



VIRGINIA HOSPITAL  
& HEALTHCARE  
ASSOCIATION

An alliance of hospitals and health delivery systems

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# HOSPITAL WORKPLACE VIOLENCE PREVENTION TOOLKIT

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### **Disclaimer**

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## **I. Background**

Hospitals are places that heal. They are also places where those who do the healing can be the victims of violence.

Regrettably, this occurs in healthcare settings at a greater frequency than is common in many other industries. A 2016 report from the U.S. Government Accountability Office (GAO) found that “workers in healthcare facilities experience substantially higher estimated rates of nonfatal injury due to workplace violence compared to workers overall.”<sup>1</sup> The GAO report went on to note that U.S. Department of Labor (DOL) data from 2013 show that “private-sector healthcare workers in in-patient facilities, such as hospitals, experienced workplace violence-related injuries requiring days off from work at an estimated rate at least five times higher than the rate for private-sector workers overall.”<sup>2</sup> Data from the U.S Bureau of Labor Statistics (BLS) tell a similar story: year-over-year figures show healthcare workers account for the most nonfatal illness and injury cases across industries. GAO characterizes workplace violence as “a serious concern for the approximately 15 million healthcare workers in the United States.”<sup>3</sup> These findings have been reflected in surveys taken by other organizations.

According to surveys conducted by the American College of Emergency Physicians (ACEP) and the Emergency Nurses Association, almost half of emergency physicians report being physically assaulted at work, while about 70% of emergency nurses report being hit and kicked while on the job. Furthermore, the vast majority (80%) of emergency physicians say violence in the emergency department harms patient care.<sup>4</sup> In a 2018 poll conducted by ACEP, nearly 70% of the emergency physicians stated that hospital violence has increased in the past five years and 25% reported that hospital violence had increased “greatly.”<sup>5</sup> When considering reported instances of workplace violence, OSHA notes that workplace violence in the medical occupations represented 10.2% of all workplace violence incidents.<sup>6</sup>

While these surveys provide insight into the rate at which workplace violence occurs in hospitals, it must also be recognized that workplace violence in hospitals remains underreported. According to OSHA, research has found that workplace violence is underreported – suggesting that the actual

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<sup>1</sup> United States Government Accountability Office, *Workplace Safety and Health: Additional Efforts Needed to Help Protect Healthcare Workers from Workplace Violence* (March 2016), Pg. 2, available at <https://www.gao.gov/assets/gao-16-11.pdf>

<sup>2</sup> *Id.*

<sup>3</sup> United States Government Accountability Office, *supra* note 1, at 2.

<sup>4</sup> American College of Emergency Physicians, *Violence in the Emergency Department: Resources for a Safer Workplace*, available at <https://www.acep.org/administration/violence-in-the-emergency-department-resources-for-a-safer-workplace/>.

<sup>5</sup> American College of Emergency Physicians, *Violence in Emergency Departments is Increasing, harming Patients, New Research Finds*, available at <https://www.emergencyphysicians.org/press-releases/2018/10-2-2018-violence-in-emergency-departments-is-increasing-harming-patients-new-research-finds>.

<sup>6</sup> Occupational Safety and Health Administration, *Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers*, Pg. 9, available at <https://www.osha.gov/sites/default/files/publications/osha3148.pdf>

rates are likely much higher as shown by the polls conducted by ACEP and the Emergency Nurses Association.<sup>7</sup>

The negative impact on the short-term and long-term physical and psychological health caused by workplace violence to healthcare workers and their patients cannot be understated. Studies have shown there is an increase in the rate of missed workdays, burnout, and job dissatisfaction, along with decreased productivity, and deterioration in staff health by employees involved in episodes of workplace violence.<sup>8</sup> Additionally, employee turnover increases as a result of workplace violence, and patient care has shown to worsen as a result.<sup>9</sup>

As a hospital community in Virginia, we are committed to ensuring that patients receive the best care, and we are constantly working to enhance public health. That work includes efforts to make our hospitals safe places for all who enter.

## **II. Purpose**

The purpose of this toolkit is to provide practical tools, resources, and information that can be used by hospitals, and adapted for a range of other healthcare settings, to develop and sustain effective violence prevention programs. The contents aim to provide a step-by-step approach to developing or assessing and enhancing a violence prevention program. The focus of the contents of this toolkit are focused on prevention and management of violence by patients and visitors toward staff and not staff-on-staff violence.

The toolkit will assist healthcare leadership and violence prevention committees and other stakeholders to:

- Evaluate their workplace violence prevention program and individual violence prevention practices at their facility or within their organization, against current best practices in violence prevention.
- Identify and engage stakeholders and enhance the culture of worker and patient safety.
- Develop or strengthen the workplace violence prevention program and related policies by identifying processes that can be implemented to manage or control violence and can address the risk of violence proactively.

A suggested framework and strategies to aid program implementation, evaluation, and sustainability are also offered.

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<sup>7</sup> *Id.* at 3.

<sup>8</sup> Pestka, E. L., Hatteberg, D.A., Larson, L. A., Zwygart, A. M., Cox, D. L., & Borgen, Jr., E. E., *Enhancing Safety in Behavioral Emergency Situations* (2012), available at <https://pubmed.ncbi.nlm.nih.gov/23477025/>.

<sup>9</sup> Oregon Workplace Safety Initiative, *Workplace Violence in Hospitals: A Toolkit for Prevention and Management, 2<sup>nd</sup> Edition*, Pg. 29, available at <https://d1o0i0v5q5lp8h.cloudfront.net/oahhs/live/assets/documents/documents/Workplace%20Safety%202020%20Updates/WPV%20Toolkit%20All%20Sections%202020%20-%20full.pdf>.

Tools and strategies provided should be customized to an organization's culture and physical environment, and should take into account factors such as, the complexity of the patient population, facility size, resources available, and the barriers and gaps identified in that setting.

Furthermore, there is insufficient evidence as to what type of program design, or combination of program elements, or approaches, are effective and sustainable in reducing incidence of violence in healthcare. Therefore, it is intended that the approach to program development, the tools created, and resources provided, offer healthcare facilities a comprehensive resource to facilitate the development of workplace violence prevention programs and further enhance an organization's culture of safety for their employees and patients.

### **III. Workplace Violence Legislation in Virginia**

In 2017, the Virginia Nurses Association (VNA) and VHHA collaborated on legislation addressing battery of a healthcare provider.<sup>10</sup> By definition, battery includes physical assaults that result *or can result* in serious physical harm. However, The Joint Commission, the nation's oldest and largest standards-setting and accrediting body in healthcare, issued TJC Sentinel Event 59 and included verbal violence – threats, verbal abuse, hostility, harassment, bullying, among other acts which can cause significant psychological trauma and stress, despite the absence of physical injury. Verbal assaults often escalate to physical violence.<sup>11</sup> In response to TJC Sentinel Event 59, additional legislation was introduced and passed with the support of the VNA and VHHA to include oral threats to kill or to do bodily injury against any healthcare provider to existing minimum penalty laws.<sup>12</sup> These pieces of legislation are representative of the past and ongoing partnership between VNA and VHHA to address this critical issue.

### **IV. Oregon Association of Hospitals and Health Systems Workplace Safety Initiative**

This toolkit draws from and echoes the findings and suggestions contained within the Oregon Association of Hospitals and Health Systems' (OAHHS) *Workplace Violence in Hospitals: A Toolkit for Prevention and Management*<sup>13</sup>. Drafted in collaboration with the Washington State Hospital Association, the OAHHS toolkit is a comprehensive guide to developing a workplace violence prevention program from scratch or enhancing a preexisting program. The OAHHS toolkit is the product of their Worker Safety Initiative (WSI) that was established in 2014 to find ways to collaboratively address two of the leading causes of healthcare worker injury in Oregon – manual patient handling and workplace violence. The WSI was comprised of union representations as well as representatives from Oregon hospitals.

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<sup>10</sup> Virginia Nurses Association, *Workplace Violence Tool Kit*, <https://virginiannurses.com/page/WorkplaceViolenceToolkit>; See Va. Code § 18.2-57.

<sup>11</sup> The Joint Commission, *Sentinel Event Alert* (June 18, 2021), available at <https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea-59-workplace-violence-final2.pdf>.

<sup>12</sup> See Va. Code § 18.2-60

<sup>13</sup> Oregon Association of Hospitals and Health Systems, *Workplace Violence in Hospitals: A Toolkit for Prevention and Management*, available at <https://d1o0i0v5q5lp8h.cloudfront.net/oahhs/live/assets/documents/documents/Workplace%20Safety%202020%20Updates/WPV%20Toolkit%20All%20Sections%202020%20-%20full.pdf>.

The VHHA toolkit attempts to summarize or condense the findings of the Oregon WSI as well as the suggestions contained within the OAHHS toolkit while introducing information pertinent to Virginia's hospitals and the initiatives or materials undertaken or drafted by VHHA, VNA, and other organizations.

## **V. Understanding Workplace Violence**

The federal Occupational Health and Safety Agency (OSHA) defines workplace violence as any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior, that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide, and can involve employees, clients, customers, and visitors.<sup>14</sup>

Terms and definitions used to define workplace violence in occupational safety and violence literature can vary. For example, violence that occurs between coworkers may be defined as bullying, lateral, or horizontal violence or incivility. The definition of assault as related to criminal law also varies by state and federal judicial systems.

Workplace violence in healthcare can also be defined as intentional, such as where there is intent by a patient to cause physiological, emotional, and bodily harm to an employee. Alternatively, workplace violence in healthcare may be defined as non-intentional, such as violence by individuals with cognitive impairment associated with dementia, brain injury, or a physiological reaction to anesthesia or medication. The perception of a patient's intent to cause harm and how intent is defined greatly influences reporting of violence by healthcare workers, as discussed later in this section.

OSHA notes that workplace violence incidents generally fall into four categories:

- Type I (Criminal Intent): Results while a criminal activity (e.g., robbery or property damage) is being committed and the perpetrator has no legitimate relationship to the workplace.
- Type II (Customer/Client): The perpetrator is a customer or client at the workplace and becomes violent while being served by the worker e.g., as a patient, family, or visitor assault towards the healthcare worker.
- Type III (Worker-on-Worker): Employees or past employees of the workplace are the perpetrators e.g., bullying/lateral violence or physical assault from a co-worker.
- Type IV (Personal Relationship): The perpetrator usually has a personal relationship with an employee e.g., domestic violence in the workplace.

The focus of this toolkit is prevention and control of Type II (Customer/Client) violence, where violence is perpetrated by patients and visitors toward employees, contract personnel, and volunteers who work within a hospital and/or a clinic setting. However, any workplace violence

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<sup>14</sup> Occupational Safety and Health Administration, *Workplace Violence*, <https://www.osha.gov/workplace-violence>.

prevention program should also incorporate policies and procedures to address risk of violence of any type and cause such as, bullying, domestic, and criminal activity including active shooter preparedness, that could occur within a healthcare organization.

Type II violence is the most common in healthcare settings that is, verbal or physical abuse and assaults perpetrated by patients, their family members, and visitors, toward healthcare workers. Examples include intentional and non-intentional verbal threats or physical attacks by patients, a distraught family member who may be abusive or even become an active shooter, or gang violence in the emergency department. According to OSHA, the highest rates of violence occur in inpatient and acute psychiatric services as well as high volume urban emergency departments.<sup>15</sup>

## **VI. Solutions to Prevent and Manage Workplace Violence**

The goal of a comprehensive workplace violence prevention program should be to minimize and eliminate, where possible, the organizational and environmental factors that contribute to workplace violence and to expedite early and accurate identification and management of clinically related and external risk factors.

