

Guidelines for Preventing Workplace Violence In the Healthcare Setting Self-Assessment Tool

Facility:	Dates of Review:	Reviewers:
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Criteria	Compliance		Comments and Documentation Including Actions/Persons Responsible/Timetables	Monitoring/Evaluation Including Methods/Dates
	Yes	No		
I. Written Program				
A. A written program for job safety and security, incorporated into the organization's overall health and safety program with clear goals and objectives to prevent workplace violence suitable to the size and complexity of the workplace operation adaptable to specific situations. The program must be communicated to all employees. Done at a minimum the workplace violence prevention programs should do the following:				
1. Partner with Human Resources to create and disseminate a clear policy of zero-tolerance for workplace violence, verbal & non-verbal threats and related actions.				
2. Ensure that no reprisals are taken against an employee who reports or experiences workplace violence.				
3. Encourage employees to promptly report incidents and to suggest ways to reduce or eliminate risks. Require records				
4. Outline a comprehensive plan for maintaining security in the workplace, which includes establishing a liaison with law enforcement representatives.				
5. Assign responsibility and authority for the program to individuals or teams with appropriate training and skills. Be sure of adequate resources for this effort and that the team or responsible individuals develop expertise on workplace violence prevention in healthcare and social services.				
6. Affirm management commitment to a worker supportive environment that places as much importance on employee safety and health as on the client or patient.				
7. Set up a company briefing as part of the initial effort to address such issues as preserving safety, supporting affected employees and facilitating recovery.				
Additional Comments Written Program:				

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II. Management Commitment & Employee Involvement				
A. Management commitment, including the endorsement and visible involvement of top management provides the motivation and resources to deal effectively with workplace violence and should include the following:				
1. Demonstrated organizational concern for employee emotional and physical safety & health.				
2. Equal commitment to worker safety and health and patient/client safety.				
3. Assigned responsibility for the various aspects of the workplace violence program to ensure that all managers, supervisors and employees understand their obligations.				
4. Appropriate allocation of authority and resources to all responsible authorities.				
5. A system of accountability for involved managers, supervisors and employees.				
6. A comprehensive and collaborative program of medical and psychological counseling and debriefing for employees experiencing or witnessing assaults and other violent incidents.				
7. Commitment to support and implement appropriate recommendations from safety & health committees.				
8. Employee involvement and feedback enable workers to develop and express their own commitment to safety & health and provide useful information to design, implement and evaluate the program.				
9. Understanding and complying with the workplace violence prevention program and other safety & security measures.				
10. Participation in an employee complaint or suggestion procedure covering safety & security concerns.				
11. Prompt and accurate reporting of violent incidents.				
12. Participation on safety & health committees or teams that receive reports of violent incidents or security problems, make facility inspections, and respond with recommendations for corrective strategies.				
13. Taking part in a continuing education program that covers techniques to recognize escalating agitation, assaultive behavior and appropriate responses there to.				
Additional Comments Management Commitment/Employee Involvement:				

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III. Worksite Analysis				
1. Review and develop specific procedures or operations that contribute to hazards and specific locations where hazards may develop.				
2. Assess the vulnerability to workplace violence and determine the appropriate preventative actions to be taken. Implementing the workplace violence prevention program then may be assigned to this group. The team should include representatives from senior management, operations, employee assistance, security, occupational safety & health, legal and human resources staff.				
3. Review injury and illness records and workers' compensation claims to identify patterns of assaults that could be prevented by workplace adaptation, procedural changes, or employee training.				
4. Analyzing and tracking records, monitoring trends and analyzing incidents, screening surveys, and analyzing workplace security.				
5. Survey staffs perceptions of risk for violence. Identify strengths and weaknesses in the workplace violence prevention program and show evidence of improvement when indicated.				
IV. Records Analysis and Tracking				
1. Review medial, safety, workers compensation and insurance records including the OSHA 300 log.				
2. Scan unit logs and employee and police reports of incidents or near incidents of assaultive behavior to identify and analyze trends in assaults relative to particular departments, units, job titles, unit activities work stations, and/or time of day. Tabulate these data to target the frequency and security of incidents to establish a baseline for measuring improvement.				
V. Monitoring Trends/Analyzing Incidents				
1. Contacting similar local businesses, trade associations, and community and civic groups to learn about their experiences with workplace violence and to help identify trends, Use of several years data, if possible, to trace trends of injuries and incidents of actual or potential workplace violence.				
VI. Screening Surveys				
1. Survey employees to get their ideas for potential violent incidents and identify needs for additional security measures.				

