
Bellevue Hospital	Shelly Mazin	212-562-7593	Shelly.mazin@bellevue.nychhc.org
Belvis DTC	Emmanuel Appiah	718-579-1825	Emmanuel.appiah@nychhc.org
Coler	Peter Pressley	212-848-6745	Peter.pressley@nychhc.org
Coney Island Hospital	Vladimir Vasilets	646-458-6190	vladimir.vasilets@nychhc.org
Cumberland DTC	Alfred Segarra	718-963-8007	alfred.segarra@woodhull.nychcc.org
East New York DTC	Lee Mathieu	718-245-7332	Lee.mathieu@nychhc.org
Elmhurst Hospital	Karl Gray	718-334-3435	grayk@nychhc.org
Gouverneur	Daniel Meisels	212-238-7675	Daniel.Meisels@nychhc.org
Harlem Hospital	Mark Healey (^)	212-939-2476	Mark.Healey@nychhc.org
Henry Carter	Peter Pressley	212-848-6745	Peter.pressley@nychhc.org
Jacobi Hospital	James Falci	718-918-3939	James.Falci@nbhn.net
Kings County Hospital	Robert Cummings	718-245-5218	Robert.cummings@nychhc.org
Lincoln Hospital	Bridget O'Hara	718-579-4811	bridget.ohara@nychhc.org
Metropolitan Hospital	John Costello	212-423-8618	John.costello@nychhc.org
Morrisania DTC	Charles Dapaah	718-960-2934	charles.dapaah@nychhc.org
North Central Bronx	James Falci	718-918-3939	James.Falci@nbhn.net
Queens Hospital	Nick Manolache	718-883-6225	Manolacn@nychhc.org
Renaissance DTC	Cromwell Barrington	212-281-1298	Cromwell.barrington@nychhc.org
Sea View Hospital	Ruben Morales	718-317-3821	morales9@seaview.nychhc.org
Susan McKinney DTC	Robert Cummings	718-245-5218	Robert.cummings@nychhc.org
Woodhull Hospital	Alfred Segarra	718-963-8007	alfred.segarra@woodhull.nychcc.org
Health & Home Care	Phil Romain	646-458-6190	Phil.romain@nychhc.org
MetroPlus	Stephanie Platt	212-908-8720	PLATTS@nychhc.org
Central Office	Mondo Hall	212-442-0617	Mondo.hall@nychhc.org

(^) - Acting

\* - Use only during business hours.

16.5 Call **911** to report threats or physical assault if unable to reach Hospital Police.

16.6 NYS Department of Labor

Website: <http://www.labor.ny.gov/home/>

Address: NYS Department of Labor  
Building 12  
W.A. Harriman Campus  
Albany, NY 12240

NYS Department of Labor Division of Safety and Health (DOSH) - Public Employee Safety and Health Bureau (PESH)

Website: [https://labor.ny.gov/workerprotection/safetyhealth/DOSH\\_PESH.shtm](https://labor.ny.gov/workerprotection/safetyhealth/DOSH_PESH.shtm)

Address: One Hudson Square  
75 Varick Street (7th Floor)  
New York, NY 10013

Telephone: (212) 775-3548

Fax: (212) 775-3542

**17. OTHER DEPARTMENT POLICIES/REFERENCE MATERIAL**

**17.1 HHC Policy and Procedures**

HHC Guidelines and Facility Code of Conduct Policy

HHC Guidelines and Facility Disruptive Behavior Policy

**17.2 Other Procedures/Manuals**

Civilian Code of Conduct

HHC Equal Employment Opportunity Policy

HHC Hospital Police Procedure Manual

**BY ORDER OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER**

**APPENDIX A.**

HHC Central Office	pgs. 5,6/41
<b>Acute Care Facilities</b>	
Bellevue Hospital Center	pgs. 1, 2, 3 /41
Coney Island Hospital	pgs. 8, 9 /41
Elmhurst Hospital Center	pgs. 12, 13 /41
Harlem Hospital Center	pgs. 15, 16 /41
Jacobi Medical Center	pgs. 20, 21 /41
Kings County Hospital Center	pgs. 22, 23 /41
Lincoln Medical and Mental Health Center	pgs. 24, 25 /41
Metropolitan Hospital Center	pgs. 28, 29 /41
North Central Bronx Hospital	pgs. 31, 32 /41
Queens Hospital Center	pgs. 33, 34 /41
Woodhull Medical and Mental Health Center	pgs. 37, 38 /41
<b>Diagnostic and Treatment Centers</b>	
Cumberland Diagnostic & Treatment Center	pg. 10 /41
East New York Diagnostic & Treatment Center	pg. 11 /41
Gouverneur Healthcare Services	pg. 14 /41
Morrisania Diagnostic & Treatment Center	pg. 30 /41
Renaissance Health Care Network Diagnostic & Treatment Center	pg. 35 /41
Segundo Ruiz Belvis Diagnostic & Treatment Center	pg. 4 /41
<b>Long Term Care</b>	
Coler Specialty Hospital and Nursing Facility	pg. 7 /41
Dr. Susan Smith McKinney Nursing and Rehabilitation Center	pg. 26 /41
Gouverneur Healthcare Services	pg. 14 /41
Henry J. Carter Specialty Hospital and Nursing Facility	pg. 17 /41
Sea View Hospital Rehabilitation Center & Home	pg. 36 /41
<b>Other</b>	
Health & Home Care	pgs. 18, 19 /41
MetroPlus	pg. 27 /41
<b>School Based Programs</b>	
School Locations Listed in 5.7.8	pg. 40 /41
<b>Child and Teen Health Services and Community Health Centers</b>	
Health Center Locations Listed in 5.7.7	pg. 39 /41
<b>Correction Based Programs</b>	
Family Courts	pg. 5 /41
Courthouses	pg. 41 /41

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>Bellevue</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
Emergency Department (ED)	Interactions with patients, family members and visitors	Hospital Police (HP) at fixed posts in ED and roving throughout the facility Local overhead speaker for internal staff use to request assistance Card access doors TV inside the Adult Emergency Service (AES) waiting room to provide distraction while waiting Vending machines and pay phones available immediately outside the ED waiting room Visitation policy Monitoring of waiting time Interaction with DOC and NYPD to ensure that there is cooperation on safety and security needs when there are prisoner / in custody patients
CPEP	Interactions with patients, family members and	Fixed Hospital Police Post Locks on all entry-exit doors Panic alarms in CPEP exam rooms and interview rooms that provide an audible alarm inside the nurses' station and a signal light outside each exam room door Training of assigned personnel to exercise caution at all times when entering and exiting all rooms on the CPEP floor (to ensure that unauthorized personnel and/or patients do not "piggy back" into or out of the unit)

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<p>Adult In-Patient Psychiatry</p>	<p>Interactions with patients, family members and visitors</p>	<p>Enclosed and locked Nurses Stations Locks on all entry/exit doors "RED LINE" on the corridor floor indicating areas inaccessible to patients and visitors Desk alarm at nursing station Personal panic buttons Camera monitors in the nurses stations and in the Hospital Police central command station Wiring is in process for the introduction of personal panic alarms Limitation on number and hours of visitors Visitors must present ID, be on the approved list, sign in on the unit, and have a pass Visiting limited to common area where visual observation by staff is possible Daily availability of activities to engage patients Ensure staff receive mandated crisis management training annually Availability of Crisis Management Team to assist staff in all in-patient units Training of assigned personnel to exercise caution at all times when entering and exiting all rooms in the area to ensure that unauthorized personnel and/or patients do not "piggy back" into or out of the unit</p>
<p>Med-Surg units</p>	<p>Interactions with patients, family members and visitors</p>	<p>Out-posted prisoner patient guarded by Correction Officer who is positioned in a direct sight line of patient. Correction Officer responsible for controlling prisoner All staff to receive mandatory crisis management training Hospital Police conducts patrols Emergency phone numbers are posted on every phone Availability of Crisis Management to assist staff in all in-patient units</p>
<p>NICU; L&amp;D; Post-Partum; Nursery; PICU; in-patient pediatrics</p>	<p>Interactions with patients, family members and visitors</p>	<p>Fixed hospital police post in the elevator lobby outside the Labor and Delivery unit Electronic infant and child protection system in place Units are locked and card accessible only Patients may notify Hospital Police and the Information Desk to limit/exclude visitors Visitors must have a pass and be buzzed in to enter unit Overnight visitors for pediatric patients are allowed but one only per patient and visitors must be approved and logged in by the nurses' station and wear Identification</p>

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<p>B Building Ambulatory Care Clinics</p>	<p>Interactions with patients, family members and visitors</p>	<p>Doors from reception / waiting areas to examination rooms are kept locked and are card accessible only Staff maintains communication with patients regarding schedule and wait times Patients are called from reception / waiting area and escorted by Hospital staff or directed to the specific examination room Staff receive mandatory training in crisis management and training as to how to summon assistance Stairways are locked and re-entry is restricted onto the occupancy side Panic buttons within reach Patients are escorted to the specific offices within the Business Office areas</p>
<p>Facility wide</p>	<p>Interactions with co-workers</p>	<p>Non-violence policy statement for employees, patients, visitors and others Policies for background check of all employees Policies for conduct, disruptive behavior, violence in the workplace, etc. Procedures for employees to report inappropriate behavior, assaults and threats, wpv Availability of security systems and procedures Requirement that ID's be displayed by hospital personnel Recordkeeping procedures Emergency communication procedures Training in crisis management and prevention Training on workplace violence prevention Procedures to limit access to the building Enforcement of rules for employees entering/leaving facility Locking doors when not open; procedures for opening and closing; key control A Code of Conduct that is disseminated to all staff Training, which includes conflict avoidance/how to de-escalate situations</p>

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>Belvis</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
Recovery Clinic (Basement)	Interactions with patients, family members and visitors	Panic alarms located in treatment and interview rooms Special Officer assigned to basement area
Ambulatory Care Clinics	Interactions with patients, family members and visitors	All Staff receive mandatory crisis management training on how to summon assistance Escort or direct patients to specific exam rooms from reception / waiting area Routine patrols by Hospital Police (HP) Emergency phone numbers posted on HHC phones
Facility Wide	Interactions with co-workers	Non-violence policy statement for employees, patients, visitors and others Policies for background checks of all employees Policies for conduct, disruptive behavior, violence in the workplace, etc. Procedures for employees to report inappropriate behavior, assaults and threats Availability of security systems and procedures Requirement that ID's be displayed by hospital personnel Recordkeeping procedures Emergency communication procedures Training in crisis management and prevention Procedures to limit access to the building Enforce rules for employees entering/leaving facility Locking doors when not open; procedures for opening and closing doors; key control A Code of Conduct that is disseminated to all staff Training, which includes conflict avoidance/how to de-escalate situations



**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>Central Office</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
125 Worth Street Ground Floor/Lobby 5 <sup>th</sup> Floor	Interactions with members of the public, vendors, and visitors	Use of appropriate employee entrance Non-HHC visitors to HHC floors must be screened by building security When working past scheduled business hours staff may notify security personnel of their location Security on each floor to monitor visitors All visitors must sign in with security
55 Water Street Ground Floor/Lobby Concourse 24 <sup>th</sup> Floor 25 <sup>th</sup> Floor 26 <sup>th</sup> Floor	Interactions with members of the public, vendors, and visitors	All Visitors are screened by building security Visitors must display visitors pass Entrances to elevator banks are under observation by building security Floor Entry/Exit doors are locked and accessible by code All visitors must be buzzed in by HHC staff When working past scheduled business hours staff may notify security staff of their location
160 Water Street Ground Floor/ Lobby 17 <sup>th</sup> Floor 11 <sup>th</sup> Floor 10 <sup>th</sup> Floor 8 <sup>th</sup> Floor 7 <sup>th</sup> Floor	Interactions with members of the public, vendors, and visitors	Visitors must check in with building security prior to accessing elevator banks Employees must display identification to enter elevators Floor Entry/Exit doors are locked All visitors must be buzzed in by HHC staff When working past scheduled business hours staff notifies the security staff of their whereabouts
Family Courts 60 Lafayette Street 900 Sheridan Ave. 151-20 Jamaica Ave. 330 Jay Street	Potential violent behavior by clients, family members, and visitors	Prior to conducting interviews with clients, assess the potential for conflict. If staff is uncomfortable, supervisor should be notified. When conducting interviews, that the door to the interview room is partially ajar, and that others are aware of the meeting. Be aware of your surroundings when using the rest rooms, hallways, stairwells and other commonly accessible areas. When working past scheduled business hours staff may notify the security staff of their location

## New York City Health and Hospitals Corporation Workplace Violence Risk Assessment

<p>Cook Chill 599 Kingston Avenue</p>	<p>Interactions with vendors, visitors and potential entry of facility by members of the public</p>	<p>Prior to allowing access to visitors into your area, ensure that the visitors have appropriate justification for visiting. If you are unsure, consult with your supervisor. When exiting the facility off-hour's notify your supervisor or the security office of your location</p>
<p>Central Office IT Staff working at the following locations: Jacobi Medical Center 1400 Pelham Data Center S Building Sub-basement Basement Ground floor</p>	<p>Interactions with members of the public, vendors, and visitors</p>	<p>Hallways monitored by CCTV Doors secured with magnetic ID card readers Hospital Police (HP) Patrols</p>
<p>All Central Office locations</p>	<p>Potential hostility from co-workers</p>	<p>Non-violence policy statement for employees, visitors and others Policies for background check of all employees Policies for conduct, disruptive behavior, violence in the workplace, etc. Procedures for employees to report inappropriate behavior, assaults and threats Availability of security systems and procedures Recordkeeping procedures Emergency communication procedures Training in crisis management and prevention Procedures to limit access to the building Locking doors when not open; procedures for opening and closing doors; key control A Code of Conduct that is disseminated to all staff Training, which includes conflict avoidance/how to de-escalate situations</p>

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>Coler</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
Facility wide	Interactions with patients, family members and visitors	<p>Visitors are asked to produce identification upon entering the facility.</p> <p>Visitor's photo and information stored in a confidential database.</p> <p>Visitors name/photo and destination is visible on a stick- on label.</p> <p>Exit doors are alarmed and cannot be opened from the outside</p> <p>Surveillance cameras both inside the buildings and throughout the campus grounds</p> <p>Hospital Police staff and other designated staff have received training on restraint and conflict avoidance.</p> <p>Each hospital police officer receives in-service training at the HHC's police academy in the safe response to threats.</p> <p>Staff annual in-service includes information on reporting unusual activity. "IF YOU SEE SOMETHING, SAY SOMETHING"</p>
Facility wide	Interactions with co-workers	<p>Non-violence policy statement for employees, patients, visitors and others</p> <p>Policies for background check of all employees</p> <p>Policies for conduct, disruptive behavior, violence in the workplace, etc.</p> <p>Procedures for employees to report inappropriate behavior, assaults and threats</p> <p>Availability of security systems and procedures</p> <p>Recordkeeping procedures</p> <p>Emergency communication procedures</p> <p>Training in crisis management and prevention</p> <p>Procedures to limit access to the building</p> <p>Enforce rules for employees entering/leaving facility</p> <p>Locking doors when not open; procedures for opening and closing; key control</p> <p>A Code of Conduct that is disseminated to all staff</p> <p>Training, which includes conflict avoidance/how to de-escalate situations</p>

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>Coney Island</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
Psychiatry	Interactions with patients, family members and visitors	Panic alarms located in interview rooms/offices Cameras in hallways & common areas Metal detector wand used for all personnel and visitors Specialized training for Behavioral Health Associates in restraint and conflict avoidance
Emergency Department (Regular & Psych)	Interactions with patients, family members and visitors	Camera monitors Special Officers in the Emergency Room Behavioral Health Associates in Psych Emergency Room Buzzer system in the Psych Emergency Room Panic button in the Psych Emergency Room
Parking Lot	Interactions with patients, family members visitors and co-workers	Pan & zoom cameras Ground patrols by Hospital Police
Med-Surge	Interactions with patients, family members and visitors	Out-posted prisoner patients are guarded by NYPD, who are instructed to assist and protect staff providing care Staff receive mandatory crisis management training Hospital Police conducts patrols
NICU; L&D; Post-Partum; Nursery; PICU; in-patient pediatrics	Interactions with patients, family members and visitors	Infant abduction program in place (HUGS) Units are locked and card accessible Visitors and others must have a pass & be buzzed into the unit Overnight visitors for pediatric patients are allowed but one only per patient and they must be approved and logged in by the nurses' station and wear an ID
Registration area	Interactions with patients, family members and visitors	Doors from reception / waiting areas are locked, and are accessible via the buzzer system Plexiglas barriers Staff maintain communication with patients regarding schedule

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<p>Facility wide</p>	<p>Interactions with co-workers</p>	<p>Non-violence policy statement for employees, patients, visitors and others  Policies for background check of all employees  Policies for conduct, disruptive behavior, violence in the workplace, etc.  Procedures for employees to report inappropriate behavior, assaults and threats  Availability of security systems and procedures  Requirement that ID's be displayed by hospital personnel  Recordkeeping procedures  Emergency communication procedures  Training in crisis management and prevention  Procedures to limit access to the building  Enforce rules for employees entering/leaving facility  Locking doors when not open; procedures for opening and closing doors; key control  A Code of Conduct that is disseminated to all staff  Training, which includes conflict avoidance/how to de-escalate situations</p>
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**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>Cumberland</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
Chemical dependency building	Interactions with patients, family members and visitors	<p>CCTV monitors                      Card Access                      Stationary Police Post                      Dedicated Security Patrol                      Unlawful Behavior Policy                      Random Bag Inspections                      Availability of portable Communication Devices                      Medical staff are trained in Crisis Intervention, when interacting with patients utilize caution at all times</p>
Facility wide	Interactions with co-workers	<p>Non-violence policy statement for employees, patients, visitors and others                      Policies for background check of all employees                      Policies for conduct, disruptive behavior, violence in the workplace, etc.                      Procedures for employees to report inappropriate behavior, assaults and threats                      Availability of security systems and procedures                      Requirement that ID's be displayed by hospital personnel                      Recordkeeping procedures                      Emergency communication procedures                      Training in crisis management and prevention                      Procedures to limit access to the building                      Enforce rules for employees entering/leaving facility                      Locking doors when not open; procedures for opening and closing doors; key control                      A Code of Conduct that is disseminated to all staff                      Training, which includes conflict avoidance/how to de-escalate situations</p>

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>East New York</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
Clinics	Interactions with patients, family members and visitors	<p>Doors from reception / waiting areas to exam rooms are kept locked and are card accessible</p> <p>Staff maintain communication with patients regarding schedule</p> <p>Patients are called from reception / waiting area and escorted or directed to the specific exam room</p> <p>Staff trained in crisis management and how to summon assistance</p> <p>Stairwells are locked to restrict re-entry onto the occupancy side</p> <p>Panic buttons within reach</p> <p>Patients are escorted to individual offices in the business area</p>
Facility wide	Interactions with co-workers	<p>Non-violence policy statement for employees, patients, visitors and others</p> <p>Policies for background check of all employees</p> <p>Policies for conduct, disruptive behavior, violence in the workplace, etc.</p> <p>Procedures for employees to report inappropriate behavior, assaults and threats</p> <p>Availability of security systems and procedures</p> <p>Recordkeeping procedures</p> <p>Emergency communication procedures</p> <p>Training in crisis management and prevention</p> <p>Procedures to limit access to the building</p> <p>Enforce rules for employees entering/leaving facility</p> <p>Locking doors when not open; procedures for opening and closing doors; key control</p> <p>A Code of Conduct that is disseminated to all staff</p> <p>Training, which includes conflict avoidance/how to de-escalate situations</p>

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>Elmhurst</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
Emergency Department	Interactions with patients, family members and visitors	Security posts inside the ED Local overhead speaker for internal staff use to request assistance Doors are card accessible TV inside the AED waiting room to provide distraction while waiting Vending machines and pay phones available immediately outside the ED waiting room Visiting policies Interaction with NYPD and all other law enforcement agencies to ensure that there is cooperation on safety and security needs when there are prisoner / in custody patients
Psychiatry	Interactions with patients, family members and visitors	Behavioral Health Associates present to deal with emergent behavioral issues Locked doors Panic alarms in CPEP exam rooms and interview rooms that provide an audible alarm inside the nurses' station and a signal light outside the door of the room Sally Port doors prevent "piggy-backing" when someone enters the unit CCTV monitors
Med-Surgical units	Interactions with patients, family members and visitors	Where there is an out-posted prisoner patient he/she is guarded by outside law enforcement who are in positions that have a direct sight line. Law enforcement can intervene for the protection of staff Security conducts patrols Emergency phone numbers are posted on HHC phones
Ambulatory Care Clinics	Interactions with patients, family members and visitors	Doors from reception / waiting areas to exam rooms are kept locked and are card access CCTV monitors on all floors and waiting areas workstations (Pods) Staff maintain communication with patients regarding schedule Patients are called from reception / waiting area and escorted or directed to the specific exam room Staff are trained on how to summon assistance Dedicated Security officer to round in ambulatory practices