The approach taken to prevent hazards in many occupational safety, health, and ergonomics programs is to first try to eliminate or substitute or replace the hazard before turning to engineering controls that are designed to isolate or protect workers from the hazard. However, in the case of preventing workplace violence, elimination and substitution, while most effective at reducing hazards, are extremely challenging. Therefore, a combination of engineering and administrative controls is primarily used within a workplace violence prevention program to prevent and manage the risk of violence. As an example, personal protective equipment (PPE) is the use of gowns, bite guards, gloves, and face masks and shields to protect employees from blood and body fluid exposure that can occur when a patient is physically violent.

Engineering controls implemented in facilities may include:

- Physical and environmental safety and security measures e.g., controlled access to buildings and patient care units, weapons screening, monitored surveillance systems and panic/duress alarms or systems
- Design of the physical environment to:
  - Improve visibility;
  - Provide barrier protection for staff, and allow for quick access to assistance to egress;
  - Reduce risk of furniture and equipment being used as weapons; and
  - Create a less stressful environment for patients and visitors.

Administrative controls implemented by organizations may include:

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<sup>15</sup> Occupational Safety and Health Administration, *supra* n. 9.

- Identifying (using a validated risk assessment tool), monitoring and managing patients/visitors at high risk for violence using interventions that are customized to address the underlying cause of the agitation or aggression and stage of violence being exhibited.
- Violence reporting including user friendly, well communicated processes to get help during a workplace violence incident and when reporting/documenting incidents, and communication, reporting, and documentation protocols that inform all staff who will be in contact with a patient who is identified at risk for violence e.g., department transfer huddles; shift change huddles; flagging the patient's health record, etc.
- Incident response protocols including use of behavioral health rapid response teams, emergency medication kit for violence, the use of safe assessment rooms, clearly defined protocols for use of restraint and seclusion as a last resort, security personnel, and the use of force.
- Post incident management and incident investigation.
- Policy and procedures for employee groups who are at higher risk for exposure to violence e.g., employees working alone or in secure areas.
- Policy and procedures to address organizational risk factors for workplace violence, such as improve staffing levels during busy period to reduce crowding and wait times and provide adequate security and mental health personnel on site.
- Proactive safety and security audits and security rounding.
- Education and training for employees including protective behavior training (de-escalation training).

Well-written workplace violence policies and supporting procedures, which are actively enforced, followed, and maintained, provide the foundation and assist to facilitate the effectiveness of solutions to control and prevent workplace violence.

## **VII. Enhancing Existing Workplace Violence Prevention Programs**

When enhancing existing workplace violence prevention programs, organizations can take several steps. The steps and activities conducted when developing and implementing a workplace violence program are often not sequential and may be interdependent. The steps described in this section may be performed in a different sequence or, in some cases, concurrently. For example, you may feel it necessary to gather information about the frequency and severity of violence in your facility by reviewing incident data, conducting staff surveys, and completing a Gap Analysis before you meet with leadership to establish preliminary support for the program efforts.

### **Step 1: Review best practices for assessing risk, control, and prevention of workplace violence and related regulations.**

The first step in defining the need for or enhancing a workplace violence program is to gain an understanding of the issue of violence in healthcare, why and how it can be addressed, and start to identify the scope of the workplace violence prevention program at your facility or within your organization.

In addition, it is important to understand applicable legislation such as the OSHA General Duty Clause, Joint Commission or other accreditation standards, and applicable CMS regulations so that you can understand your regulatory and accreditation responsibilities.

Finally, collecting baseline workplace violence incident and injury data will help to identify the scope of workplace violence at your facility or within your organization. For example, where and how often does violence occur; what types of violence occur; the nature of assaults such as biting, kicking, etc.; who is the perpetrator of violence; and what are the associated workers compensation costs related to staff injuries?

To be able to examine and predict injury and other data trends, it is recommended that at least 3 years of data from OSHA logs, workers compensation reports, and other relevant sources of data be reviewed. For privacy considerations, data provided should not include employee identifiers or other information that is considered confidential under the Health Insurance Portability and Accountability Act (HIPAA).

Furthermore, hospitals should consider incorporating entry of instances of workplace violence into their data submissions to the Emergency Department Care Coordination Program (EDCC). Hospitals may also consider utilizing pre-existing data in EDCC to complement their risk assessment data from other sources.

**Step 2: Analyze data collected to identify units, departments, and employee groups with higher risk of exposure to workplace violence as well as the nature, severity, and cost of injuries associated with workplace violence. Begin to identify hazards/risks and program elements that need to be addressed.**

Using the data collected in Step 1, identify the following:

- Units and departments or locations where incidents of workplace violence occur.
- Job tasks and employee groups with higher risk of exposure to and/or with incidents related to workplace violence.
- The types of violence reported (verbal? physical?) as well as the nature of physical violence (e.g., kicking, biting, and grabbing).
- The perpetrator or status of assailant (e.g., patient, behavioral health patient, visitor, employee).
- The nature of employee injuries reported.
- The severity of employee injuries related to the number of cases with lost work days, the number of days away from work, and restricted or modified duty days.
- Calculate incident and severity rates of workplace violence related injuries per 100 employees.
- Calculate the direct costs of injuries and estimate the indirect costs when feasible.

As you evaluate your injury and cost data, determine if definitions and injury related variables and descriptions are standardized. For example, is there consistent use of standard terminology to describe workplace violence related incidents so that they can be accurately measured at the start of your program and after the program is implemented and sustained?

However, it should be remembered that determining true scope and cause of injuries related to workplace violence cannot be established from a review of OSHA and workers' compensation data alone because of underreporting, fraudulent reporting, and misclassification of injuries. In addition, there are other variables that can impact injury claims with days away from work, including lack of work or programs for workers who require temporary restricted duty and case management protocols used to manage injury claims.

**Step 3: Enlist the support of senior leadership to develop or enhance a workplace violence prevention program.**

The goal of meeting with senior leadership at this stage of the workplace violence prevention program planning is to gain approval and support to:

1. Further determine the scope of workplace violence at your facility or within your organization and to develop a draft plan to address workplace violence.
2. Approve resources to assist you achieve (1) above that is to,
  - a. Form a workplace violence committee to steer the project;
  - b. Appoint a workplace violence project or program coordinator; and
  - c. Select a workplace violence program champion or sponsor from senior leadership.

In addition, meeting with leadership allows you to understand:

- The overall level of support for the program;
- How workplace violence may support organizational goals;
- Potential barriers to implementation of the workplace violence program, such as other new or potential program initiatives related to patient and/or employee safety that compete for financial and personnel resources; and
- The resources available to support program implementation and management strategies and activities.

Overall, meeting with leadership reduces the risk of wasting resources and time to plan and implement workplace violence program related activities that may not be fully funded or supported by the organization.

**Step 4: Identify a program champion or sponsor, identify a program coordinator, and form an interdisciplinary workplace violence committee.**

Identifying key stakeholders to be part of the workplace violence prevention program planning committee is important for success. The Joint Commission calls for a collaborative and structured

approach to address workplace violence that includes departments whose functions and goals may not typically overlap or are sometimes siloed, such as employee health or quality and security.

Ensuring that staff from areas impacted or at risk for workplace violence are part of the committee can help to define the full scope of the issue at the facility. This can include managers from the emergency room, intensive care, and behavioral health units. However, staff nurses, aides, technicians, and other staff who have contact with patients and visitors must be involved as they bring important knowledge and perspective about day-to-day experiences related to workplace violence to the planning process. By involving these staff, organizations can further facilitate employee buy-in as the workplace violence program is implemented and support the culture change that will be needed. Furthermore, this collaborative approach to problem solving helps ensure the solutions and strategies chosen are user-centered and applicable to specific work environments.

Although having key stakeholders involved in the planning phase of a workplace violence program is critical, it is important that the committee is not so large that it is a challenge to organize and manage during the fact-finding investigation stage of program planning.

Other stakeholders can be engaged on an ad hoc basis during this investigation stage. Once detailed program planning, and implementation begins following approval of the workplace violence prevention program plan by senior management, committee membership can be expanded as needed.

To facilitate communication during the program planning, implementation, and evaluation process, include stakeholders on the committee (in an *ad hoc* role), that can provide linkage to other patient and employee safety committees. In smaller organizations, one person may be responsible for multiple services and cover several areas of expertise on the committee. At least one committee member should have subject matter expertise in violence prevention and/or is willing to attend additional training/education (e.g., de-escalation techniques, behavioral management).

Other 'ad hoc' members of the committee should include external stakeholders such as local law enforcement, behavioral health professionals, and the organization's insurance carriers. Developing a relationship with these stakeholders can assist you when completing workplace violence risk assessments such as, walkthrough security reviews, and developing workplace violence prevention processes such as, threat or violence response plans including active shooter protocols, and assistance to develop and conduct employee training.

Typically, a workplace violence committee reports to, or is a subcommittee of the facility employee safety and health committee. If this is not the case, make sure there is representation/communication between both committees.

**Step 5: Educate the team about workplace violence in healthcare, the components of successful workplace violence programs, the proposed approach to address workplace violence at your facility, and function of the workplace violence prevention team.**

Once the workplace violence prevention committee is formed, provide them with information about the:

1. Scope and impact of workplace violence in healthcare and elements of programs to prevent and control workplace violence.
2. Steps taken to start workplace violence program development at the facility.
3. Purpose of the workplace violence prevention program and proposed strategy to develop a draft program plan by using information developed in Step 3 and an understanding of requirements by senior management as identified in Step 3.
4. Understanding of how a workplace violence prevention program can support the organization's strategic goals and mission.
5. Roles and responsibilities among the members of the workplace violence prevention committee as well as the workplace violence prevention program champion and program coordinator.
6. Meeting schedule and communication methods between team members and the project coordinator.

Develop a draft project charter for the committee using your organization's existing project charter template if one exists.

A project charter demonstrates the commitment of the organization and senior management to the workplace violence prevention program and committee activities and provides formal agreement about the project details. A charter assists as a communication tool to employees about the commitment and goals, scope, and high-level deliverables of the workplace violence prevention program.

### **Step 6: Hazard Identification and Assessment**

Initial and ongoing identification and assessment of hazards for workplace violence provides the foundation of a comprehensive violence prevention program by:

1. Identifying risk factors that increase the likelihood that violence will occur. Although no one specific diagnosis or type of patient is a predictor of future violence, a thorough hazard assessment can identify combinations of risk factors that increase the risk for employee exposure to workplace violence prevention. For example, working in an emergency room with patients who are withdrawing from drugs or alcohol abuse.
2. Providing a basis for prioritizing problems by risk and severity or likely outcome and informs decision making when choosing and implementing controls to prevent and manage workplace violence.
3. Identifying barriers to removing the risk factors and formulating approaches to address barriers.

4. Allowing comparison of the current state of workplace violence prevention activities in your facility and within individual units and departments and comparing them to recommend best practices in violence prevention.
5. Providing an opportunity to engage employees in the development and ongoing management of a workplace violence prevention program and allow the workplace violence prevention committee with leadership support to tailor a program that will serve the needs of your facility.

Evidence shows that using a multidisciplinary approach that engages employees and is supported by management can facilitate the success of occupational safety and health programs.

Once the hazard identification and assessment has been completed, organizations should perform a Gap Analysis to determine the current and desired future state of the workplace violence prevention program. The Gap Analysis also provides an opportunity to assess organization culture and readiness for change. Determining culture and assessing readiness for implementation or enhancement of a workplace violence prevention program and associated processes is important to help the workplace violence prevention committee determine and prioritize implementation strategies.

We have included the OAHHS Workplace Safety Initiative's Gap Analysis Tool as **Appendix A** of this toolkit.

Organizations should also consider conducting periodic surveys of employees regarding workplace violence. The goal of conducting employee surveys is to gain further insight about the type and frequency of violence in the facility and employee perceptions of violence and of prevention efforts. Employee surveys will further help to identify potential hazards that may lead to violent incidents and related gaps in workplace violence prevention processes and procedures. Employee surveys can also provide insight into changes they deal with on a daily basis related to workplace violence and solicit feedback from employees about the ways they think workplace violence can be addressed in their work area.

As a part of the workplace violence prevention program development or revision, organizations should conduct a walkthrough safety and security assessment. A walkthrough safety and security assessment is performed in order to assess the physical design and layout of the hospital or work environment and identify existing or potential conditions or hazards that may increase the likelihood of violence occurring in a specific location.

**Step 7: Analyze all data collected and prioritize hazards and needs.**

Once the previous steps have been completed and the data collected and analyzed, the workplace violence prevention committee will need to summarize findings to describe areas of concern/risk and program gaps and where prevention efforts are to be directed.

### **Step 8: Develop solutions to address and control hazards.**

When developing solutions to address and control hazards, organizations should consider the following actions:

1. Determine what workplace violence prevention program elements, processes and environmental changes (*i.e.* program activities) need to be developed and implemented to reduce hazards and risk factors and achieve a comprehensive and successful workplace violence prevention program. You will have likely started to discuss and note which program activities need to be addressed during completion of the Gap Analysis and Safety and Security Assessment. Determine goals and develop measurable outcome(s) for each program activity identified. These will be important when conducting ongoing program evaluation and continuous improvement.
2. Prioritize the program activities identified above with consideration to addressing any high hazard or risk issue that creates an immediate and/or emergent threat to employee safety. When prioritizing risk consider:
  - How often an employee is exposed to the situation or conditions, *i.e.* frequency of exposure;
  - The probability or likelihood that the situation will occur;
  - The degree (severity) of harm likely to result from the exposure; and
  - How many or what percentage of employees that are exposed to the situation or risk.
3. Determine potential strategies/solutions (and supporting rationale) for each of the program activities identified. Consider the following:
  - Are there some solutions/strategies that must be implemented before other recommendations? For example, you may wish to prioritize in work areas where a higher incident of violence is identified through a review of incident and injury data, the workplace violence prevention employee survey, and from feedback from employees during a walkthrough hazard assessment.
  - Are there solutions/strategies that are based on a higher level of evidence than others? For example, research indicates that the program foundation components as outlined in the Gap Analysis tool, and patient assessment for violence processes, are evidence-based program elements that contribute to program sustainability, culture change and violence prevention.
  - Will some solutions/strategies take longer to implement? For example, hiring security personnel, training all employees, and/or developing a patient assessment alert system in an electronic health record may all have longer implementation times.
  - Are there hazards or risks that can be easily corrected? Effective solutions to highly visible safety issues that are implemented early in program adoption can assist to gain employee and/or management "buy in" to program efforts.

4. Identify potential barriers to implementation of solutions/strategies identified and how they will be addressed. Barriers can be related to budget, skills, leadership, workload and staff resources, competing projects, cultural or attitudinal issues. Refer to 'Assessing Readiness for Change' at the end of this Section for more information to assist you with identifying potential barriers to program implementation.
5. Identify the person(s) willing and able to carry out the strategies.
6. Identify strategies and resources that will be needed to implement, evaluate, and maintain strategies/solutions. Consider budget, staff, sample documents & templates, external assistance etc.
7. Draft a proposed timeline for implementation and completion; how the strategies/solutions will be monitored, evaluated and revised as needed.

**Step 9: Develop a communications plan, education and training plan, and a zero-tolerance workplace violence policy.**

Effective ongoing communications or social marketing to all employees in a healthcare facility is essential to facilitate and manage change within an organization. There are many people who are interested in and affected by the workplace violence prevention program and outcomes.

Workplace violence prevention program management is as much about organizational culture change as it is about implementing and/or enhancing violence prevention strategies. Therefore, to aid in facilitation of culture (or behavior) change, it is essential that all stakeholders of the program are informed of their role within the program, and about program progress and accomplishments. Developing and implementing a communications or social marketing plan helps to achieve that goal.

The message should be tailored to fit the audience. Examples of success stories related to workplace violence prevention program efforts within the organization, on a unit, and the progress of the workplace violence prevention program committee, should be disseminated regularly. Positive reinforcement of good work practices and behaviors is encouraged. Recognition is given to employees that develop solutions to improve employee and patient safety. Communication efforts to groups outside of the hospital or organization are also important and can strengthen the relationship between the facility and local community. Developing a communications plan provides the workplace violence prevention program project coordinator and the committee with a road map for getting your message to your audience or stakeholders *i.e.*, those affected by the workplace violence prevention program plan and related activities. Sharing well developed and meaningful information with managers and employees about what is happening within their departments and units, as well as across the organization, helps them align with and participate in achieving workplace violence prevention program goals.

A workplace violence prevention program communications plan:

- Gives you a structure to determine whom you need to reach and how;

- Helps to ensure that all stakeholder groups are identified and included in the plan;
- Helps to determine what each target group needs to know; and
- Makes your communication efforts more efficient, effective, and lasting.

By creating the plan at this stage of program planning, your organization will facilitate project management during the implementation and management stages of the workplace violence prevention program. The plan also provides a foundation for developing the workforce violence prevention program education and training plan.

As with management of a workplace violence prevention program, the communications plan and your communication efforts should be evaluated periodically and revised as needed.

When drafting the communications plan, you should consider:

- Who will develop the communication?
- Can the committee use methods of communication that are more effective than those already being utilized?
- What are the objectives of communications related activities?
- What is your audience?
- What do you want to communicate? What is the message?
- What is the best method to communicate to each impacted group (*e.g.*, nurses, security, administrators)?
- When do you need to communicate information and how often?
- Who will conduct and distribute the communication?
- Is follow-up needed to review if the communication and delivery method were effective?

### **Education and Training Plan**

Education and training are critical elements of a successful workplace violence prevention program. The goal of education in a workplace violence prevention program is to facilitate employee understanding of the scope, and principles of workplace violence prevention as related to their work environment and the organization as a whole. Education reinforces that violence is not an acceptable part of healthcare work and the scope of the organization's workplace violence prevention policy.

Training provides employees with the skills to identify and report potential hazards and risks for Workplace violence, and to learn how to protect themselves, their coworkers, and their patients. Overall, an ongoing workplace violence prevention education and training program engages employees in development, implementation, and sustainability of the workplace violence prevention program. Developing a draft education and training plan allows you to identify resources (budget, personnel, time for development of training materials, and scheduling of training, etc.), that will be needed to implement an ongoing workplace violence prevention training program. Developing a plan allows you to identify what training resources are available, and where there are gaps in resources in needed. For example, can you develop and conduct workplace violence prevention

training required for all stakeholder groups as identified in your communications plan using internal resources, or do you need find an external provider?

After developing your plan, you can draft an education and training budget that will be presented to leadership as part of the workplace violence prevention program proposal.

## **Workplace Violence Prevention Policy**

### Purpose

The foundation of an effective workplace violence prevention program is the creation and implementation of a well written zero-tolerance workplace violence policy and supporting procedures that are actively enforced, followed, and maintained.

A workplace violence prevention policy should:

- Provide a clear statement of the organization's position on workplace violence *i.e.*, violence in any form is not acceptable in the workplace and that all threats or incidents of violence will be taken seriously.
- Clearly define the scope of workplace violence *i.e.*, acts of physical violence, harassment, intimidation, and other disruptive behavior.
- Explicitly state the consequences of violation of the workplace violence prevention policy by employees *i.e.*, the consequences of making threats or committing acts of violence in the workplace.
- Inform patients, visitors, and others of their responsibilities and the conduct that is expected of them.
- Encourage employees to report incidents or related concerns and explain the reporting process.
- Demonstrate senior management's commitment to dealing with potential violence, response to reported threats or violent events, and providing constructive support procedures after the event, without fear of reprisal for reporting incidents.
- Reference specific workplace violence regulations.
- Instruct all employees that they are responsible for complying with the policy.

The policy also provides an opportunity to communicate to staff that employee safety and security are as important as patient safety. Many professional healthcare organizations and associations such as the American Nurses Association, the Association of Nurse Executives, and the Emergency Nurses Association promote the development of a "Zero Tolerance" workplace violence policy. Instituting a zero-tolerance workplace violence policy sends a clear message to everyone working in the organization, that all threats or incidents of violence will be taken seriously, and the consequences of workplace violence.

However, when determining if, and how your organization will use the term "zero tolerance" in your workplace violence prevention policy, consider the language that is used to clarify the consequences or penalties of violating the workplace violence prevention policy and specific violence related behaviors. For example, the consequence for violating the policy will lead to

penalties “up to and including termination.” This allows for flexibility in dealing with a variety of violence incidents and circumstances. In addition, the appearance of inflexibility can discourage employees from reporting incidents because they do not want to get their coworker fired in the case of lateral violence or bullying *i.e.*, they just want the behavior stopped. The appearance of inflexibility may discourage early intervention in potentially violent situations involving patients who are unintentionally verbally or physically violent towards employees *e.g.*, patients with dementia or severe brain injury (FBI 2004, Farrell, 2014).

Lastly, you cannot always prevent violent incidents, but you can reduce the risk by planning and being prepared to act swiftly to deal with threats, intimidation, and other disruptive behavior at an early stage.

Consult with your organization’s human resources and legal departments when drafting your workplace violence prevention policy and reviewing potential legal implications.

### Developing the Workplace Violence Prevention Policy

When developing your organization’s workplace violence prevention policy, you should consider the following:

- Use committee resources to gather existing policies and procedures related to workplace violence and facility/environmental security. You may find that there are policies that overlap or are related and reside in different departments such as Human Resources, Quality/Risk Management, Security and Employee Health. If you have policies that overlap or are redundant, consider combining, simplifying them, and storing them in a location that is easily accessible for employees.
- Determine the structure of the policy. For example, do you want to develop a brief and simple policy statement and provide information about related procedures in supporting operating manuals, or keep program and procedural details within the policy document?
- Use a policy template that is approved by the organization if applicable. As you develop your draft policy determine what information will be included in the policy appendices, or referred to via cross reference (*e.g.*, via intranet link) to another policy document that exists.
- Other written procedures that should be reviewed and enhanced or developed to address workplace violence that may have been identified during your Gap Analysis. For example:
  - Procedures specific to clinical areas such as critical care, emergency room, behavioral health, mother and baby, outpatient clinics, transportation and home health;
  - Procedures for specific patient populations such as behavioral health patients; patients in withdrawal; and patients with dementia/Alzheimer’s; and
  - Procedures to address for violence perpetrated by visitors/family.

As you review and develop your workplace violence prevention policy, ensure that procedures for managing aggressive behavior/violence meet current law and regulations such as, CMS, Joint Commission and accreditation rules for restraint and seclusion of patients.

**Step 10: Complete the draft workplace violence prevention program plan.**

By this stage of program development, you have already identified and prioritized hazards and risks for workplace violence (Step 7); drafted solutions to address and control hazards; and determined potential barriers to implementing the program plan and specific solutions (Step 8).

If you have not done so already, you should have organized the above information in a project planning format.

The communications, education and training plans, and the workplace violence prevention policy, should be kept with the plan and integrated as needed to guide program implementation.

The workplace violence prevention committee should then determine how the project plan and draft zero tolerance workplace violence prevention policy will be communicated to senior leadership for approval. Use approved protocols that already exist in your organization for presenting and gaining project approval by senior leaders.

Some recommendations to address hazards may need to be supported by formal cost justification and demonstration of return on investment *e.g.*, hiring additional security personnel, or installing comprehensive security surveillance systems or structural changes to the physical environment.

It is worth reminding leadership that, because workplace violence is vastly underreported in healthcare, the full extent of the problem and its associated costs at your organization cannot likely be fully calculated.

If you are presenting your plan during a regularly scheduled leadership meeting or during a stand-alone meeting, make sure to schedule your presentation well in advance and request enough time for the presentation and discussion to avoid delay of program implementation.

**Step 11: Obtain approval of the workplace violence prevention plan and draft policy from senior leadership.**

Formally presenting the workplace violence prevention plan and policy to senior leadership for approval (or sign-off) provides leadership an opportunity to ask questions, clarify issues, and be fully prepared and informed about their role in implementation of the workplace violence prevention program. Presenting the draft plan to leadership allows the workplace violence prevention committee to adapt or adjust the plan as needed based on additional input. A formal presentation may help increase commitment and leadership buy-in and enable a means for them to actively demonstrate their commitment to implementing the workplace violence prevention program and preventing workplace violence.

Leadership should be familiar with the workplace violence prevention initiative if they have been engaged as described in Step 3, and have received updates about development of the workplace violence prevention program plan and related activities from your program champion.

Ideally, any concerns from leadership about proposed project activities related to resources and timeline for implementation will have been passed to the workplace violence prevention committee and considered when developing the draft workplace violence prevention program.

Your presentation should enable leadership to have a clear understanding of the following:

- A summary of why the workplace violence prevention program is needed and what leadership agreed to (in Step 3 Enlist support of senior management to develop or enhance a workplace violence prevention program plan) and the goal of the meeting.
- The program planning steps completed to date.
- The scope of the program.
- Goals (short and long term) of the workplace violence prevention program and likely outcomes.
- Recommendations (*i.e.* what program activities need to be implemented and related rationale).
- How recommendations will be implemented including resources needed and cost justification as applicable.
- Any potential barriers that have been identified and how they will be addressed.
- Roles and responsibilities for those involved.
- How the program will be managed and sustained, and outcomes and processes evaluated.
- Proposed timeline.

Provide the leadership group with the program summary that you developed in Step 10 and have project details available upon request.

### **Step 12: Finalize the workplace violence prevention program plan and policy.**

Based on recommendations received from senior leadership you should be ready to finalize the workplace violence prevention program plan and zero tolerance workplace violence prevention policy and communicate them to all employees as detailed in your communications plan as you start to implement the program.

## **VIII. Evaluating the Effectiveness of the Workplace Violence Prevention Program**

When determining how to evaluate your workplace violence prevention program consider:

- How will data be collected, analyzed and reported? Consider methods and tools needed, target population e.g., when surveying employees, patients and/or specific units/departments etc.
- How will you share the evaluation data with all stakeholders?
- How will you follow-up in response to the data collected and processes evaluated? Consider budget, staff, sample documents & templates, and external assistance needed.

The same methods and tools that were used for collecting baseline data at the start of workplace violence prevention program planning, can be used to collect post implementation data. This will allow comparison of pre-and post-implementation results. When assessing newly implemented

program processes and procedures such as a patient assessment for violence, or post incident response procedures, evaluate each step of the process to make sure it is necessary, functional, and is effective.

Program efforts should be evaluated:

- At baseline, *i.e.*, the start of the program planning.
- During workplace violence prevention program implementation to evaluate progress of new processes and adapt as needed.
- After initial workplace violence prevention program implementation to assess solutions and program implementation processes.
- On an ongoing basis to identify and correct issues.
- Formally and in depth at least once a year.
- When changes occur in the workplace *e.g.* change in delivery of care, patient population, or structural modifications are made to the building or a department, etc.
- As a result of recommendations from investigation of violence related incidents.

### **Communicating Program Results**

- Regular meaningful communication with employees helps maintain their engagement with program efforts and facilitates opportunities for continuous improvement.
- Ways to share outcomes, successes and program progress with all stakeholders should be included in your workplace violence prevention communications plan.
- Using multiple media to disseminated information is more effective than a single delivery method *e.g.*, showing positive program trends on visibly displayed large wall charts together with conducting brief updates at staff meetings.
- Include information about how employees find out more about the program and ask questions, *e.g.*, provide contact information for the workplace violence prevention program coordinator and workplace violence prevention committee members.
- Having a dedicated webpage or repository on the facility intranet for all workplace violence prevention program related information can be an effective vehicle for ongoing communication to employees.
- It is also important to communicate to employees if, and why, a solution or process did not have the desired results, and why it may not be feasible to implement solutions that employees may have suggested.
- Providing this feedback to employees can assist to maintain employee involvement in the program.
- Consider sharing your program efforts with your local community *e.g.*, writing articles in local publications and working with local media to spotlight your program efforts.

## **Documenting and Recordkeeping**

Document all program and evaluation activities and outcomes etc., is essential to effective management of the workplace violence prevention program and for some activities is required by law.

OSHA recommends the following are documented:

- OSHA Log of Work-Related Injuries and Illnesses (OSHA Form 300 and 301) – mandatory for some employers with over 10 employees however, certain low-risk industries are exempt. For more information go to <https://www.osha.gov/recordkeeping/>
- Medical reports of work injury, workers' compensation reports and supervisors' reports for each recorded assault;
- Records of incidents of abuse, reports conducted by security personnel and threat response teams, verbal attacks or aggressive behavior that may be threatening;
- Information on patients with a history of past violence, drug abuse or criminal activity recorded on the patient's chart;
- Documentation of minutes of safety meetings, records of risk assessment/hazard analyses and corrective actions recommended and taken;
- Keeping up-to-date records of administrative and work practice changes to prevent workplace violence to evaluate how well they work;
- Tracking recommendations through to completion;
- Survey of workers before and after making job or worksite changes or installing security. Measures or new systems to determine their effectiveness; and
- Records of all training programs, attendees, and qualifications of trainers.

## **IX. Sustaining a Workplace Violence Prevention Program**

It is critical that there is a clear plan of activities that will be conducted to facilitate the organization's ability to sustain workplace violence prevention program efforts. One of the greatest challenges to sustaining any safety program is the impact of frequent employee turnover that occurs in healthcare. Changes in senior leadership can impact overall organizational safety culture and shift the service focus within an organization, and changes in mid-level management can impact safety culture within units and departments. Ongoing turnover of other employees can present a challenge when maintaining standardized hazard prevention procedures, and safety culture within a team or work groups. Employee turnover also impacts program resources (budget, personnel etc.), as related to ongoing employee education and training etc. The information about workplace violence prevention program development provided in this toolkit is modeled on evidence based best practices for the design of sustainable employee and patient safety programs. If you use the program elements and related activities recommended in this toolkit to develop and implement a workplace violence prevention program that is customized to your organization or facility, then you will have built a strong foundation that will allow you to successfully sustain your program.

Remember, a safety program cannot be sustained effectively by one person e.g., the workplace violence prevention program coordinator, or a safety or security manager. Successful safety programs are those that use an interdisciplinary and multifaceted approach that is integrated into the organization's culture. In other words, workplace violence prevention and control become just a normal part of everyday work.

### **Proactive Injury Prevention**

Tracking injury rates and reviewing incident reports when performing ongoing evaluation of your workplace violence prevention program allows you to determine if the frequency and severity of workplace violence related injuries are declining, and to plan strategies to prevent hazards or situations from occurring again after an incident. However, these are measurements of past performance (*i.e.*, lagging indicators). They are not reliable indicators of what will happen related to the future performance of the organization or facility, nor do they allow you to mitigate hazards and risk before an incident occurs.

One of the key activities in sustaining a successful workplace violence prevention program is the implementation of activities that allow you to prevent workplace violence related incidents instead of reacting to them. You have already started to incorporate proactive strategies into your workplace violence prevention plan when conducting staff surveys, and safety and security assessments of the physical environment, to identify and address hazards before workplace violence related incidents occur.

Proactive strategies that should be used to sustain your workplace violence prevention program include periodic:

- Safety and security assessments of the physical environment;
- Staff and patient surveys and interviews;
- Review of your program and all related processes; and
- Implementing a process to facilitate development and integration of design principles facility wide that enhance security and employee safety when work areas/departments are remodeled and when new construction occurs.

This process should involve design and construction departments or facilities planning and engineering, and other key departments as necessary, the workplace violence prevention committee, and the managers and employees affected by the change.

The process should mandate that the workplace violence prevention committee be notified at the concept phase of a construction project so that they can review safety and security needs immediately. Incorporating safety and security design principles at the concept stage of a project is far less costly than having to retrofit or incorporate a solution after construction is completed etc. In addition, design a process that ensures the workplace violence prevention committee is notified and

involved if someone e.g., a department manager, is considering purchasing any safety or security related equipment or tools; developing or changing existing workplace violence prevention related procedures; or when new patient care processes are to be implemented etc.

Other activities that can assist to proactively address workplace violence hazards and risk include:

- Identifying security/violence prevention related issues as part of regulatory safety and Environment of Care rounds.
- Ensuring that a process is in place to address hazards that are identified e.g., high hazard issues are addressed immediately with report back to the workplace violence prevention committee. Non-immediate issues are elevated to the workplace violence prevention committee to be addressed.
- Establishing an ongoing relationship with local law enforcement and educating them about the nature and challenges of working with potentially violent patients.
- Periodic review by local law enforcement representatives, workers' compensation insurer, private consultants and/or other expert third-party experts to evaluate program processes and procedures.

### **Activities to Assist the Sustainment of a Workplace Violence Prevention Program**

Patient and employee safety literature provides other examples of activities that can assist to facilitate culture change and sustain safety related programs that the workplace violence prevention committee can review and incorporate into the program-based appropriateness for your organization.

These include:

- Executive rounding and other existing rounding practices that engage employees and include a focus on worker and patient safety.
- Department based, and organization wide safety huddles.
- Hand-off practices at shift change that incorporate clear communication about patients (and visitors/families) at risk for violence etc.
- Unit based safety coaching conducted by members of the workplace violence prevention committee and/or unit-based safety champions or coaches. Coaches can review how employees are addressing care needs and management of patients at risk of violence etc. and provide 'just-in' time training as needed.
- Ongoing staff training including training for new hires, periodic refresher training, and training when there is a change in practice or procedure etc. (as detailed in the workplace violence prevention education plan). Adapt periodic training to keep it 'fresh' and new as feasible, to facilitate continued employee support and enthusiasm about the program.
- Ongoing marketing and communications efforts (as detailed in the workplace violence prevention communications plan).

- Processes to develop and implement recommendations/actions from safety huddles/employee ideas and suggestions.
- Continued celebration of successes and sharing of program activities, milestones met, outcomes, and lessons learned, with all stakeholders. This includes incorporating program goals on the senior leadership dashboard or other primary communication tool for monthly or quarterly review.
- A process to recognize and reward employee ideas and safety behaviors and to disseminate learnings *i.e.*, how they made an impact on a patient, family member, or another employee as appropriate. For example, having employees or teams that demonstrate safety behaviors or have ideas that prevent workplace violence etc., share them with leadership or have a place recognize these employees that is visible to their coworkers, management and patients e.g., safety boards on units.

Take care not to reward employees or departments for the achieving the lowest injury rate as this can motivate employees not to report safety related incidents including those related to workplace violence. Given that workplace violence is hugely underreported in healthcare, it is important that recognition programs reward desired safety behaviors. This approach can help to facilities further change and compliance with the workplace violence prevention program process and policy.

As your workplace violence prevention program matures (after initial successes and high-risk hazards are addressed), you should revisit the structure and membership of your workplace violence prevention committee. Do some members want to be replaced with other coworkers from the same department? Are there other stakeholders that should be on the committee? Could the work of the workplace violence prevention committee be conducted by the facility employee safety committee? This may be necessary in smaller facilities where personnel resources are limited etc.

As the program matures consider how to use employee or department-based safety teams to audit work areas and solve problems.

Keep up to date about new strategies and evidence available to prevent and respond to violence in the healthcare as they develop.

All of the above activities, and many of those already described throughout this toolkit help to achieve ongoing management and employee engagement and support for the workplace violence prevention program.

## **X. Responding to Instances of Workplace Violence**

No workplace violence prevention program will be completely effective. While this should, of course, be the goal for any workplace violence prevention program, the unfortunate reality is that workplace violence will still occur. Therefore, organizations should consider not only methods of preventing workplace violence but also how to respond should workplace violence occur.

VHHA members may want to consider adapting their pre-existing security policies to situations that also involve patients, provided that input has been given by the hospital staff that will be protected by or implementing those policies. However, if there are gaps in these policies to be filled, hospitals could look to the [Oregon Association of Hospitals and Health Systems Workplace Violence Prevention Program model policy](#) (the “Model Policy”).

The Model Policy begins by providing definitions for key terms in the policy, including how to define “Direct Threats,” “Indirect Threats of Violence,” and “Domestic Issues/Abuse.” The Model Policy then clearly defines the roles and responsibilities of employees at all levels of the organization. Notably, an obligation is placed on employees to “[i]mmediately report any violent, threatening or harassing behavior regardless of injury or severity.” Employees must also “[i]nform their supervisor and/or Human Resources/Safety Officer of any situation where there is a potential for violence as a result of domestic abuse, custodial disputes, order for protections or restraining orders, and other threats posed.” Employees are also told to “[u]se a buddy system when personal safety may be jeopardized.”

As is often used in hospitals, workplace violence prevention programs may establish [a code system](#) to include responses to combative or violent patients. For example, “Code Gray” may be used for a combative or violent patient, “Code Silver” for weapons present or a hostage situation, or “Code Green” to call a rapid response team to the area.

Your organization’s procedures may outline when each code is to be used, alternative actions taken, or who will take those actions. The Model Policy, for example, states that “[w]henever a threat or violent act has occurred, immediately report this to your supervisor, Administrator on Call (AOC) and law enforcement. If immediate assistance is needed, dial 911 and law enforcement will be contacted. The AOC will be notified and will convene a [Violent Incident Response Team] if needed.” And, where there are instances of *potential* violence that do not involve weapons, organizations could establish procedures that are similar to those used for behavioral health crises.

When there is a “direct threat” of violence – meaning a civil disturbance, gang related activity, or other acts of violence – employees should notify the AOC, and the AOC will make a determination of the degree of the response, including implementing a lockdown, activating the hospital incident command system, or notifying law enforcement. When there is an “indirect threat” of violence – meaning threatening phone calls, notes, mail or e-mail, vandalism, texts, and social media posts – the employee may be instructed to notify the department manager or AOC. The department manager or AOC will then (i) determine if a credible risk exists and, if so, develop an action plan; (ii) if the potential victim is an employee – consider reassignment to another area and offer employee assistance program services; or (iii) if a potential victim is an inpatient, the physician and primary nurse will consider what action would be appropriate.

Organizations may also want to consider having separate procedures for the emergency department (ED). Employees should evaluate patients with suspected or known behavioral problems to

determine the potential risk for violence. Alternatively, if the patient has already displayed a high risk for violence, request the assistance of law enforcement to monitor those patients while also informing physicians, nurses, behavioral health personnel, and security staff who may be or are caring for the patient. In the event a patient or visitor or other person is assaulting or unruly while in the ED, the AOC, law enforcement and hospital security (if available) may be called for assistance. In the event the assaultive individual represents an immediate and serious threat, law enforcement assistance may be immediately summoned. Organizations may consider a policy that would also prohibit employees from preventing violent patients or visitors from leaving a facility due to the risk posed by that patient or visitor to hospital staff.

Regardless of the procedures implemented, the most effective procedures will seek the input of those who are most likely to encounter workplace violence. Organizations should also have procedures in place for determining what will happen if an employee experiences workplace violence. Procedures could include consultation with law enforcement, attorneys, insurers, or employee assistance services. Procedures may also include implementing a “buddy system” for employees to have support as they seek a warrant from a magistrate or go through the criminal trial – both of which may be unfamiliar and have a chilling effect on workplace violence reporting or pursuit of charges. The potential legal implications likely warrant inclusion of legal counsel and the human resources department when drafting the procedures. Regardless of the stakeholders chosen to draft the procedures, organizations should consider the before, during, and after of workplace violence to prevent, mitigate or stop, and recover.

## **XI. Working with Law Enforcement**

As noted above, organizations may want to consider the adoption of the use of code words to inform staff of workplace violence situations. Employees may benefit established policies and procedures with regards to the decision-making process associated with Code Gray or Code Silver (weapons present/active hostage situation or rapid response team situations, respectively). Organizations should develop policies and procedures that will help to inform employees as to when law enforcement should be contacted in response to a workplace violence incident or even a potential workplace violence incident. Ideally, these policies and procedures will be developed in conjunction with local law enforcement agencies and the internal security teams that may respond to actual or potential instances of workplace violence and could provide guidance on best practices for hospital employees and further the working relationship with these essential stakeholders.

However, rigid requirements for when or when not to call law enforcement could place the AOC or manager in a position where their individual knowledge and experience may suggest calling law enforcement for potential or actual instances of workplace violence in situations where the AOC or manager may have otherwise contacted law enforcement. But, by establishing factors or example scenarios where law enforcement should be contacted, organizations may remove doubt from the AOC or manager as to what action should be taken and prevent or stop workplace violence. For example, the presence of weapons or injury to an employee caused by a patient or visitor may necessitate contacting local law enforcement. So, too, may be a situation where a patient or visitor

has stated they have a weapon and intend on using that weapon to harm an employee or other patients or visitors. Therefore, organizations should include scenarios where calling law enforcement is a must but making it clear that AOCs or managers should also rely on their own knowledge and experience to determine whether law enforcement should be contacted and to provide the training to these individuals that could help to build this knowledge and experience.

## **XII. Additional Resources**

- [\*Workplace Violence in Hospitals: A Toolkit for Prevention and Management\*](#), Oregon Association of Hospitals and Health Systems
- [\*Workforce and Workplace Violence Prevention\*](#), American Hospital Association
- [\*Addressing Workplace Violence in Health Care\*](#), Virginia Hospital & Healthcare Association
- [\*Workplace Violence Prevention Resources\*](#), The Joint Commission
- [\*Assessing the Challenges and Creating Safety-Focused Solutions\*](#), Kansas Hospital Association
- [\*Workplace Violence Prevention\*](#), Minnesota Hospital Association
- [\*Case Study: Grady Health System, Atlanta, GA – Managing Workplace Safety and Reducing Workplace Violence\*](#), Grady Health System
- [\*Mission Health’s Journey to Prevent Workplace Violence\*](#), Mission Health

Appendix A  
OAHHS Workplace Safety Initiative (WSI)  
WPV Program - Gap Analysis Tool

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References

Appendix I Safety of Health Care Employees ORS 654.412 to 654.423

### ***Terminology used in this document:***

The intent of a workplace violence prevention program is to prevent all types of violence against healthcare workers. Thus, for the purposes of this gap analysis workplace violence is defined as any physical assault, threatening behavior, or verbal abuse, *with or without intent* occurring in the workplace. Violence includes overt and covert behaviors ranging in aggressiveness from verbal harassment to murder (adapted from NIOSH 2002).

*“Patient(s)”* refers to patients, clients, residents, and all other terms used to describe the type of individuals cared for in any healthcare setting.

*“Clinical Employees”* refers to employees or staff that treat patients or directly care for patients (e.g. nursing, physicians, therapists, pharmacists, nursing assistants).

*“Non-Clinical Employees”* refers to employees or staff that do not provide medical treatment for patients (e.g. transporters, housekeeping, receptionists, administration, security, volunteers).

## Violence Prevention Program Foundation and Management

Management Leadership	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
<b>Facility Culture and Accountability</b>				
1. Senior Leadership declares violence prevention a priority.				
2. Senior Leadership has received education and training about work place violence and violence prevention program management and their role and responsibilities within the program				
3. A workplace violence prevention policy has been developed that communicates to employees that worker safety and security are as important as patient safety.				
4. Violence prevention is aligned with the quality and safety plan (e.g., violence prevention is visible on meeting agendas).				
5. Facility leaders considers violence prevention and the on-going evaluation of the program in strategic planning and resource allocation (e.g., funds and time).				
6. The organization provides resources for violence prevention (e.g., time, materials, funding).				
7. Facility leaders assign responsibility and accountability for the implementation and maintenance of the program.				
8. Management at all levels support and facilitate employee education related to violence prevention and attendance at meetings as relevant e.g. for committee members.				
<b>Facility leaders set clear safety goals and expectations</b>				
9. There is a process in place for ongoing communication from leadership to employees that violence is not an accepted part of their job.				
10. There is a process in place for ongoing communication from leadership to patients/visitors that violence will not be accepted (e.g., signage, patient handouts and visitation guidelines).				
11. The organization uses information from reports and lessons learned to inform employees of what actions are being taken after events to prevent future violence.				
<b>Roles and responsibilities of all employees within the violence prevention program are clearly communicated</b>				
12. Clinical employees understand their role regarding violence risk screening, assessment and intervention to prevent and mitigate acts of violence.				
13. A process is in place to assure non-clinical employees understands their role in the prevention and mitigation of acts of violence.				

A. Management Leadership	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
<b>The facility has a clearly defined and communicated process about the expectations of incident reporting</b>				
14. All employees (and security where applicable) confronted violent behavior are expected to report these behaviors through the organization’s incident reporting system.				
15. All employees are supported by leadership in reporting all acts of violence or threats of violence.				
16. There is a process in place for ongoing communication from leadership to employees about expectations of full reporting of violent incidents.				
<b>For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion</b>				
Employee Participation	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
<b>A process is in place to engage all levels of employees in the violence prevention program</b>				
1. Employees from all departments/locations are involved in the following activities dependent on their role in the program:				
a. The violence prevention planning process				
b. Reporting injuries, hazards, or concern, including near misses				
c. Violence prevention audits				
d. Education and training				
e. Security/physical safety considerations in new building or remodeling projects				
f. Evaluating and updating the program				
g. Participating in the violence prevention committee				
<b>For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion</b>				

Written Violence Prevention Policy	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
1. A violence prevention policy is completed and includes (but is not limited to):				
a. Objectives				
b. Policy Statement about intent of the violence prevention program and organizations' executive management commitment to support the program etc.				
c. Scope				
d. Definitions				
e. Reference to Oregon law (including rules for home health if applicable) e.g. ORS 654.412 to 654.423 and OAR 259-060-0130 (if security personnel exist)				
f. Non-retaliation policy				
g. Information about violence in healthcare e.g. the prevalence of violence, where violence can occur and the perpetrator (e.g., patients, visitors etc.; types of violence (indirect, direct, accidental etc.)				
h. Roles and responsibilities of specific groups within the program including Chain of Command e.g., executives and management, clinical and non-clinical employees, violence prevention committee, Threat Assessment Team, Event Response Team, security personnel, Administrator-on-Call/RN Supervisor Responsibilities, etc.				
i. A summary of technology/processes used (e.g., personal alarms, lock down ability etc.)				
j. Reporting and response procedures including code grey, code silver, use of force				
k. Communication guidelines				
l. Investigation considerations				
m. Post incident review				
n. Record keeping/data analysis				
o. Employee resources				
p. Education plan				
q. Appendices, checklists, tools etc.				
r. Other Related Policies <i>that could</i> be reviewed and enhanced and developed as needed (Source: IAHS, 2016):				
i. Patient Search/Seizure of contraband/illicit substance/Patient Belongings				
ii. Surrendered weapons: storage safety and process for return to patient				
iii. Surrendered illicit substances or contraband: Disposal v. Law enforcement release				
iv. Criteria for report to law enforcement/responsible person				
v. Criteria for restraint/seclusion application/responsible person				
vi. Competency/Capacity/Surrogate-decision-maker/mental-healthhold/involuntary confinement				
vii. When is forced medication admin/restraint acceptable?				

C. Written Violence Prevention Policy cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
viii. Security video archive process/timeframe/expectations				
ix. Release of information to law enforcement/release of video to law enforcement				
x. Law enforcement brining weapons on-campus/ no weapon zone in behavioral health				
xi. Professional discipline/Peer Review				
xii. Resolution of Patient Complaints and Grievances				
xiii. Adverse Event Incident Reporting System				
xiv. Guidelines for Environmental Protections in care of Known registered sex offender/patient in law enforcement custody				
xv. HIM restrictions/Patient Directory restrictions: Confidential/No-Publication/No Show/"Break the Glass"/ Pt Directory				
xvi. Patient Search/Seizure of contraband/illicit substance/Patient Belongings				
xvii. Patient Alert/Care Plan/Electronic mechanism to notify all staff/all locations of increased risk of violence				
xviii. Patient Term/Termination of Care relationship				
xix. Narcotic Care Agreement				
xx. Refusal of Care Form/Process				
xxi. Discharge AMA				
xxii. Elopement				
xxiii. Administrative Discharge				
xxiv. Patients who will not peacefully leave campus after discharge/Security escort off campus				
xxv. Chaperone guidelines				
xxvi. Patient/Family Request for change in caregiver				
2. Written procedures are in place to address violence prevention needs and processes:				
a. in specific clinical areas including critical care, emergency room, behavioral health, mother and baby, outpatient clinics, transportation				
b. for specific patient populations such as behavioral health patients; patients in withdrawal; and patients with dementia/Alzheimer's				
c. for visitors/family				
3. Procedures for managing aggressive behavior/violence meet current law and regulations such as, OAR 259-060-0130 'use of force' rules and CMS, Joint Commission and DNV rules for Restraint and Seclusion of patients.				
4. The violence prevention policy and associated specific procedures is reviewed periodically for relevance and effectiveness and is updated as needed.				

C. Written Violence Prevention Policy cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
5. The policy, expectations and roles related to the violence prevention program are clearly communicated to employees & labor representatives.				
6. The violence prevention policy is communicated to patients and visitors.				
7. Management at all levels visibly supports and reinforces the policy.				
For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion				
Program Management	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
<b>I. Program Champion</b>				
1. There is a facility violence prevention program champion who visibly supports the program and associated activities e.g. the chief nurse executive.				
2. The Program Champion has received education and training about evidence based practices in violence prevention and program management and his/her role and responsibilities within the violence prevention program.				
<b>II. Violence Prevention Committee/Team</b>				
<i>Note:</i> the following should also be adapted as needed and used to review the structure, function and performance of ‘Threat Assessment Teams’ or any similar group involved in violence response and management.				
1. The organization promotes a team approach to violence prevention and assembles an interdisciplinary violence prevention committee/team comprised of clinical and non-clinical employees including: <ul style="list-style-type: none"> <li>a. At least one member that has subject matter expertise in violence prevention and/or is willing to attend additional training/education (e.g., de-escalation techniques, behavioral management).</li> </ul>				

D. Program Management cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
<b>II. Violence Prevention Committee/Team cont.</b>				
b. Employee representatives from all departments across the organization that are affected by the violence prevention program e.g., nursing (including direct care employees), medical employees, security, behavioral health, occupational health, human resources, local law enforcement.				
c. At least 1 sponsor from upper management who serves on higher level committees and can guide the effectiveness of the violence prevention committee (e.g. safety officer, CNO, quality director).				
d. Has received education and training about evidence based practices in violence prevention and program management and their role and responsibilities within the violence prevention program.				
2. Has linkage to other leadership structures and committees (e.g. patient safety, employee safety, and EOC committees).				
3. Is empowered by facility leaders for oversight of the program including violence program planning, implementation and evaluation.				
4. Meets on a regular basis e.g. monthly and communicates activity of the committee to employees and senior leadership.				
5. Stays informed about new strategies available to prevent and respond to violence in the healthcare and social service fields as they develop.				
<b>III. Violence Prevention Program Manager or Coordinator</b>				
1. There is a designated violence prevention program manager or coordinator.				
2. The program manager has sufficient time and resources to coordinate and lead the program.				
3. The program manager has authority to make decisions to implement the program and ensure it's effectiveness				
<b>IV. Violence Prevention Program Plan</b>				
<p>1. There is a violence prevention program plan or roadmap that defines the program goals and activities based on periodic (e.g. annual) hazard/risk assessment that includes security and safety assessments (<i>refer to F. Hazard Identification/Analysis</i>) to identify existing or potential hazards for assaults committed against employees and review of data to identify the frequency, location, causes and consequences of assaults against employees. <i>ORS 654.414 (1) a, b and (2). Refer to Introduction for the definition of assault.</i></p> <p><b><i>It is recommended that the violence prevention program plan addresses all categories of violence whether intentional or non-intentional</i></b></p>				

D. Program Management cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
<b>IV. Violence Prevention Program Plan cont.</b>				
2. The program plan addresses security considerations identified through hazard assessment activities related to (but not limited to) the following - <i>Items a-f per ORS 654.414 (3)</i> :				
a. Physical attributes of the healthcare setting;				
b. Staffing plans, including security staffing;				
c. Personnel policies;				
d. First aid and emergency procedures;				
e. Procedures for reporting assaults and				
f. Education and training for employees.				
g. Defines implementation strategies and program evaluation.				
3. The violence prevention program plan is maintained, reviewed and updated (changes recommended) by the violence prevention committee on a periodic basis.				
4. There is process to review the plan and communicate the status of violence prevention efforts and any factors that may enhance or limit success to senior leadership and pertinent committees e.g. clinical care, employee, patient safety on a periodic basis.				
5. Senior leadership responds to updates with continued support, resource allocation and assistance with barriers that are encountered.				
6. The violence prevention plan is reviewed and roles and program progress discussed on a periodic basis with:				
a. Directors and unit/department managers				
b. All employees				
c. Contract staff				
d. Students and volunteers				
e. All employees				
7. The organization works with local law enforcement to develop a role for law enforcement and with community or behavioral health departments (who are involved with placement of patients at risk for violence) with violence prevention procedures and response plans at the organization.				
<b>For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion</b>				

Communications/Social Marketing	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
1. A communications/marketing plan for the violence prevention program and related activities exists within the overall violence prevention program plan.				
2. Violence prevention program constituents are identified <i>i.e.</i> , all employee groups, volunteers, patients, families, community agencies who may be impacted by the program policies and procedures.				
3. The message and methods of communication that are relevant for each constituent groups identified e.g., email; newsletters; employee meetings; specific written communications; violence prevention resource intranet page; external marketing (community); patient and family orientation information.				
4. There is a process and resources for development and dissemination of communications materials to program constituents.				
5. Communications/marketing efforts reviewed periodically and evaluated for effectiveness.				
6. If new violence prevention procedures and processes are implemented there is a process in place to notify program constituents.				
<p><b>For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion</b></p>				

Violence Prevention Program Hazard Analysis				
Hazard Identification & Assessment	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
<b>I. Data analysis related to all incidents of violence</b>				
<b>Employee injury and related workers comp cost data is collected related to violence related events</b>				
1. The frequency of assaults committed and identification of the causes and consequences against employees is measured.				
2. A record of assaults committed against employees that occur on the premises of the healthcare employer or in the home of a patient receiving home healthcare services (if applicable) is maintained. <i>ORS 654.416</i>				
3. Data collected includes but is not limited to:				
a. The name and address of the premises on which each assault occurred;				
b. The date, time and specific location where the assault occurred;				
c. The name, job title and department or ward assignment of the employee who was assaulted;				
d. A description of the person who committed the assault as a patient, visitor, employee or other category;				
e. A description of the assaultive behavior as:				
i. An assault with mild soreness, surface abrasions, scratches or small bruises;				
ii. An assault with major soreness, cuts or large bruises;				
iii. An assault with severe lacerations, a bone fracture or a head injury; or				
iv. An assault with loss of limb or death;				
f. An identification of the physical injury;				
g. A description of any weapon used;				
h. The number of employees in the immediate area of the assault when it occurred; and				
i. A description of actions taken by the employees and the healthcare employer in response to the assault. ( <i>ORS 437-001-0706 Recordkeeping for Healthcare Assaults</i> ) <a href="http://www.osha.org/pdf/rules/division_1/437-001-0706.pdf">http://www.osha.org/pdf/rules/division_1/437-001-0706.pdf</a>				
4. Data analyzed includes all assaults that occur on the premises of a health care employer or in the home of a patient receiving home health care services (if applicable) during the preceding five years or for the years that records are available if fewer than five years of records are available. <i>ORS 654.414 (2)a &amp; b</i>				
5. Data review includes analysis of:				
a. Near miss events and first aid only (non-recordable) incidents				
b. Security/code gray reports and police reports if relevant				

F. Hazard Identification & Assessment cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
<b>I. Data analysis related to all incidents of violence cont.</b>				
6. Data review includes (but not limited to) analysis of the: a. The location of assaults (depts./units and work areas)				
b. Job titles involved				
c. Types of and severity of assaults				
d. Specific activities being performed such as transporting a patient				
e. Time of day of occurrence				
f. If the perpetrator is a patient – Relevant information about patient clinical status at time of assault and identification as a possible violence risk				
g. Response to incident – appropriateness and/or availability				
h. Approved violence prevention procedures completed or omitted e.g. lack or incomplete patient assessment and/or employee training				
7. Data is reviewed for consistency of accuracy and coding e.g.				
a. Consistent use of terminology related to for example type of injury; cause of injury, location where injury occurred, department coding etc. ( <i>refer to ORS 437-001-0706 Recordkeeping for Health Care Assaults</i> )				
b. Accurate tracking of cases with days away from work; job transfer or restriction or injury only				
c. Injury rates such as DART rates (injuries per 100 FTEs) are calculated using productive hours				
8. Data is collected and analyzed about <i>patient injuries</i> , restraint procedures, or other factors contributing to injury related to violence.				
9. Records such as the OSHA 300 log and Health Care Assault log are kept for a period of 5 years following the end of the calendar year that they cover OAR 437-001-0700 or as required by law and organization policy				
For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion				

F. Hazard Identification & Assessment cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
<b>Surveys</b>				
1. An assessment of employees perceptions of workplace violence, experience and overall satisfaction violence prevention program through survey and/or interview and employee turnover is conducted on a periodic basis,				
2. An assessment of patient perceptions of workplace violence for example triggers for violence, daily activities that may lead and effectiveness of response to violence through survey and/or interview is conducted on a periodic basis.				
<b>For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion</b>				
<b>Assessment of the Physical Work Environment and Practices</b>				
1. Periodic security and safety (environmental risk) assessments are conducted to identify existing or potential hazards for assaults committed against employees. <i>ORS 654.414 (1)a</i>				
2. Assessments are departmental and organization wide.				
3. Performed at least annually.				
4. Assessment of the work environment includes an assessment of: a. Characteristics of occupations and work tasks e.g. working in the ED, behavioral unit, working in security, home health, dispensing drugs, dealing with the public, handling cash, delivering social services working alone at night, clinic employee who stay behind after regular office hours, work location is in high crime neighborhood,				
b. Point-of-care work/clinical/nursing practices and procedures				
c. Patient characteristics that might be a risk factor e.g. medications and substance abuse, history of violence, mental or physical illness or injury, sensitivity to disruptive events, previous exposure to past incidents of aggression or violence, violent/abusive family or friends, difficulty in communicating.				
d. Staffing levels to meet violence prevention and response requirements.				

F. Hazard Identification & Assessment cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
<b>III. Assessment of the Physical Work Environment and Practices cont.</b>				
e. The physical work site and considers ( <i>but not limited to</i> ):				
i. Lighting (e.g. Inside buildings and outside entrances including the employee parking lot)				
ii. General appearance of area outside of buildings				
iii. Security and visibility around building perimeter				
iv. Maintenance of access points to the facility				
v. Access control to facility buildings				
vi. Security systems (if any)– facility wide and personal alarms				
vii. Emergency response system (salience to employees and testing of)				
viii. Locations/work areas where employees could become trapped such elevators, washrooms, reception areas, patient admission areas, interview/ treatment/counseling, pharmacy, medication rooms, waiting areas, stairwells and exists				
ix. Design of work areas for patient privacy and employee communication in an emergency situation				
x. Tools, equipment, furniture that could be used as a weapon against employees				
xi. Care areas that tend to be very stressful for parents, family members e.g. emergency depts., critical care areas, pediatric units				
xii. Public areas such as lobbies emergency depts., and ambulatory clinics where long wait periods and crowded conditions can contribute to the incidence of disagreements or brawls				
xiii. Interconnected buildings and shared premises that may allow members of the public uncontrolled access to, or increased movement between facilities.				
For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion				

## Violence Prevention Program Hazard Abatement and Evaluation

### Hazard Control and Prevention

Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
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### I. Engineering Controls

1. Controls include (but are not limited to):				
a. Security/silenced alarm systems (e.g. panic buttons, paging systems, cell phones etc.)				
b. Exit routes including safe rooms for emergencies				
c. Monitoring systems and natural surveillance (e.g. closed circuit video inside and outside, curved mirrors, visual access from nurse’s workstations glass panels in doors/walls)				
d. Improve lighting indoors and outdoors including in parking areas, walkways etc.				
e. Noise barriers				
f. Metal detector systems				
g. Barrier protection – enclosed reception areas with bullet proof glass, deep counters are nurse stations, lock doors to employee treatment rooms, secured employee bathroom facilities, locked unused doors, restricted access to units such as mother and baby, ability to lock down an area/unit etc.				
h. Design of patient areas for de-escalation; comfort to reduce stress e.g. in waiting areas, division of waiting areas to limit spreading of agitation between patients and visitors.				
i. Furniture, materials and maintenance (e.g. secure items that could be used as a weapon, pad or replace sharp edged objects, recess fixtures that may protrude e.g. handrails, drinking fountains. Ensure cabinets and syringe drawers have working locks, reducing noise levels in certain areas)				
j. Travel vehicles are properly maintained; barriers are present between driver and patients if appropriate				
2. Federal and State regulations are reviewed (e.g. fire, life safety code) to ensure security measures do not conflict with life safety etc.				

**For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion**

G. Hazard Control and Prevention cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
<b>Administrative and Work Practice Controls</b>				
<b>Reporting (Also refer to Management Leadership)</b>				
a. Employees consistently report observed injuries, incidents, near misses, hazards, and concerns related to work place violence.				
b. There is a reporting mechanism for all contractors to report injuries, hazards, and concerns related to work place violence. *				
c. There is a timely reporting process (such as occurrence reporting) in place to collect information on all incidence of violence within the facility.				
d. The event documentation system (electronic or paper) is designed to capture sufficient detail about the event to allow for adequate event analysis. <i>Also refer to Data Analysis</i>				
e. The organization has a central place where all reports of violence are collected and data is aggregated.				
f. The record of health care assaults (e.g. the health care assault log) is kept for no fewer than five years following a reported assault - <i>ORS 654.416</i> .				
g. Data are shared across the organization on a regular basis in a way that helps employees understand violence related incident and injury trends, the cause(s) of the injuries, and learnings from the events e.g., this information (through employee stories as well as through data) is included in daily huddles, unit employee meetings, violence prevention and worker and patient safety committees.				
<b>For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion</b>				

\* “Contractor” includes anyone working at a hospital who is not an employee of the hospital (e.g., doctors with privileges to practice at the facility and any services that may be regularly provided by a vendor, including information technology, housekeeping or environmental services, facilities maintenance (OSHA 2012).

G. Hazard Control and Prevention cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
<b>II. Administrative and Work Practice Controls cont.</b>				
<b>Identifying and Tracking Patients/Visitors at High Risk for Violence</b>				
a. A structured process is in place to identify (screen and rescreen) patients at risk for violence organization wide including the: i. Emergency Department				
ii. Behavioral health unit (if applicable)				
iii. In-patient units				
iv. Outpatient areas				
v. All other work areas and environments identified by the organization as higher risk areas for violent incidents.				
b. The screening process includes use of a standard, reliable violence risk screening tool e.g. BROSET tool or another standardized tool				
c. Documentation of the patient at risk for violence in a designated place.				
d. The frequency of rescreening of patients/visitors is clearly defined e.g. with change in status/condition or if new information becomes available regarding violence risk e.g., post procedure, high-violence risk medication change.				
e. The screening process and tool used is periodically reviewed for usability, effectiveness and compliance for use by employees.				
f. There is a process in place to facilitate communication at the patient care level about patients/visitors at high-risk for violence and potential high-risk situations: i. On admission to a facility and unit				
ii. During the shift communications and handoff and daily huddles				
iii. Before a patient care task is performed				
iv. Between different disciplines such as nursing and therapy, security etc.				
v. Between units such as a ED, patient care unit, transportation and imaging e.g. Ticket to Ride				
vi. From EMS, outpatient clinics, LTC facilities etc.				
g. The organization has a process in place to focus interventions on specific risk factors rather than on general risk score.				
h. Policy is in place that meets current law and regulation for use of chemical/mechanical, environmental or social restraints.				

G. Hazard Control and Prevention cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
<b>II. Administrative and Work Practice Controls cont.</b>				
<b>2. Identifying and Tracking Patients/Visitors at High Risk for Violence cont.</b>				
i. The organization has decision-support tools accessible (electronic or paper) that provides employees with the intervention options that should be considered based on risk score/risk factors.				
j. A process is in place for clearly defined roles regarding which employee(s) is responsible for choosing interventions.				
k. A process is in place for documentation of chosen interventions and/or revised plan of care.				
l. A process is in place for to complete an individualized treatment plan for applicable patients that responds to identified risk factors and review and revise that plan as needed.				
m. The organization has decision-support tools accessible (electronic or paper) that provide employees with response options that should be considered for <i>non-patients/visitors</i> that are identified at risk for violence.				
n. Communication about patient risk for violence is included in the patient discharge process				
For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion				
<b>Tracking Employees</b>				
a. A process is in place to: i. Track the location of traveling workers such as home health employees e.g.as log in and log out procedures and contact with employer after visits.				
ii. Follow up workers who do not check-in with the employer etc.				
<b>Working Alone or in Secure Areas</b>				
a. Processes are in place to reduce risk of violence to workers when treating and interviewing aggressive or agitated patients; performing intimate physical examinations of patients; walking to parking areas during evening or late hours or any other situation identified during the program hazard assessment activities.				

G. Hazard Control and Prevention cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
<b>II. Administrative and Work Practice Controls cont.</b>				
<b>Entry Procedures</b>				
a. A process is in place that includes (but not limited to): i. Provide responsive, timely information to those waiting and adopt measures to reduce waiting times				
ii. Institute sign-in procedures and visitor passes				
iii. Enforce visitor hours and procedures for being in the hospital				
iv. Have a “restricted visitors” list for patients with a history of violence/ gang activity; make copies available to security, nurses, and sign-in clerk				
<b>Transportation Procedures</b>				
a. Safety procedures are developed that specifically address the transport of patients.				
b. Ensure that employees transporting patients have an effective and reliable means of communicating if they need assistance (or with their home office if transporting a patient outside of the facility)				
<b>Security Personnel (Contract and Non-Contract)</b>				
a. All requirements of Oregon Administrative Rules Division 60 (OAR 259-060:0005-0600) ‘Private security Services Providers Rules’ are met <a href="http://arcweb.sos.state.or.us/pages/rules/oars_200/oar_259/259_060.html">http://arcweb.sos.state.or.us/pages/rules/oars_200/oar_259/259_060.html</a> <b>Note:</b> OAR Division 60 Rules require that if the employer employs or utilizes at least one individual (including contract security services) whose primary responsibilities include providing private security services the employer: i. Must designate an individual to perform the duties of an executive manager at all times as described in <a href="https://www.oregon.gov/dpsst/PS/Pages/Executive-Managers.aspx">Division 60 Rules</a> . An employer may obtain licensure for more than one executive manager. <a href="https://www.oregon.gov/dpsst/PS/Pages/Executive-Managers.aspx">https://www.oregon.gov/dpsst/PS/Pages/Executive-Managers.aspx</a> ii. The executive manager has met and maintains the training and certification requirements required in OAR <a href="#">Division 60 Rules</a> and the Department of Public Safety Standards and Training (DPSST).				
b. Security personnel have met and maintain the training and certification requirements required in OAR <a href="#">Division 60 Rules</a> and the Department of Public Safety Standards and Training (DPSST).				
c. Job function <i>i.e.</i> roles and responsibilities/activities (including use of force policy) of security personnel are clearly defined and communicated to all staff.				
d. The role of and performance or competency by security personnel is supervised, monitored and reviewed on a periodic basis.				

G. Hazard Control and Prevention cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
<b>II. Administrative and Work Practice Controls cont.</b>				
<b>7. Security Personnel (Contract and Non-Contract) cont.</b>				
e. Security staffing levels and deployment are sufficient to meet the facility's needs. <i>Note:</i> There is no single formula determines an appropriate staffing level for a given health care facility. The <i>IAHHS Security Design 2016 Guidelines</i> provide detailed considerations for security staffing:				
f. There is a formal orientation process for newly hired/contracted security personnel that describes job function, expectations, organizational policies, WPV prevention processes etc., and information specific to the environment being protected e.g. the Emergency Room, Behavioral Health units etc.				
g. Security personnel have met and maintain the training and certification requirements required in OAR <a href="#">Division 60 Rules</a> and the Department of Public Safety Standards and Training (DPSST).				
h. <b>In addition</b> to meeting OAR Division 60 Rules and DPSST training requirements, ongoing training is conducted for security personnel that includes healthcare security industry best practices and critical functions such as use of force; defensive equipment; facility processes to prevent and manage aggressive behavior/violence etc.				
i. Use-of-force policies for security personnel meet regulatory compliance and are reviewed on a periodic basis.				
<b>Security Rounding</b>				
a. Where applicable, the organization has instituted purposeful security rounding for all patients which includes: i. A structured process for conducting rounding including clear expectations of components covered during rounds.				
ii. Involvement of front- line employees and security in the development of rounding process.				
<b>Employee Dress Code</b>				
a. Employees are provided with identification badges, preferably without last names, to readily verify employment.				
b. Employees are discouraged from:				
i. Wearing necklaces or chains to help prevent possible strangulation in confrontational situations.				
ii. Wearing expensive jewelry or carrying large sums of money.				
iii. Carrying keys or other items that could be used as weapons.				
c. Wearing long hair in a manner where it could be grabbed and used to pull or shove employees.				

<b>G. Hazard Control and Prevention cont.</b>	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
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<b>II. Administrative and Work Practice Controls cont.</b>
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**For questions 3-9 with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion**

<b>Incident Response</b>
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a. There is a defined violence response plan/process(e.g. violence rapid response team/ a ‘code grey’ protocol) which includes (but is not limited to):				
i. Clear roles for employees				
ii. Use of properly trained security officers and counselors to respond to aggressive behavior				
iii. Written security procedures including law enforcement notification and involvement				
iv. A process is in place to ensure employees know and are familiar with the operation of their organization’s emergency devices where applicable (e.g., personal alarms, restraints).				
v. A clear process for employees to initiate the violence response plan in the event of a violent incident or threat of violence				
vi. A process is in place to ensure all employees are familiar with how and when to call for an emergency response team (if applicable) in the event of a violent incident or threat of violence				
vii. That adequate and qualified employees are available at all times, especially during high-risk times such as patient transfers, emergency responses, mealtimes and at night				
viii. That adequate and qualified employees are available to disarm and de-escalate patients if necessary				
ix. Assessment of changing patient routines and activities to reduce or eliminate the possibility of violent outbursts				
b. Plan for conducting drills of the violence response plan at least annually				
c. There is a process for routine and as needed maintenance of security systems, lighting etc.				
d. Organizational emergency response plan is integrated with the emergency preparedness plan as appropriate (active shooter, bomb threat, child abduction etc.)				

**For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion**

<b>G. Hazard Control and Prevention cont.</b>	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
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<b>II. Administrative and Work Practice Controls cont.</b>
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<b>Post Incident Procedure</b>
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a. A process is in place to: <ul style="list-style-type: none"> <li>i. Have immediate evaluation of all employee/visitors involved in violent incidents evaluated by medical employees.</li> </ul>				
<ul style="list-style-type: none"> <li>ii. Assure appropriate support and resources are provided to involved employees/patients/ visitors immediately and on an ongoing basis (e.g. law enforcement, EAP, EOHS).</li> </ul>				
<ul style="list-style-type: none"> <li>iii. Support employees in their right to file a police report after a violent incident/threat of violence occurs.</li> </ul>				
b. There is an effective return to work program for employees who are on restricted/modified duty due to a work related injury.				
c. Management supports and facilitates a process to meet the requirements of <i>ORS 654.418</i> . <b>‘Protection of employee of health care employer after assault by patient’.</b> If a health care employer directs an employee who has been assaulted by a patient on the premises of the health care employer to provide further treatment to the patient, the employee may request that a second employee accompany the employee when treating the patient. If the health care employer declines the employee’s request, the health care employer may not require the employee to treat the patient.’				
d. There is a business continuity and recovery plan that includes, but is not limited to: <ul style="list-style-type: none"> <li>i. Policies and procedures regarding making appropriate insurance notifications after applicable violent events, such as workers ‘compensation.</li> </ul>				
<ul style="list-style-type: none"> <li>ii. Communication plan for internal and external (if applicable) audiences following high profile events that is consistent with state, federal and organizational privacy requirements.</li> </ul>				

**For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion**

G. Hazard Control and Prevention cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
<b>II. Administrative and Work Practice Controls cont.</b>				
<b>Incident Investigation</b>				
a. There is a process to conduct an immediate root cause analysis of violence related incidents/events to determine system cause of incidents and identify solutions. This process may include post-event huddles (after action reviews) with affected employees and unit/dept. managers (as appropriate) as defined by policy.				
b. A process is in place to follow-up on any issues raised in incident analysis and huddles.				
c. A process is in place for violence prevention team and/or leadership to review analyses.				
d. A process is in place for learnings from analyses to be shared across the organization				
<b>Other</b>				
a. Other procedures to be developed and followed and may include:				
i. Search of patients' belongings and discovery of weapons during search				
ii. Consumption of alcohol and/or illegal drugs by patients and/or family members/victors				
iii. Victims or criminals/alleged perpetrators of crime as patients				
<b>For questions with a "No" or "Partially Implemented" identify the specific follow up including persons responsible and timeline for completion</b>				

G. Hazard Control and Prevention cont.	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
<b>II. Administrative and Work Practice Controls cont.</b>				
<b>For Home Health Employees if applicable</b>				
a. Management supports and facilitates a process to meet the requirements of ORS 654.421.  Refusal to treat certain patients by home health care employee <i>i.e.</i> i. An employee who provides home health care services may refuse to treat a patient unless accompanied by a second employee if, based on the patient’s past behavior or physical or mental condition, the employee believes that the patient may assault the employee.				
ii. An employee who provides home health care services may refuse to treat a patient unless the employee is equipped with a communication device that allows the employee to transmit one-way or two-way messages indicating that the employee is being assaulted. ORS 654.421				
b. Management supports and facilitates a process to meet the requirements of ORS 654.423.  Use of physical force by home health care employee in self-defense against assault. <i>i.e.</i> i. A health care employer may not impose sanctions against an employee who used physical force in self-defense against an assault if the health care employer finds that the employee:				
(a) Was acting in self-defense in response to the use or imminent use of physical force;				
(b) Used an amount of physical force that was reasonably necessary to protect the employee or a				
(c) third person from assault; and				
(d) Used the least restrictive procedures necessary under the circumstances, in accordance with an approved behavior management plan, or other methods of response approved by the health care employer.				
ii. As used in this section, “self-defense” means the use of physical force upon another person in self-defense or to defend a third person.				
<b>For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion</b>				

Education & Training	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
1. Periodic violence prevention training (Assault prevention and protection) is provided to all employees, providers and contract personnel:				
a. On a regular and ongoing basis, e.g. annually - <i>ORS 654.414 (1) c</i> .				
b. When violence prevention processes/procedures are implemented.				
2. Expectations related to the violence prevention program and supporting education have been incorporated into new hire orientation for:				
a. All clinical employees				
b. Non-clinical employees				
c. Contracted employees e.g. security, travelers or agency personnel etc. contracted providers e.g. physicians.				
3. A process is in place to address the training needs of students (nurses, therapists, OR/Imaging technicians etc.) and volunteers				
4. Assault prevention and protection training is provided to a new employee within 90 days of the employee's initial hiring date. <i>ORS 654.414 (4)b</i>				
5. Training content is relevant for target population as it relates to their role and responsibilities within the violence prevention program etc., e.g. unit managers, direct care employees, non-clinical employees, security personnel etc.				
6. Assault prevention and protection training required shall address the following topics <i>ORS 654.414</i>				
a. General safety and personal safety procedures; e.g. all hazard control and preventions strategies and procedures that have been implemented nature and extent of risks associated with specific jobs/location.				
b. Escalation cycles for assaultive behaviors; (including identify non-patients/visitors at risk or exhibiting at risk behaviors for violence				
c. Factors that predict assaultive behaviors				
d. Techniques for obtaining medical history from a patient with assaultive behavior				
e. Verbal and physical techniques to de-escalate and minimize assaultive behaviors;				
f. Strategies for avoiding physical harm and minimizing use of restraints;				
g. Restraint techniques consistent with regulatory requirements;				
h. Self-defense, including:				
i. The amount of physical force that is reasonably necessary to protect the employee or a third person from assault; and				
<b>H. Education &amp; Training cont.</b>	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable

ii. The use of least restrictive procedures necessary under the circumstances, in accordance with an approved behavior management plan, and any other methods of response approved by the health care employer				
i. Procedures for documenting and reporting incidents involving assaultive behaviors;				
j. Programs for post-incident counseling and follow-up;				
k. Resources available to employees for coping with assaults; and				
l. The health care employer's workplace assault prevention and protection program.				
Additional topics to consider: <ul style="list-style-type: none"> <li>• Possible medical and psychological effect of violence aggression on employees</li> <li>• Addressing management of patients who do not intend to assault employees e.g. confused elderly, patients recovering from anesthesia</li> </ul>				
7. A process is in place to offer additional conflict and crisis intervention education, to include, de-escalation techniques training to employees working in areas prone to violence, as identified by the organization.				
8. There are clearly identified learning outcomes or objectives for all training classes				
9. Training includes methods to ensure competency of skills being taught such as de-escalation techniques and management of aggressive/violence patients e.g. use of return demonstration				
10. Violence prevention education is conducted by a person(s) who is qualified and has demonstrated abilities to be able to effectively teach the target employee/contractor population				
11. Records of attendance and competency verification (as applicable) are <u>kept</u> for each individual completing violence prevention related training and <u>retained</u> per organization policy and any applicable laws. <i>It is recommended that training records should include the subject matter, time, date, duration of training, instructor's name and affiliation, and competency verification.</i>				
12. Members of the violence prevention team have additional training on violence prevention so that they can serve as resources to their patient care areas (this may be provided through the violence prevention champions or outside opportunities).				
13. A health care employer may use classes, video recordings, brochures, verbal or written training or other training that the employer determines to be appropriate, based on an employee's job duties, under the assault prevention and protection program developed by the employer. <i>ORS 654.414 (4)</i>				
For questions with a "No" or "Partially Implemented" identify the specific follow up including persons responsible and timeline for completion				

Ongoing Program Evaluation	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
<b>I. Evaluating Interventions/Solutions</b>				
1. A process to review the violence prevention program on a periodic basis is in place that includes: a. Analysis of trends and rates in the number of incidents, illnesses, injuries or fatalities caused by violence relative to initial or “baseline” rates on a periodic basis.				
b. Improvement is measured based on lowering the frequency and severity of workplace violence.				
c. Review of reports and minutes from employee meetings on safety and security issues.				
d. Survey of workers before and after making job or worksite changes or installing security. Measures or new systems to determine their effectiveness				
e. Keeping up-to-date records of administrative and work practice changes to prevent workplace violence to evaluate how well they work.				
f. Compliance with Oregon OSHA requirements for recording and reporting injuries, illnesses, and fatalities and violence prevention regulations.				
<b>For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion</b>				
<b>Proactive Hazard Prevention</b>				
1. Proactive audits of units/departments are conducted to identify risk factors and related gaps in current policies and practices that may contribute to violence related incidents and address them.				
2. Identification of security/violence prevention related issues are included in regular safety and Environment of Care rounds and a process is in place to address hazards identified and implement recommendations.				
3. Periodic law enforcement or outside consultant review of the worksite for recommendations on improving worker safety is conducted.				
4. Periodic gap analysis of the violence prevention program is conducted				
5. Periodic survey of workers to learn if they experience hostile situations in performing their jobs and patient surveys (also refer to Surveys).				
6. There is a process in place (which includes the unit manager) to develop and implement recommendations/actions from safety huddles/employee ideas and suggestions.				

I. Ongoing Program Evaluation	Yes	No	Partially Implemented	Will not be Implemented or is Not Applicable
<b>II. Proactive Hazard Prevention cont.</b>				
7. There is a process in place to recognize employee and disseminate learnings from employee ideas and suggestions.				
<b>For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion</b>				
<b>Program and Processes</b>				
1. Program management and related processes are evaluated and enhanced as needed on a periodic basis for example: a. Compliance related to use of violence prevention and response procedures is evaluated on a periodic basis.				
b. Tracking recommendations through to completion				
c. Attendance at violence prevention education and training				
d. Education and training sessions offered and				
e. Effectiveness of education (transfer of training)				
f. Functionality and effectiveness of patient assessment and related documentation processes				
g. Effectiveness of the violence prevention team				
<b>For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion</b>				
<b>Proactive Design</b>				
1. There is a process to facilitate development and integration of design principles facility wide that enhance security and employee safety through work with facilities planning and other key depts., the violence prevention committee and direct care employees: a. In work areas/departments that are remodeled				
b. In new construction				
<b>For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion</b>				

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