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2. Periodic surveys conducted at least annually or whenever operations change or incidents of workplace violence occur-to help identify new or previously unnoticed risk factors and deficiencies or failures in work practices, procedures or controls.				
3. Use of safety & health professionals or security specialists and other qualified persons may offer advice to strengthen programs. These experts also can provide a fresh perspective to improve a violence prevention program.				
VII. Workplace Security Analysis				
1. Evaluate employee tasks to identify hazards, conditions, operations, and situations that could lead to violence.				
2. Analyze incidents, including the characteristics of assailants and victims, an account of what happened before and during the incident and the relevant details of the situation and its outcome. When possible, obtain police reports and recommendations.				
3. Identify jobs or locations with the greatest risk of violence.				
4. Note high risk factors such as types of clients or patients (disoriented by drugs, alcohol, mental illness); factors of the building; isolated locations/job activities; lighting problems; lack of phones and other communication devices; areas of easy or unsecured access, and areas of with previous security problems.				
5. Evaluate the effectiveness of existing security measures, including engineering controls. Determine if risk factors have been reduced.				
Additional Comments Worksite Analysis:				
VIII. Hazard Prevention & Control				
1. Design measures through engineering or administrative work practices to prevent or control workplace violence hazards.				
2. Ensure extra precautions specifically in Behavioral Health and Emergency Departments				
IX. Engineering Controls and Workplace Adaptation				
1. Remove the hazard from the workplace or create a barrier between the worker and the hazard.				

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2. Assess any plan for new construction or physical changes in the facility or workplace to eliminate or reduce security hazards.				
3. Install and regularly maintain alarm systems and other security devices, panic buttons, hand-held radios where risk is apparent.				
4. Provide metal detectors installed or hand held, where appropriate according to recommendations of security consultants.				
5. Use a closed circuit video recording system for high risk areas on a 24-hour basis.				
6. Place curved mirrors at hallway intersections or concealed areas.				
7. Enclose nurses' stations and install deep service counters or bullet resistant, shatter proof glass in reception areas, triage and admitting or client service rooms.				
8. Provide employee safe rooms for use during emergencies.				
9. Establish "time out" or seclusion areas with high ceiling without grids for patients acting out and establish separate room for criminal patients. Provide client or patient waiting rooms designed to maximize comfort and minimize stress.				
10. Ensure counseling or patient care waiting rooms have two exits.				
11. Limit access to staff counseling rooms and treatment rooms controlled by using locked doors.				
12. Arrange furniture to prevent entrapment of staff.				
13. Use minimal furniture in interview rooms or crisis treatment areas w/o sharp edges or corners.				
14. Provide lockable and secure bathrooms for staff separate from patient and visitor facilities.				
15. Lock all unused doors to limit access in accordance with fire codes.				
16. Install bright, effective lighting indoors and outdoors.				
17. Replaced burnout lights, broken windows and lock.				
18. Keep vehicles, if used, well maintained. Always lock vehicles.				
Additional Comments Engineering Controls and Worksite Adaptation:				

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X. Administrative & Work Practice Controls				
1. Work with human resources to ensure job applicants are thoroughly screened and that a procedure is established and followed for conducting background checks of prospective employees. Professional licensure is verified when appropriate.				
2. Confirm that human resources ensures that procedures for disciplining and terminating employees minimize the chance of provoking a violent reaction.				
3. State clearly to patients, clients and employees that violence is not permitted or tolerated.				
4. Establish a liaison with local police and jurisdictional prosecutors. Report all incidents or violence.				
5. Require employees to report all assaults or threats to a supervisor or manager				
6. Advise and assist employees. If needed, with company procedures for requesting police assistance or filing charges when assaulted.				
7. Provided management support during violence emergencies.				
8. Set up a trained response team to respond to violence emergencies.				
9. Use properly trained security officers, when necessary, to deal with aggressive behavior.				
10. Ensure adequate and properly trained staff for restraining patients or clients.				
11. Provide sensitive and timely information to those waiting in line or in waiting rooms.				
12. Ensure adequate and qualified staff coverage at all times.				
13. Institute a sign-in procedure with passes for visitors, especially for newborn nursery or pediatric department. Enforce visitor hours and procedures.				
14. Establish a list of "restricted visitors" for patients with a history or violence.				
15. Review and revise visitor check systems and limit information about hospitalized victims of violence.				
16. Supervise the movement of behavioral health clients and patients throughout the facility.				