**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<p>Facility wide</p>	<p>Interactions with co-workers</p>	<p>Non-violence policy statement for employees, patients, visitors and others  Policies for background check of all employees  Policies for conduct, disruptive behavior, violence in the workplace, etc.  Procedures for employees to report inappropriate behavior, assaults and threats  Availability of security systems and procedures  Requirement that ID's be displayed by hospital personnel  Recordkeeping procedures  Emergency communication procedures  Training in crisis management and prevention  Procedures to limit access to the building  Enforce rules for employees entering/leaving facility  Locking doors when not open; procedures for opening and closing doors; key control  A Code of Conduct that is disseminated to all staff  Training, which includes conflict avoidance/how to de-escalate situations</p>
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**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>Gouverneur</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
Facility wide	Interactions with patients, family members and visitors	<p>Visitors are asked to produce identification upon entering the facility.                      Visitor's photo and information stored in a confidential database.                      The visitors name/photo and destination is visible on a stick- on label                      Exit doors are alarmed and cannot be opened from the outside                      Surveillance cameras are located both inside the buildings and throughout the campus grounds                      Hospital Police staff and other designated staff have received training on restraint and conflict avoidance                      Pharmacy areas that handle money are protected with locked doors and secured teller exchange windows</p>
Facility wide	Interactions with co-workers	<p>Non-violence policy statement for employees, patients, visitors and others                      Policies for background check of all employees                      Policies for conduct, disruptive behavior, violence in the workplace, etc.                      Procedures for employees to report inappropriate behavior, assaults and threats                      Availability of security systems and procedures                      Requirement that ID's be displayed by hospital personnel Recordkeeping procedures                      Emergency communication procedures                      Training in crisis management and prevention                      Procedures to limit access to the building                      Enforce rules for employees entering/leaving facility                      Locking doors when not open; procedures for opening and closing doors; key control                      A Code of Conduct that is disseminated to all staff                      Training, which includes conflict avoidance/how to de-escalate situations</p>

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>Harlem</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
Psychiatry	Interactions with patients, family members and visitors	The entrance door has an intercom camera locking system Cameras positioned to capture front desk, guest room, atrium, rear and playroom and corridors Panic alarms located in treatment and interview rooms Special locking system at entrance door (man trap) that allows entry into 1 door only when buzzed and the other door is in a closed position Camera in ED waiting area & corridor that capture Adult & Pediatric entrance Panic buttons in all triage rooms Camera viewing emergency street entrance doors on 135th St All cameras go to Hospital Police 24/7 DVR ER staff have been instructed to do the following, when assistance is required: Utilize overhead intercom in area to request Hospital Police assistance Use panic button at Triage, Intake, Adult and Pediatric ER area in case of emergency Call Ext. 2500 for additional officer when needed
Emergency Department	Interactions with patients, family members and visitors	Permanent hospital police post outside of Labor & Delivery Availability of an electronic infant and child protection system in place Units are locked and card accessible Visitors and HHC personnel from other departments must have a pass & be buzzed into the unit Overnight visitors for pediatric patients are allowed but one only per patient and they must be pre-approved, logged in by the nurses' station and wear ID
NICU; L&D; Post-Partum; Nursery; PICU; inpatient pediatrics	Interactions with patients, family members and visitors	Doors from reception / waiting areas to exam rooms are kept locked and are card accessible (Ron Brown Building) Staff maintain communication with patients regarding schedule Patients are called from reception / waiting area and escorted or directed to the specific exam room Staff are trained in crisis management and how to summon assistance Stairwells are locked to restrict re-entry onto the occupancy side Panic buttons within reach Patients are escorted to the individual office they need when visiting the business area
Ambulatory Care Clinics	Interactions with patients, family members and visitors	

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<p>Facility wide</p>	<p>Interactions with co-workers</p>	<p>Non-violence policy statement for employees, patients, visitors and others          Policy for background check of all employees          Policy for conduct, disruptive behavior, violence in the workplace, etc.          Procedures for employees to report inappropriate behavior, assaults and threats          Availability of security systems and procedures          Recordkeeping procedures          Emergency communication procedures          Training in crisis management and prevention          Procedures to limit access to the building          Enforce rules for employees entering/leaving facility          Locking doors when not open; procedures for opening and closing doors; key control          A Code of Conduct that is disseminated to all staff          Training, which includes conflict avoidance/how to de-escalate situations</p>
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**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

**Henry J. Carter**

<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
<p>Facility wide</p>	<p>Interactions with patients, family members and visitors</p>	<p>Visitors are asked to produce identification upon entering the facility,                      Visitor photo and information stored in a confidential database,                      Visitors name/photo and destination is visible on a stick- on label                      Exit doors are alarmed and cannot be opened from the outside                      Surveillance cameras are located in strategic areas both inside the buildings and throughout the campus grounds                      Hospital Police staff and other designated staff have received training on restraint and conflict avoidance                      Requirement that ID's be displayed by hospital personnel Each hospital police officer is in-service at the HHC's police academy in the area of safe response to threats                      Staff annual in-service includes information on reporting unusual activity. "IF YOU SEE SOMETHING, SAY SOMETHING"</p>
<p>Facility wide                      Is this a continuation of the above? Yes but separated as it deals with "co-workers"</p>	<p>Interactions with co-workers</p>	<p>Non-violence policy statement for employees, patients, visitors and others                      Policy for background check of all employees                      Policy for conduct, disruptive behavior, violence in the workplace, etc.                      Procedures for employees to report inappropriate behavior, assaults and threats                      Availability of security systems and procedures                      Recordkeeping procedures                      Emergency communication procedures                      Training in crisis management and prevention                      Procedures to limit access to the building                      Enforce rules for employees entering/leaving facility                      Locking doors when not open; procedures for opening and closing doors; key control                      A Code of Conduct that is disseminated to all staff                      Training, which includes conflict avoidance/how to de-escalate situations</p>

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>Health &amp; Home Care</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
160 Water Street 9th floor	Interactions with patients, family members and visitors	<p>Lobby is staffed with a security guard at all times</p> <p>All individuals entering building are required to display valid state issued photo identification or employer issued photo identification card prior to entry</p> <p>All visitors are required to pass through security screening</p> <p>All visitors must stop at the desk and sign in to a log book maintained by the building security staff</p> <p>Attendant or security guard to call the office he person is visiting to receive authorization before granting entry</p> <p>On each HHC floor front door receptionist to identify visitors without HHC identification prior to buzzing them access for entry</p> <p>Employees must swipe ID card to gain access to HHC offices</p>
160 Water Street 19th floor	Interactions with patients, family members and visitors	<p>Lobby is staffed with a security guard at all times</p> <p>All individuals entering building are required to display photo identification card issued by the building tenant prior to entering elevator banks</p> <p>All visitors are required to stop at the lobby desk, present official verifiable photo identification and sign in to a log book maintained by the building security staff</p> <p>Attendant or security guard to call the tenant or tenant employee the person is visiting to receive authorization before granting entry</p> <p>All visitors entering floor must be identified before being let in by an H&amp;HC Staff</p> <p>Employees must swipe their ID card to gain access to H&amp;HC offices</p>
Elmhurst Hospital Center Annex 81-03 Baxter Avenue 3 <sup>rd</sup> Floor 11373	Interactions with patients, family members and visitors	<p>Doors are locked electronically on the ground floor before 8 am and locked at 7 pm</p> <p>ID swipe access is needed to get into the building after 7 pm and key is needed to get into 3<sup>rd</sup> floor after 5 pm</p> <p>Employee must display ID card at all times</p> <p>Suite entry door locked upon closure</p> <p>Employees should notify Hospital Police when working after-hours</p> <p>All visitors are required to stop at 3<sup>rd</sup> floor front desk and present official verifiable photo identification to receptionist</p> <p>Receptionist is required to get approval from staff before granting entry to visitors</p> <p>2-way dome mirrors</p>