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17. Control access to facilities other than waiting rooms, particularly drug storage or pharmacy areas.			
18. Prohibit employees from working alone in emergency care areas or walk-in clinics, particularly at night when assistance is unavailable.			
19. Establish policies and procedures for secured areas, emergency evacuations and for monitoring high risk patients.			
20. Establish a system to identify patients or clients with assaultive behavior problems.			
21. Ascertain the behavioral history of new and transferred patients to learn about any past violent or assaultive behaviors.			
22. Treat and/or interview aggressive or agitated patients or clients in relatively open areas that still maintain privacy and confidentiality.			
23. Use case management conferences with co-workers and supervisors to discuss ways to effectively treat potentially violent patients.			
24. Prepare contingency plans to treat patients who are "acting out" or making verbal or physical attacks or threats.			
25. Transfer assaultive patients to acute care units, forensic units or more restrictive settings.			
26. Make sure that nurses and/or physicians are not alone when performing intimate physical examinations of patients.			
27. Discourage employees from wearing jewelry to help prevent strangulation in confrontational situations.			
28. Periodically survey the facility to remove tools or possessions left by visitors or maintenance staff, which could be used inappropriately by patients.			
29. Provide staff with identification badges, preferably without last names (check state regulations) to readily verify employment.			
30. Discourage employees from carrying keys, pens, scissors, pens and other items that could be used as weapons.			
31. Provide staff with security escorts to parking areas in the evening and night time hours. Parking areas should be highly visible, well lighted and easily accessible to buildings.			
32. Provide emergency call boxes in garages according in strategic locations.			
33. Use the "buddy system" when personal safety may be threatened. Encourage home health and social workers and others to avoid threatening situations.			

This tool addresses all or most of the information contained in OSHA #3148-01R, 2004, "Guidelines for Preventing Workplace Violence for Healthcare & Social Service Workers" and The Joint Commission Sentinel Event Alert # 4, 2010, "Preventing Violence in the Healthcare Setting." Refer to the source documents for additional details or clarification as needed.

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34. Advise staff to exercise extra care in elevators, stairwells, and unfamiliar residences; leave the premises immediately if there is a hazardous situation or request a police escort.				
35. Develop policies and procedures for home health providers, such as contracts how visits will be conducted, the presence of others in the home during visits and the refusal to provide services in a clearly hazardous situation.				
36. Establish a daily work plan for field staff to keep a designated contact person aware of the workers whereabouts throughout the work day.				
37. Conduct a comprehensive post-incident evaluation, including psychological as well as medical treatment for employees who have been subjected to abusive behavior.				
XI. Post Incident Response				
1. All workplace programs should provide comprehensive treatment for the victimized employees and employees who may be traumatized by witnessing a workplace violence incident. Injured staff should receive prompt treatment and psychological evaluation whenever an assault takes place, regardless of severity.				
2. Provide assistance to victims in reporting crimes of violence to the police as needed. Victimized employees need to feel free of fear of retribution if criminal charges are sought against assaultive clients, patients, or visitors.				
3. Following a comprehensive post incident review, ensure any identified deficiencies or vulnerabilities have a plan of correction. Ensure the plan is implemented and monitored for effectiveness.				
Additional Comments Hazard Prevention and Control:				
XII. Training and Education				
1. Understand the concept of "Universal Precautions for Violence" i.e. that violence should be expected but can be avoided or mitigated through preparation. Staff should be instructed to limit physical intervention in workplace altercations whenever possible, unless there are adequate members or staff or emergency response teams and/or security available.				