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<p>Field work</p>	<p>Clients , public</p>	<p>Blackberries provided to staff Field staff submit a schedule of weekly patient visits and to conduct their supervisor daily with any changes Training is provided to field staff including conflict avoidance, and how to de-escalate situations Supervisors and filed staff jointly conduct visits when security needs are identified to assess work environment Supervisors or the supervisor on call are available to field staff at any time during home visits Field staff can request an escort for filed visit if a safety risk is determined</p>
<p>Agency wide</p>	<p>Interactions with co-workers</p>	<p>Non-violence policy statement for employees, patients, visitors and others Policy for background check of all employees Policy for conduct, disruptive behavior, violence in the workplace, etc. Procedures for employees to report inappropriate behavior, assaults and threats Availability of security systems and procedures Recordkeeping procedures Emergency communication procedures Training in crisis management and prevention Procedures to limit access to the building Enforce rules for employees entering/leaving facility Locking doors when not open; procedures for opening and closing doors; key control A Code of Conduct that is disseminated to all staff Training, which includes conflict avoidance/how to de-escalate situations</p>

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

**Jacobi**

<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
Emergency Department	Interactions with patients, family members and visitors	<p>Security posts inside the ED</p> <p>Availability of local overhead speaker for internal staff use to request assistance</p> <p>Doors locked and are card accessible only</p> <p>TV inside the AED waiting room to provide distraction to patients and visitors while waiting</p> <p>Vending machines and pay phones available immediately outside the ED waiting room</p> <p>Visiting policy</p> <p>Interaction with NYPD and all other law enforcement agencies to ensure cooperation on safety and security needs when there are prisoner / in custody patients</p> <p>Behavioral Health Associates present to deal with emergent behavioral issues</p>
CPEP	Interactions with patients, family members and visitors	<p>Locked doors</p> <p>Panic alarms in CPEP exam rooms and interview rooms that provide an audible alarm inside the nurses' station and a signal light outside the door of the room</p> <p>Sally Port doors prevent "piggy-backing" when someone enters the unit</p> <p>CCTV monitors</p>
Adult In-Patient Psychiatry	Interactions with patients, family members and visitors	<p>Enclosed and locked nurses stations</p> <p>All units Locked</p> <p>Panic buttons</p> <p>Cameras provide a view of sally port doors, and common areas. Views are transmitted to Security Department's central command station</p> <p>Visitors are allowed only during specified hours and no more than 2 visitors at a time</p> <p>Visitors must sign in, and have a visitor pass</p> <p>Visiting to take place in common areas visible to staff</p> <p>Activities to engage patients are scheduled daily</p> <p>Caution must be exercised at all times by staff when entering and exiting to make sure no one can "piggy back" into or out of the unit</p>
NICU; L&D; Post-Partum; Nursery; PICU; in-patient pediatrics	Interactions with patients, family members and visitors	<p>Electronic infant and child protection system in place</p> <p>All units entry doors are locked</p> <p>All unit entry doors are card accessible</p> <p>Visitors and others must have a pass and be buzzed into the unit</p> <p>One approved overnight visitor for pediatric patients including PICU and NICU are allowed; visitors must sign in, logged in at the nurses' station and wear an ID</p> <p>CCTV monitored by Security</p>



**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

Med-Surg units	Interactions with patients, family members and visitors	<p>Out-posted prisoner patients guarded by outside law enforcement personnel in a position that have a direct sight line</p> <p>Law enforcement can intervene for the protection of staff</p> <p>Security conducts patrols</p> <p>Emergency phone numbers are posted on every phone</p>
Ambulatory Care Practices	Interactions with patients, family members and visitors	<p>Doors from reception / waiting areas to exam rooms are locked and are card accessible</p> <p>CCTV monitors on all floors and waiting areas workstations (Pods)</p> <p>Staff maintain communication with patients regarding schedule</p> <p>Patients are called from reception / waiting area by staff and escorted or directed to the specific exam room</p> <p>Staff are trained on how to summon assistance</p> <p>Dedicated Security officer to round in departments</p>
Facility wide	Interactions with co-workers	<p>Non-violence policy statement for employees, patients, visitors and others</p> <p>Policies for background check of all employees</p> <p>Policies for conduct, disruptive behavior, violence in the workplace, etc.</p> <p>Procedures for employees to report inappropriate behavior, assaults and threats</p> <p>Availability of security systems and procedures</p> <p>Recordkeeping procedures</p> <p>Emergency communication procedures</p> <p>Procedures to limit access to the building (visitor passes, security presence)</p> <p>Enforce rules for employees entering/leaving facility (ID, package inspection)</p> <p>Locking doors when department is closed; procedures for opening and closing doors; key control</p> <p>A Code of Conduct that is disseminated to all staff</p> <p>Emergency telephone numbers posted on all telephones</p>

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>Kings County</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
Psychiatry	Interactions with patients, family members and visitors	<p>All Behavioral Health staff receive Preventing and Managing Crisis Situations (PMCS) training</p> <p>Entrance controlled with an intercom camera and access control system</p> <p>Cameras located throughout the corridors and nursing stations in the inpatient units</p> <p>Behavioral Health Associates are assigned to various locations in Psychiatry to assist with psychiatric emergencies</p> <p>In the Psychiatric Emergency Room (CPEP) there is a sally port entrance that allows only one door to open before the secondary door can be buzzed open;</p> <p>HP officer assigned to this entrance</p>
Emergency Department	Interactions with patients, family members and visitors	<p>Hospital Police officers assigned to the adult emergency room and to the pediatric emergency room</p> <p>The Emergency Rooms utilizes card access for entrance to the treatment areas; the elevators in the emergency room are only accessible with card access</p> <p>Cameras in place viewing the emergency room doors and corridors</p> <p>All cameras are viewed on the IP network</p> <p>ER staff have been instructed to do the following, when assistance is required:</p> <ul style="list-style-type: none"> <li>• Utilize overhead intercom in area to request Hospital Police assistance</li> <li>• Request the officers assigned to emergency to respond</li> <li>• Call Ext. 4300 for additional assistance</li> </ul> <p>Frequent foot patrols conducted in the Emergency Rooms to control visitor access to the treatment rooms</p>
Med-Surgical units	Interactions with patients, family members and visitors	<p>Prisoner patient is guarded by a law enforcement agency, the officers assigned are responsible for these patients</p> <p>Law enforcement can intervene and assist staff when needed in the care and treatment of prisoner patients</p> <p>Staff instructed to contact Hospital Police at Ext 4300 when assistance is needed</p> <p>Hospital Police conduct patrols on all tours</p>

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<p>NICU; L&amp;D; Post-Partum; Nursery; PICU; in-patient pediatrics</p>	<p>Interactions with patients, family members and visitors</p>	<p>Hospital police post assigned outside the maternity ward Hospital police post outside maternity ward is covered 24 hours a day Electronic infant and child protection system in place Units are locked and card accessible Visitors and others must have a pass and be given access to the unit via video/intercom system Overnight visitors for pediatric patients are allowed but one only per patient and they must be approved and logged in by the nurses' station and wear an ID</p>
<p>Ambulatory Care Clinics</p>	<p>Interactions with patients, family members and visitors</p>	<p>Doors from reception / waiting areas to exam rooms are kept locked and are card accessible Staff maintain communication with patients regarding schedule Patients are called from reception / waiting area Staff is instructed to call Ext 4300 when assistance is needed Hospital Police assigned to the building at all times and conduct frequent patrols Cameras located by the nursing stations, waiting areas and corridors of all the clinic floors</p>
<p>Facility wide</p>	<p>Interactions with co-workers</p>	<p>Non-violence policy statement for employees Policies for background check of all employees Policies for conduct, disruptive behavior, violence in the workplace, etc. Procedures for employees to report inappropriate behavior, assaults and threats Emergency communication procedures Training in crisis management and prevention Procedures to limit access to the building A Code of Conduct that is disseminated to all staff Training, which includes conflict avoidance/how to de-escalate situations Availability of security systems and procedures Recordkeeping procedures Procedures to limit access to the building (visitor passes, security presence) Enforce rules for employees entering/leaving facility (ID, package inspection) Locking doors when department is closed; procedures for opening and closing doors; key control Emergency telephone numbers posted on all telephones</p>

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>Lincoln</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
Psychiatry	Interactions with patients, family members and visitors	Entrances door has an intercom camera locking system Cameras facing 10 A front desk, guest room, atrium, 10 A rear and 10 A playroom and corridors Panic alarms located in treatment and interview rooms Special locking system at entrance door (man trap) that allows entry into 1 door only when buzzed and the other door is in a closed position
Emergency Department	Interactions with patients, family members and visitors	Camera in triage area and ER lobby; Cameras are connected (for viewing and recording) to third floor Hospital Police Cameras view emergency doors; all cameras go to Hospital Police 24/7 DVR ER staff have been instructed to do the following, when assistance is required: <ul style="list-style-type: none"> <li>• Utilize overhead intercom in area to request Hospital Police assistance</li> <li>• Use panic button at Triage, Intake, Surgical and Pediatric ER area in case of emergency</li> <li>• Call Ext. 5757 for additional officer for extreme emergencies</li> </ul> Card access on 1C9, 1C4 and 1C10 doors Hospital Police use hand held metal detector with video training given to all
Med-Surgical units	Interactions with patients, family members and visitors	Out-posted prisoner patients guarded by Correction Officers (CO's) who are in positions that have a direct sight line with patient; CO's can intervene for the protection of staff All staff receive mandatory crisis management training HP conducts patrols Emergency phone numbers are posted on every phone
NICU; L&D; Post-Partum; Nursery; PICU; in-patient pediatrics	Interactions with patients, family members and visitors	Permanent hospital police post outside the Labor and Delivery unit Electronic infant and child protection system in place Units are locked and card accessible Visitors and others must have a pass & be buzzed into the unit Overnight visitors for pediatric patients are allowed but one only per patient and they must be pre-approved, logged in by the nurses' station and wear an ID

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<p>Ambulatory Care Clinics</p>	<p>Interactions with patients, family members and visitors</p>	<p>Doors from reception / waiting areas to exam rooms are kept locked and are card access Staff maintain communication with patients regarding schedule Patients are called from reception / waiting area and escorted or directed to the specific exam room Staff are trained in crisis management and how to summon assistance Stairwells are locked to restrict re-entry onto the occupancy side Panic buttons in area Escort patients to the individual office in the business office area</p>
<p>Facility wide</p>	<p>Interactions with co-workers</p>	<p>Non-violence policy statement for employees, patients, visitors and others Policies for background check of all employees Policies for conduct, disruptive behavior, violence in the workplace, etc. Procedures for employees to report inappropriate behavior, assaults and threats Availability of security systems and procedures Recordkeeping procedures Emergency communication procedures Training in crisis management and prevention Procedures to limit access to the building Enforce rules for employees entering/leaving facility Locking doors when not open; procedures for opening and closing doors; key control A Code of Conduct that is disseminated to all staff Training, which includes conflict avoidance/how to de-escalate situations</p>

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>McKinney</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
Pharmacy	Interactions with patients, family members and visitors	Closed circuit television cameras monitored by Hospital Police Department Intercom Buzzer System Staff offered Crisis Prevention Intervention training
Neighborhoods/Units	Interactions with patients, family members and visitors	All visitors are required to show a photo ID and sign in upon entering Hospital Police posted at front entrance Hospital Police conducts patrols Closed circuit television cameras monitored by Hospital Police Department Intercom Buzzer System located at side entrance and visible for Hospital Police to allow access Convex mirrors Staff offered Crisis Prevention Intervention training
Facility wide	Interactions with co-workers	Non-violence policy statement for employees, patients, visitors and others Policies for background check of all employees Policies for conduct, disruptive behavior, violence in the workplace, etc. Procedures for employees to report inappropriate behavior, assaults and threats Availability of security systems and procedures Recordkeeping procedures Emergency communication procedures Training in crisis management and prevention Procedures to limit access to the building Enforce rules for employees entering/leaving facility Locking doors when not open; procedures for opening and closing doors; key control A Code of Conduct that is disseminated to all staff Training, which includes conflict avoidance/how to de-escalate situations

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>MetroPlus</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
HHC Facilities	Visitors and Patients	<p>Trainings on Workplace Violence and De-escalating potentially dangerous situations</p> <p>Photo IDs for all employees</p> <p>ID Policy</p> <p>Controlled entries &amp; exits</p> <p>Closed circuit television cameras</p> <p>Magnetic ID Card Reader</p> <p>Security personnel where and when appropriate</p> <p>Use of communication devices</p> <p>Plexiglas barriers where appropriate</p> <p>Visitation policies</p> <p>Corporate Security at Central Office locations and Hospital Police at facilities</p> <p>Occupational Health and Safety Committee meetings to discuss security and workplace violence issues and concerns.</p>
Non-HHC Facilities and/or locations	Visitors, public, clients	<p>Trainings on Workplace Violence and De-escalating potentially dangerous situations</p> <p>Company-Issued Cell phones</p> <p>Additional staffing when appropriate</p> <p>Management visits and regular discussions regarding security measures</p> <p>Scheduling changes when appropriate</p> <p>Security and Police Contact Information</p> <p>Strategic staffing with respect to work locations</p> <p>Occupational Health and Safety Committee meetings to discuss security and workplace violence issues and concerns</p>
Field staff	Clients, public	<p>Trainings on Workplace Violence and De-escalating potentially dangerous situations</p> <p>Company-Issued Cell phones</p> <p>Additional staffing when appropriate</p> <p>Management visits and regular discussions regarding security measures</p> <p>Scheduling changes when appropriate</p> <p>Security and Police Contact Information</p> <p>Strategic staffing with respect to work locations</p> <p>Occupational Health and Safety Committee meetings to discuss security and workplace violence issues and concerns</p>

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>Metropolitan</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
Psychiatry In-Patient Units	Interactions with patients, family members and visitors	Controlled entries & exits CCTV monitors Video Intercom System Card Access Control Panic Alarms Visitation Restriction Policies Random Bag Inspections Communication Devices Medical staff are train in Crisis Intervention when interacting with patients to utilize caution at all times
Acute Emergency Room	Interactions with patients, family members and visitors	CCTV monitors Panic Alarms Card Access Intercom System Stationary Police Post Dedicated Security Patrol Random Bag Inspections Communication Devices Medical staff are train in Crisis Intervention when interacting with patients to utilize caution at all times
Psychiatry E.D.	Interactions with patients, family members and visitors	Controlled entries & exits CCTV monitors Card Access Control Dedicated Security Patrol Panic Alarms Plexiglas barriers where appropriate Visitation Restriction Policies Bag Inspections Communication Devices Medical staff train in Crisis Intervention When interacting with patients staff should utilize caution at all times



**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<p>Facility wide</p>	<p>Interactions with co-workers</p>	<p>Non-violence policy statement for employees, patients, visitors and others  Policies for background check of all employees  Policies for conduct, disruptive behavior, violence in the workplace, etc.  Procedures for employees to report inappropriate behavior, assaults and threats  Availability of security systems and procedures  Recordkeeping procedures  Emergency communication procedures  Training in crisis management and prevention  Procedures to limit access to the building  Locking doors when not open; procedures for opening and closing doors; key control  A Code of Conduct that is disseminated to all staff  Training, which includes conflict avoidance/how to de-escalate situations</p>
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**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>Morrisania</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
Psychiatry (outpatient)	Interactions with patients, family members and visitors	Cameras on 1st & 2nd floors of psych areas Panic alarms located in treatment & interviewing rooms Hospital Police Officers are assigned throughout the clinic
Ambulatory Care Clinics	Interactions with patients, family members and visitors	Staff receive mandatory crisis management training on how to summon assistance HP conduct routine patrols Patients are called from reception/waiting area and escorted or directed to the specific exam room Emergency phone numbers are posted on HHC phones Patients are called from reception/waiting area and escorted or directed to the specific exam room
Facility wide	Interactions with co-workers	Non-violence policy statement for employees, patients, visitors and others Policies for background check of all employees Policies for conduct, disruptive behavior, violence in the workplace, etc. Procedures for employees to report inappropriate behavior, assaults and threats Availability of security systems and procedures Recordkeeping procedures Emergency communication procedures Training in crisis management and prevention Procedures to limit access to the building Enforce rules for employees entering/leaving facility Locking doors when not open; procedures for opening and closing doors; key control A Code of Conduct that is disseminated to all staff Training, h including conflict avoidance/how to de-escalate situations

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>North Central Bronx</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
Emergency Department	Interactions with patients, family members and visitors	Security post inside the ED Availability of local overhead speaker for internal staff use to request assistance TV inside the AES waiting room to provide distraction while waiting Vending machines and pay phones available immediately outside the ED waiting room Visiting policy and vigorous enforcement is encouraged Interaction with all other law enforcement agencies to ensure that there is cooperation on safety and security needs when there are prisoner / in custody patients
Behavioral Health ED	Interactions with patients, family members and visitors (behavioral issues, crowded conditions, waiting time)	Lock doors Panic alarms in exam rooms and interview rooms that provide an audible alarm inside the nurses' station and a signal light outside the door of the room Caution must be exercised by staff when entering and exiting to make sure no one can "piggy back" into or out of the unit All telephones are labeled with emergency numbers Cameras at front and rear entry are monitored locally
Adult In-Patient Psychiatry	Interactions with patients, family members and visitors	Enclose and lock Nurses Stations All units locked(except for exit from the voluntary detox unit) Panic buttons in many locations Cameras are installed to provide a view of sally port doors, corridors and common areas. Monitors are in the nursing stations and viewing is also available in the Security central command station Wiring has begun for the introduction of personal panic alarms Only 2 visitors are allowed during specified hours and visitors must present ID, be on the approved list, have a pass and must sign in on the unit Visiting in a common area visible by staff Activities to engage patients are scheduled daily Staff receive crisis management training biannually Caution must be exercised at all times by staff when entering and exiting to make sure no one can "piggy back" into or out of the unit

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<p>Med-Surg units</p>	<p>Interactions with patients, family members and visitors</p>	<p>Out-posted prisoner patient to be guarded by outside law enforcement who are in positions that have a direct sight line; Law enforcement agents can intervene for the protection of staff Security conducts patrols on units Emergency phone numbers are posted on every phone CCTV monitors entrance to all inpatient areas</p>
<p>NICU; L&amp;D; Post-Partum; Nursery</p>	<p>Interactions with patients, family members and visitors</p>	<p>Electronic infant and child protection system in place Units are locked and card access Visitors and others must have a pass &amp; be buzzed into the unit Overnight visitors for pediatric patients are allowed but one only per patient and they must be approved and logged in by the nurses' station and wear an ID All telephones are labeled with emergency numbers</p>
<p>Ambulatory Care Practices</p>	<p>Interactions with patients, family members and visitors</p>	<p>Staff maintain communication with patients regarding schedule Escort or direct patients from reception / waiting area to the specific exam room Staff are trained in crisis management and how to summon assistance Stairwells are locked to re-entry onto the occupancy side Panic buttons in area Visitors to Business Office are escorted to the particular office they need Security rounds during practice hours CCTV in corridors leading to practice</p>
<p>Facility wide</p>	<p>Interactions with co-workers</p>	<p>Non-violence policy statement for employees, patients, visitors and others Policies for background check of all employees Policies for conduct, disruptive behavior, violence in the workplace, etc. Procedures for employees to report inappropriate behavior, assaults and threats Availability of security systems and procedures Recordkeeping procedures Emergency communication procedures Training in crisis management and prevention Procedures to limit access to the building Enforce rules for employees entering/leaving facility Locking doors when not open; procedures for opening and closing doors; key control A Code of Conduct that is disseminated to all staff</p>

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>Queens</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
Emergency Department	Interactions with patients, family members and visitors	Hospital Police fixed posts Doors have locking mechanisms requiring a code to enter Interaction with Law Enforcement Agencies with prisoners and patients in custody ensuring cooperation for everyone's safety and security Red Phones are utilized as a direct line to Hospital Police TV and vending machines provided to keep people calm during their wait Panic buttons
Psychiatry	Interactions with patients, family members and visitors	Units are Locked Cameras are mounted throughout units with monitors at Nurses station and in Hospital Police command center Panic buttons Red phones utilized as a direct line to Hospital Police Crises management training for staff
Med-Surgical units	Interactions with patients, family members and visitors	Routine patrol by Hospital Police Direct line to Hospital Police posted on units Crises management training
Ambulatory Care Clinics	Interactions with patients, family members and visitors	Doors are kept locked from waiting areas Escort patients to exam rooms TV's in waiting areas Direct line to Hospital Police is posted Routine patrol by Hospital Police

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<p>Facility wide</p>	<p>Interactions with co-workers</p>	<p>Non-violence policy statement for employees, patients, visitors and others  Policies for background check of all employees  Policies for conduct, disruptive behavior, violence in the workplace, etc.  Procedures for employees to report inappropriate behavior, assaults and threats  Availability of security systems and procedures  Recordkeeping procedures  Emergency communication procedures  Training in crisis management and prevention  Procedures to limit access to the building  Enforce rules for employees entering/leaving facility  Locking doors when not open; procedures for opening and closing doors; key control  A Code of Conduct that is disseminated to all staff  Training, which includes conflict avoidance/how to de-escalate situations</p>
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**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>Renaissance</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
Ambulatory Care Clinics	Interactions with patients, family members and visitors	Hospital Police posts and routine patrols Staff receive mandatory crisis management training on how to summon assistance Patients escorted or directed from reception/waiting area to specific exam room Emergency phone numbers are posted on HHC phones
Ambulatory Care Clinics (Dental, Ob/Gyn, Medical, Podiatry and Pediatrics)	Interactions with patients, family members and visitors	Doors from reception/waiting areas to exam rooms are kept locked and are card access Staff maintains communication with patients regarding schedule Patients escorted or directed from reception/waiting area to specific exam room Staff is trained in crisis management and how to summon assistance In the Business Office patients are escorted to the individual they are scheduled to meet
		Non-violence policy statement for employees, patients, visitors and others Policies for background check of all employees Policies for conduct, disruptive behavior, violence in the workplace, etc. Procedures for employees to report inappropriate behavior, assaults and threats Availability of security systems and procedures Recordkeeping procedures Emergency communication procedures Training in crisis management and prevention Procedures to limit access to the building Enforce rules for employees entering/leaving facility Locking doors when not open; procedures for opening and closing doors; key control A Code of Conduct that is disseminated to all staff Training, which includes conflict avoidance/how to de-escalate situations
Facility wide	Interactions with co-workers	

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

Sea View		
Area	Risk Factor	Control Measure
Traumatic Brain Injury Unit	Interactions with patients, family members and visitors	CCTV Cameras Direct Line to Hospital Police "124 desk" Strict enforcement of visitor policies Visitor Pass policies
Dementia Unit	Interactions with patients, family members and visitors (dissatisfaction)	CCTV Cameras Direct Line to Hospital Police "124 desk" Strict enforcement of visitor policies Visitor Pass policies
Campus	Interactions with patients, family members, visitor, co-workers and the public	CCTV cameras Hourly vehicle patrols Night lighting Security gate Key FOB readers
Facility wide	Interactions with co-workers	Non-violence policy statement for employees, patients, visitors and others Policies for background check of all employees Policies for conduct, disruptive behavior, violence in the workplace, etc. Procedures for employees to report inappropriate behavior, assaults and threats Availability of security systems and procedures Recordkeeping procedures Emergency communication procedures Training in crisis management and prevention Procedures to limit access to the building Enforce rules for employees entering/leaving facility Locking doors when not open; procedures for opening and closing doors; key control A Code of Conduct that is disseminated to all staff Training, which includes conflict avoidance/how to de-escalate situations



**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>Woodhull</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
Psychiatry In-Patient Units	Interactions with patients, family members and visitors	Controlled entries & exits CCTV monitors Video Intercom System Card Access Control Dedicated Security Patrol Panic Alarms Plexiglas barriers where appropriate Visitation Restriction Policies Unlawful Behavior Policy Random Bag Inspections Communication Devices Medical staff are trained in Crisis Intervention When interacting with patients utilize caution at all times
Acute Emergency Room	Interactions with patients, family members and visitors	CCTV monitors Panic Alarms Card Access Intercom System Stationary Police Post Dedicated Security Patrol Unlawful Behavior Policy Random Bag Inspections Communication Devices Medical staff are trained in Crisis Intervention When interacting with patients to utilize caution at all times

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<p>Psychiatry ED</p>	<p>Interactions with patients, family members and visitors</p>	<p>Controlled entries &amp; exits CCTV monitors Video Intercom System Card Access Control Dedicated Security Patrol Stationary Police Post Panic Alarms Plexiglas barriers where appropriate Visitation Restriction Policies Unlawful Behavior Policy Random Bag Inspections Communication Devices Medical staff are trained in Crisis Intervention When interacting with patients to utilize caution at all times</p>
<p>Facility wide</p>	<p>Interactions with co-workers</p>	<p>Non-violence policy statement for employees, patients, visitors and others Policies for background check of all employees Policies for conduct, disruptive behavior, violence in the workplace, etc. Procedures for employees to report inappropriate behavior, assaults and threats Availability of security systems and procedures Recordkeeping procedures Emergency communication procedures Training in crisis management and prevention Procedures to limit access to the building Locking doors when not open; procedures for opening and closing doors; key control A Code of Conduct that is disseminated to all staff Training, including conflict avoidance/how to de-escalate situations</p>

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>Child and Teen Health Services and Community Health Centers</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
Center wide	Interactions with patients, family members and visitors	<p>Staff maintains communication with patients regarding schedule</p> <p>Emergency phone numbers are posted on phones</p> <p>Non-violence policy statement for employees, patients, visitors and others</p> <p>Security at these locations is maintained by New York City Housing Authority and the New York City Police Department Housing Bureau Police Service Area Unit</p> <p>Non-violence policy statement for employees, patients, visitors and others</p> <p>Policies for background check of all employees</p> <p>Policies for conduct, disruptive behavior, violence in the workplace, etc.</p> <p>Procedures for employees to report inappropriate behavior, assaults and threats</p> <p>Recordkeeping procedures</p> <p>Emergency communication procedures</p> <p>Enforce rules for employees entering/leaving facility</p> <p>Locking doors when not open; procedures for opening and closing doors; key control</p> <p>A Code of Conduct that is disseminated to all staff</p> <p>Training, which includes conflict avoidance/how to de-escalate situations</p>
Center wide	Interactions with co-workers	

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>School Based Programs</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
School health office	Interactions with students/patients, family members and visitors	<p>Security at these locations is maintained by New York City Department Of Education ("NYC DOE") and the New York City Police Department School Safety Division</p> <p>Staff maintains communication with students/patients regarding schedule</p> <p>Emergency phone numbers are posted on HHC staff phones</p> <p>Health Office doors are secured with locks</p> <p>Students/patients and NYC DOE staff are subject to NYC DOE rules, regulations and codes of conduct</p>
School health office	Interactions with co-workers and or DOE staff	<p>Security at these locations is maintained by New York City Department Of Education ("NYC DOE") and the New York City Police Department School Safety Division</p> <p>Students/patients and NYC DOE staff are subject to NYC DOE rules, regulations and codes of conduct</p> <p>At certain locations visitors students/patients proceed thorough screening before entering the building</p> <p>Policies for background check of all HHC employees</p> <p>Policies for conduct, disruptive behavior, violence in the workplace, etc.</p> <p>Procedures for employees to report inappropriate behavior, assaults and threats</p> <p>Availability of security systems and procedures</p> <p>Recordkeeping procedures</p> <p>Emergency communication procedures</p> <p>Locking doors when not open; procedures for opening and closing doors; key control</p> <p>A Code of Conduct that is disseminated to all HHC staff</p> <p>Training, which includes conflict avoidance/how to de-escalate situations</p>

**New York City Health and Hospitals Corporation  
Workplace Violence Risk Assessment**

<b>Correction Based Programs</b>		
<b>Area</b>	<b>Risk Factor</b>	<b>Control Measure</b>
Courthouse wide	Interactions with detainees/patients, family members and visitors	Security at these locations is maintained by New York City Department of Correction ("DOC"), New York City Department of Citywide Administrative Services (DCAS) and the New York City Police Department (NYPD) Entry and movement in Courthouses are monitored by security personnel, metal detectors and closed circuit monitors HHC staff maintain communication with detainees/patients regarding care and schedule Emergency phone numbers are posted on HHC phones
Courthouse wide	Interactions with co-workers and courthouse personnel	Security at these locations is maintained by New York City Department of Correction (DOC), New York City Department of Citywide Administrative Services (DCAS) and the New York City Police Department Entry and movement in Courthouses are monitored by security personnel, metal detectors and closed circuit monitors Courthouse personnel are subject to New York State, DOC, DCAS and NYPD rules, regulations, guidelines and codes of conduct as applicable A Code of Conduct that is disseminated to all HHC staff Policies for background check of all employees Policies for conduct, disruptive behavior, violence in the workplace, etc. Procedures for HHC employees to report inappropriate behavior, assaults and threats Availability of security systems and procedures Recordkeeping procedures Emergency communication procedures Rules regarding entry and exit are strictly enforced Locking doors when not open; procedures for opening and closing doors; key control Training, which includes conflict avoidance/how to de-escalate situations