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2. Incorporate a formal employee orientation program to cover necessary components including policies of workplace violence prevention and reporting				
3 Employees who may face safety and security hazards should receive formal instruction on the specific threats associated with the unit or job and facility.				
3. The training program should involve all employees, including supervisors and managers. New and reassigned employees should receive an initial orientation before being assigned to their duties.				
4. Qualified trainers should instruct at the comprehension level appropriate for staff. Effective training programs should involve role playing, simulations and drills.				
5. Required training should be provided to employees annually.				
6. Training should cover such topics as:				
A. The workplace violence prevention policy				
B. Risk factors that cause or contribute to assaults				
C. Early recognition of escalating behavior or recognition of warning signs or situations that may lead to assaults.				
D. Ways of preventing or diffusing volatile situations or aggressive behavior, managing anger, and appropriately using medications of chemical restraints.				
E. How to deal with hostile persons other than patients and clients, such as relatives and visitors.				
F. A standard response action plan for violent situations, including availability of assistance, response to alarm systems, and communication procedures.				
G. Progressive behavior control methods and safe methods of mechanical restrain application, seclusion or escape.				
H. The location of and operation of safety devices such as alarm systems, and communication procedures.				
I. Ways to protect oneself and coworkers, including the use of the "buddy system".				
J. Information on multicultural diversity and age specific competencies to increase staff sensitivity to racial, age and ethnic issues and differences.				
K. Policies and procedures for reporting and record keeping.				

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L. Policies and procedures for obtaining medical care, counseling, workers' compensation or legal assistance after a violent episode or injury.				
7. Supervisors, Managers and Security:				
A. Supervisors and managers should ensure that employees are not placed in assignments that compromise safety and should encourage employees to report incidents.				
B. Supervisors and managers should learn how to reduce security hazards and ensure that employees receive appropriate training.				
C. Supervisors and managers should be able to recognize a potentially hazardous situation and to make any necessary changes to the physical plant, patient care treatment program and staffing policies and procedures to reduce or eliminate the hazards.				
D. Security personnel need specific training from the hospital or clinic, including psychological components of handling aggressive or abusive clients, types of disorders, and ways to handle aggression and defuse hostile situations.				
E. The training program should also include an evaluation. The content, methods, and frequency of training should be reviewed and evaluated annually by the team or coordinator responsible for implementation. Program evaluation may involve supervisor and/or employee interviews, testing and observing and/or reviewing reports of behavior of individuals in threatening situations.				
Additional Comments Training and Education:				
XIII. Record Keeping & Program Evaluation				
A. Record Keeping				
1. Records of injuries. Illnesses, accidents, assaults, hazards, corrective actions, patient histories, and training, among others, can help identify problems and solutions for an effective program.				
2. OSHA Log of Injury and Illness (OSHA 300 Log) should be evaluated.				
3. Medical reports of work injury and supervisor's reports for each recorded assault should be kept.				

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4. Incidents of abuse, verbal attacks or aggressive behavior should be recorded in addition to assaultive incident reports.				
5. Information on patients with a history of violence, drug abuse, or criminal activity should be recorded on a patient's chart when known.				
6. Minutes of safety meetings, records or hazard analyses and corrective actions taken should be documented.				
7. Records of all training programs, attendees, and qualifications of trainers should be maintained.				
B. Evaluation				
1. Employers should evaluate their safety and security measures. Top management should review the program regularly, and with each incident evaluate the program's success. Responsible parties should collectively reevaluate policies and procedures on a regular basis.				
2. Employers should establish a uniform violence reporting system and regular review of reports.				
3. Review reports and minutes from staff meetings on safety and security issues.				
4. Analyze trends and rates in illness, injury or fatalities caused by violence relative to individual or "baseline" rates.				
5. Measure improvement based on lowering the frequency and severity of workplace violence.				
6. Keep up to date records of administrative and work practice changes to prevent workplace violence to evaluate how well they work.				
7. Survey employees before or after making job or worksite changes or installing new security measures or new systems to determine their effectiveness.				
8. Keep abreast of new strategies available to deal with violence in the healthcare and social service fields as they develop.				
9. Survey employees/customers who experience hostile situations about the medical treatment they received initially and again several weeks afterward, then again several months later.				
10. Comply with OSHA and state requirements for recording and reporting deaths, injuries, and illnesses.				
11. Request periodic law enforcement or consultant review for recommendations on improving employee safety.				

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Additional Comments Recordkeeping/Program Evaluation: