Workplace Violence Assessment Checklist

Hospital Name:

Physical Address:

Primary Point of Contact for WPV Prevention Program:   
Name:

Title:

Email:

Phone:

Date of Assessment/Survey:

Table of Contents

[**PART 1 - Workplace Violence Program** 3](#_Toc163128767)

[Leadership 3](#_Toc163128768)

[Workplace Violence Program Evaluation 4](#_Toc163128769)

[Written Program 4](#_Toc163128770)

[Program Evaluation 6](#_Toc163128771)

[Internal Incident Data 7](#_Toc163128772)

[Security Incident and Events 7](#_Toc163128773)

[Access Control 9](#_Toc163128774)

[Access Badges/Identification 10](#_Toc163128775)

[Restraint and Seclusion/Patient Watches 11](#_Toc163128776)

[Active Shooter Response 13](#_Toc163128777)

[Risk of Suicide 14](#_Toc163128778)

[Engineering and Physical Controls 15](#_Toc163128779)

[Worksite Analysis 15](#_Toc163128780)

[Engineering Controls & Workplace Adaption 16](#_Toc163128781)

[Administrative & Work Practice Controls 17](#_Toc163128782)

[Post Incident Response 19](#_Toc163128783)

[Training & Education 19](#_Toc163128784)

[Training Topics 20](#_Toc163128785)

[Supervisor and Security Tasks 20](#_Toc163128786)

[Workplace Violence - California 21](#_Toc163128787)

[***PART 3 – External Data*** 22](#_Toc163128788)

[***PART 4 – Assessment Checklists*** 23](#_Toc163128789)

[Security Vulnerability Assessment: 23](#_Toc163128790)

[Workplace Violence Assessment Part 1 (Incident Classifications): 24](#_Toc163128791)

[Workplace Violence Assessment Part 2 (Vulnerability): 24](#_Toc163128792)

# **PART 1 - Workplace Violence Program**

Work with the WPV Committee and other departments to audit your facility’s risk of violence. Evaluate environmental and administrative controls throughout the campus, review records and statistics of crime rates in the area surrounding the healthcare facility, and survey employees on their perceptions of risk. All items in this section are derived from 2024 TJC Standards, NFPA 99 (2012) Guidelines, OSHA Publications 3148 and 3827 and the Emergency Nurses Association WPV program.

## Leadership

|  |  |
| --- | --- |
| **Explain all “No” responses in the comments section** | **Yes** |
| Is there a committee or other organized group which reviews WPV incidents and trends outside of the security department? Name of Person and Document. |  |
| Has a leader been identified responsible for the WPV Program in the facility? TJC LD04.01.05EP12, CMS 482.15(b) |  |
| Do the duties of the person assigned include, but not be limited to, the following, as identified in the Security Vulnerability Assessment (SVA): NFPA 99/2012 CH13  (1) Provide identification for patients, staff, and other people entering the facility  (2) Control access in and out of security-sensitive areas |  |
| (3) Define and implement procedures as follows:  (a) Security incident (b) Hostage situation (c)Bomb (explosive device or threat)  (d) Criminal threat (e) Labor action (f) Disorderly conduct  (g) Workplace violence (h) Restraining order (i) Infant or pediatric abduction  (j) VIPs or the media (k) Maintenance of access to emergency areas  (l) Civil disturbance (m) Forensic patients (n) Patient elopement  (o) Homeland Security advisory system (threat level changes) (p) Suspicious powder or substance  (q) Use of force policy (r) Security staffing augmentation |  |
| (4) Provide security at alternate care sites or vacated facilities  (5) Control vehicular traffic on the facility property  (6) Protect the facility assets, including property and equipment  (7) Provide policy for interaction with law enforcement agencies  (8) Comply with applicable laws, regulations, and standards regarding security management operations |  |
| (9) Educate and train the facility security force to address the following:  (a) Customer service (b) Use of physical restraints (c) Use of force  (d) Response criteria (e) Fire watch procedures (f) Lockdown procedures  (g) Emergency notification procedures (h) Emergency communications procedures |  |

## Workplace Violence Program Evaluation

### Written Program

|  |  |
| --- | --- |
| **Item** | **Yes** |
| Is there a written program for workplace violence prevention with clear goals and objectives to prevent workplace violence? The program must be communicated to all employees. At a minimum the workplace violence prevention programs should do the following: |  |
| Defines Workplace Violence: “An act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors.” TJC WPV Definition 1 July 2024. |  |
| The hospital conducts an annual worksite analysis related to its workplace violence prevention program. The hospital takes actions to mitigate or resolve the workplace violence safety and security risks based upon findings from the analysis. TJC EC.02.01.01 EP17   * Note: A worksite analysis includes a proactive analysis of the worksite, an investigation of the hospital’s workplace violence incidents, and an analysis of how the program’s policies and procedures, training, education, and environmental design reflect best practices and conform to applicable laws and regulations. (See also EC.04.01.01, EP 1) |  |
| The hospital establishes a process(es) for continually monitoring, internally reporting, and investigating the following: TJC EC.04.01.01 EP1   * + - Injuries to patients or others within the hospital’s facilities   + - Occupational illnesses and staff injuries   + - Incidents of damage to its property or the property of others   + - **Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence**   + - Hazardous materials and waste spills and exposures   + - Fire safety management problems, deficiencies, and failures   + - Medical or laboratory equipment management problems, failures, and use errors   + - Utility systems management problems, failures, or use errors * Note 1: All the incidents and issues listed above may be reported to staff in quality assessment, improvement, or other functions. A summary of such incidents may also be shared with the person designated to coordinate safety management activities. * Note 2: Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve care, treatment, and services, or to prevent similar incidents, are not lost as a result of following the legal process. (See also EC.02.01.01, EP 17) |  |
| The organization develops and implements a process(es) for continually monitoring, internally reporting, and investigating the following:   * • Problems and incidents related to each of the environment of care management plans * • Injuries to individuals served or others within the organization’s facilities * • Occupational illnesses and staff injuries * Note: This requirement applies to issues in the workplace, such as back injuries or allergies. It does not apply to * communicable diseases. * • Incidents of damage to its property or the property of others in locations it controls * • Safety and security incidents involving individuals served, staff, or others in locations it controls, including those related to workplace violence * • Fire safety management problems, deficiencies, and failures * Note 1: All the incidents and issues listed above may be reported to staff in quality assessment, improvement, or other functions as well as to the designated leader of the workplace violence reduction effort. A summary of such incidents may also be shared with the person designated to coordinate safety management activities. * Note 2: Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve care, treatment, or services, or to prevent similar incidents, are not lost as a result of following the legal process. TJC EC.04.01.01 EP1 (July 1, 2024) |  |
| Based on its process(es), the hospital reports and investigates the following: Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence. TJC EC.04.01.01 EP6, CMS 482.13(c)(2) |  |
| The hospital has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team that includes the following:   * + - Policies and procedures to prevent and respond to workplace violence   + - A process to report incidents in order to analyze incidents and trends   + - A process for follow up and support to victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary   + - Reporting of workplace violence incidents to the governing body (See also HR.01.05.03, EP 29) TJC LD.03.01.01 EP9 |  |
| WPV Training: As part of its workplace violence prevention program, the hospital provides training, education, and resources (at time of hire, annually, and whenever changes occur regarding the workplace violence prevention program) to leadership, staff, and licensed practitioners. The hospital determines what aspects of training are appropriate for individuals based on their roles and responsibilities. The training, education, and resources address prevention, recognition, response, and reporting of workplace violence as follows: TJC HR.01.05.03 EP 29 and HRM.01.05.01 EP17 (July 1, 2024)   * What constitutes workplace violence:   + Workplace Violence: An act or threat occurring at the workplace that can include any of the following:   + Verbal, nonverbal, written, or physical aggression   + Threatening, intimidating, harassing, or humiliating words or actions   + Bullying   + Sabotage   + Sexual harassment   + Physical assaults   + Other behaviors of concern involving staff, licensed practitioners, patients, or visitors * Education on the roles and responsibilities of leadership, clinical staff, security personnel, and external law enforcement * Training in de-escalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents * The reporting process for workplace violence incidents (See also LD.03.01.01, EP 9) |  |
| * Identifies team responsible for monitoring, internally reporting and investigating the following:   + Injuries to patients or others within the hospital facility   + Occupational Illness and staff injuries   + Safety and security incidents involving patients, staff or others within facilities, including those related to WPV   + Hazardous materials and waste spills or exposures   + Fire safety management problems, failures or use errors   + Medical or laboratory equipment management problems failures or use errors   + Utility systems management problems, failures or use errors |  |
| Does security have a process to report and investigate safety and security incidents involving patients, staff or others within the facility, including those related to WPV. |  |
| Does the facility provide training, education, and resources (at time of hire and annually) to leadership, staff and licensed practitioners. |  |
| **Additional Items to consider for training:** | **Yes** |
| Evacuation policy and procedure, including escape route assignments and alternative routes if primary routes are unusable |  |
| Notification procedures for staff once they have evacuated |  |
| Lockdown procedures |  |
| Communications, both internally and with community, law enforcement, during a violent incident |  |
| How to interact with first responders and emergency personnel |  |
| Procedures to follow in the immediate aftermath of an incident |  |
| Ensure that no reprisals are taken against an employee who reports or experiences workplace violence. |  |
| Encourage employees to promptly report incidents and to suggest ways to reduce or eliminate risks. Require records. |  |

### Program Evaluation

|  |  |
| --- | --- |
| **Item** | **Yes** |
| The hospital conducts an annual worksite analysis related to its workplace violence prevention program. The hospital takes actions to mitigate or resolve the workplace violence safety and security risks based upon findings from the analysis. (See also EC.04.01.01, EP 1)  TJC EC.02.01.01. EP17 |  |

## Internal Incident Data

### Security Incident and Events

|  |  |
| --- | --- |
| **Explain all “No” responses in the comments section** | **Yes No** |
| Data is collected to monitor security incidents in the facility. TJC EC04.01.01, CMS 482.13(c)(2) |  |
| The hospital establishes a process(es) for continually monitoring, internally reporting, and investigating the following: TJC EC04.01.01EP1, CMS 482.13(c)(2)  - Injuries to patients or others within the hospital’s facilities  - Occupational illnesses and staff injuries  - Incidents of damage to its property or the property of others  - Security incidents involving patients, staff, or others within its facilities  - Hazardous materials and waste spills and exposures |  |
| Based on its process(es), the hospital reports and investigates the following: Injuries to patients or others in the hospital’s facilities. TJC EC04.01.01EP3, CMS 482.13(c)(2) |  |
| Based on its process(es), the hospital reports and investigates the following: Incidents of damage to its property or the property of others. TJC EC04.01.01EP5, CMS 482.13(c)(2) |  |
| Based on its process(es), the hospital reports and investigates the following: Security incidents involving patients, staff, or others within its facilities. TJC EC04.01.01EP6, CMS 482.13(c)(2) |  |

Analysis of incident data to include the number and severity of security incidents within a specific area, department or facility should be conducted. Incidents to be tracked should include the categories used in national trending models along with other UCR codes used by state and federal law enforcement agencies for a better comparison with local off-campus incidents. Incidents relating to workplace violence should be categorized as to the type or category of WPV according to OSHA standards.

Other incidents to track should include patient assists, patient restraints, patient watches, escorts, vehicle assists, unscheduled unlocks, and any other event or incident in which security responds.

When tracking incidents, the following information should be gathered, tracked, and compared over a period of time, preferably not less than five years.

|  |  |
| --- | --- |
| Incident type | Date of incident |
| Incident time of day | Incident day of week |
| Location, to include building, floor and unit/department | Differentiation between incidents occurring inside and outside |
| Differentiation for those types of incidents that are also considered WPV (workplace violence) | Include locations such as building, floor and unit/department |
| Person or property | Type of property (owned, personal property) |
| Type of person (staff, patient, visitor) |  |

**Obtain the following data at a minimum. If no or limited data is available – tracking and reporting the data becomes the recommendation.**

Security incident report data from last 24 months (numbers by type, location, and time). Include the following:

|  |  |  |
| --- | --- | --- |
| Murder | Disorderly Conduct | Bomb threat |
| Rape | Theft (Larceny-Theft) | Trespass |
| Robbery | Motor Vehicle Theft | Police Responses |
| Burglary | Vandalism |  |
| Aggravated Assault | Assault (Simple) | Patient/Staff Assist due to aggressive/violent patient or visitor |
|  |  |  |

Numbers of work-related injuries to hospital staff, by department, by type, by month for the past 24 months.

Numbers of work-related injuries to security staff, by type, by month for the past 24 months.

Numbers of incidents of damage to organizations property by type, location, month and time of day, if possible, for the past 24 months.

Numbers of incidents of damage to property of others (patients, visitors, staff) by type, location, month and time of day, if possible, for the past 24 months.

Data on the number of calls for service for security by type, location, month and time of day, if possible, for the past 24 months.

Number and duration of patient watches conducted by security officers by month, for the past 24 months.

List of hospital codes (security related) and number of responses by month, for the past 24 months.

Workplace violence incident data from last 24 months (numbers by type, location, and time). Include the following:

* Type 1: Criminal Intent
* Type 2: Patient/Visitor on Staff
* Type 3: Staff on Staff
* Type 4: Personal Relationship

**Utilize the current ScionHealth Hazard Vulnerability Assessment Tool.**

## Access Control

|  |  |
| --- | --- |
| **Explain all “No” responses in the comments section** | **Yes** |
| Does the facility have a plan which addresses procedures to identify individuals entering its facilities? TJC EC02.01.01EP7, CMS 482.13(c)(2)  Note: The hospital determines which of those individuals require identification and how to do so.  Click here to enter text. |  |
| Are public entrances monitored or controlled during hours of operation? |  |
| For public entrance areas, are staff provided with a method of alerting the hospital, such as a panic or duress alarm, to activate during an emergency? |  |
| Are visitors required to sign in? How is this managed? Click here to enter text. |  |
| Are visitor logs maintained for review? How long: Click here to enter text. |  |
| Is there some form of emergency notification technology to let those at entrances know when there is a threat or emergency? What: Click here to enter text. |  |
| Is there a mechanism in place to identify individuals who might pose a threat (involving custody disputes, domestic violence, communicating threats, etc.). |  |
| Do public ingress points that close during evening hours match hours with the hours of operation for those units whose patients utilize these doors? Is there a gap in timing that would allow unmonitored access? Click here to enter text. |  |
| Are vendors/deliveries required to sign in/out? |  |
| Are vendors and deliveries escorted while in the building? |  |
| Do any delivery personnel have unobstructed access to sensitive areas? (ie radioactive material deliveries)? Click here to enter text. |  |
| Are staff, contracted staff, and administrators trained on the importance of access control and how to monitor access points, access control during emergency preparedness, and are drills conducted (lock down)? |  |
| Is a key management system in place? |  |
| * How are keys made, issued and accounted for? Click here to enter text. |  |
| * Who is responsible for key management and the authorized release of them? * Click here to enter text. |  |
| Is there a policy on the frequency to change access codes? |  |
| How is it tracked? Click here to enter text. |  |
| Is it followed? |  |
| Is there an electronic access control system? |  |
| Is there a backup power supply source for the access control systems; battery backup or some form of other uninterrupted power source? |  |
| Is the system functional at all applicable doors? Click here to enter text. |  |
| Are there related maintenance service contracts? |  |
| For areas designated as security sensitive or of higher risk, are staff provided with a panic or duress alarm to activate during an emergency? |  |
| Are patients asked to inform staff about individuals who might pose a threat (involving custody disputes, domestic violence, communicating threats, etc.)? |  |
| Are mechanical, electrical, medical gas, power supply, radiological material storage, voice/data telecommunication system nodes, security system panels, elevator and critical system panels, and other sensitive rooms continuously locked, under electronic security CCTV camera and/or intrusion alarm systems surveillance? |  |
| Are their vaults or safes used and are they protected against unauthorized or forced entry? Where are they located? Click here to enter text. |  |
| Are security controls in place to handle the processing of mail and protect against potential biological, explosive or other threatening exposures? |  |
| Are any potentially hazardous chemicals, combustible or toxic materials stored on-site in non-secure and non-monitored areas? |  |

Notes:

### Access Badges/Identification

|  |  |
| --- | --- |
| **Explain all “No” responses in the comments section** | **Yes** |
| TJC EC02.01.01EP7, CMS 482.13(c)(2), DNV PE.4/SR.4a |  |
| Are all healthcare-facility personnel required to wear, above the waist and “face-side” out, up-to-date, conspicuous, color-photo ID badges? |  |
| Is the person’s name and title easily identifiable, and the person’s photograph large enough so that he or she is recognizable? |  |
| Is there a requirement to update the ID at a specific time frame or if appearance significantly changes? |  |
| Is there a requirement to return badges upon termination of employment? How is this tracked and verified? Click here to enter text. |  |
| How are terminated contract employees tracked and verified (badge access and turn in)  Click here to enter text. |  |
| Are background checks of vendors and contractors who are provided hospital identification verified? |  |
| Is a photo identification badge processing system in place? Does it work in conjunction with the access control system or is it a standalone system? |  |
| Does security issue access control badges or devices? |  |
| * If no, what department issues access control devices and ID? Click here to enter text. |  |
| Does security control the access control software? |  |
| Does security grant access permissions to secured areas? |  |
| Are there controls in place to audit and verify proper authorizations for access control? |  |
| Are authorizations for access provided in writing and maintained in the employees file? |  |
| Does this department grant access to the pharmacy? |  |
| If yes, what procedures are in place to ensure security of the pharmacy? Click here to enter text. | |
| Is the Access Control System regularly audited to ensure terminated employees have had their access disabled or removed? |  |
| How are door forced and held events monitored? |  |

## Restraint and Seclusion/Patient Watches

|  |  |
| --- | --- |
| **Restraint and Seclusion (IVC = Involuntarily Committed Patient)** |  |
| **Explain all “No” responses in the comments section** | **Yes** |
| CMS 482.13(e), TJC PC03.05.03, PC03.05.05, PC03.05.07, PC03.05.09, PC03.05.11. PC03.05.13 |  |
| Do security staff participate in the restraint and seclusion process for patients? |  |
| Does the hospital’s policies and procedures regarding restraint or seclusion include the following: |  |
| * staff training requirements, and competency skill sets for staff are identified |  |
| * required staffing levels and procedures for increased number of patients |  |
| * requirements for security to conduct a patient watch (IVC patients only) |  |
| * training content and frequency are identified to meet the standard |  |
| * trainers are qualified as evidenced by education, training, and experience – which is documented in their compliance folders in the job description and training areas |  |
| Does the training regarding restraint and seclusion include the following: |  |
| * Staff must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion **before** performing any of these actions, as part of orientation, and subsequently on a periodic basis consistent with hospital policy (TJC requires annual except CPR-bi-annual) |  |
| * Use of nonphysical intervention skills (de-escalation) |  |
| * Methods for choosing the least restrictive intervention based on an assessment of the patient’s medical or behavioral status or condition |  |
| * Application and use of force to include procedures for applying physical force in a manner to reduce potential injury to patient or staff |  |
| * Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia) |  |
| * Use of first-aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification |  |
| * The determination of who has authority to order restraint and seclusion |  |
| * The determination of who has authority to discontinue the use of restraint or seclusion |  |
| * The determination of who can initiate the use of restraint or seclusion |  |
| * The circumstances under which restraint or seclusion is discontinued |  |
| * The requirement that restraint or seclusion is discontinued as soon as is safely possible |  |
| * A definition of restraint in accordance with 42 CFR 482.13(e)(1)(i)(A–C) |  |
| * A definition of seclusion in accordance with 42 CFR 482.13(e)(1)(ii) |  |
| * A determination of who can assess and monitor patients in restraint or seclusion |  |
| * Time frames for assessing and monitoring patients in restraint or seclusion |  |
| * The patient who is simultaneously restrained and secluded is continually monitored by trained staff either in-person or through the use of both video and audio equipment that is in close proximity to the patient. Note: In this element of performance "continually" means ongoing without interruption |  |

|  |  |
| --- | --- |
| **Explain all “No” responses in the comments section** | **Yes** |
| * Is training conducted on additional factors which could contribute to an increased risk of death, such as:   + Restraining of patients who smoke.   + Restraining of patients with deformities that preclude the proper application of the restraining device (especially vest restraints).   + Restraining a patient in the supine position may predispose the patient to aspiration.   + Restraining a patient in the prone position may predispose the patient to suffocation.   + Restraining a patient in a room that is not under continuous observation by staff. |  |
| * The hospital trains staff on the use of restraint and seclusion, and assesses their competence, at the following intervals:   + At orientation   + Before participating in the use of restraint and seclusion   + On a periodic basis thereafter (annually) |  |
| Individuals providing staff training in restraint or seclusion have education, training, and experience in the techniques used to address patient behaviors that necessitate the use of restraint or seclusion. |  |
| The hospital documents in staff records that restraint and seclusion training and demonstration of competence were completed. |  |

NOTES:

## Active Shooter Response

|  |  |
| --- | --- |
| **Explain all “No” responses in the comments section** | **Yes** |
| CMS 482.13(e), TJC LD03.03.01, EC02.01.01, OSHA 3148, 3127 |  |
| Does the facility have an active shooter plan? |  |
| Has the plan been exercised in the last 12 months? Using HSEEP Procedures? |  |
| Were the results reviewed and corrective actions taken? |  |
| Are protocols in place to implement active shooter response? |  |
| Have fire doors been considered as ways to impede an active shooter? |  |
| Have safe rooms been established with protective barriers and hardline communications? |  |
| Are procedures in place to care for patients who cannot be moved? |  |
| Are procedures in place for visitors and those in waiting areas? |  |
| Have staff been trained in the response? Documented? |  |

NOTES (See section on WPV):

## Risk of Suicide

|  |  |
| --- | --- |
| **Explain all “No” responses in the comments section** | **Yes** |
| Does the hospital identify individuals at risk for suicide? The elements of performance for NPSG 15.01.01 are:  1. Conduct a risk assessment that identifies specific individual characteristics and environmental features that may increase or decrease the risk for suicide.  2. Address the individual’s immediate safety needs and most appropriate setting for treatment.  3. When an individual at risk for suicide leaves the care of the hospital, provide suicide prevention information (such as a crisis hotline) to the individual and his or her family. |  |
| Is clinical and security staff educated on risk factors for suicide, the warning signs that may indicate imminent action, and how to be alert to changes in behaviors or routines of the person at risk? To include: |  |
| * If changes in the patient are noted, empower staff to call a mental health professional or easily accessible resource person who can screen and assess the person at risk. |  |
| * If the person at risk exhibits warning signs, empower staff to take more proactive, substantive action. (For example, placing the individual under constant observation or in an environment with fewer hazards, if one is available.) |  |
| Is there a written policy on patient observation/watch procedures? |  |
| Is the policy reviewed at least annually? |  |
| Does the policy address observations by clinical staff when the patient uses the restroom or showers? |  |
| Are patient observations/watches monitored for consistency of the implementation of procedures? |  |
| Do written procedures include procedures for contraband detection and engaging family and friends in the process? |  |
| Are rooms where patient watched conducted evaluated for safety and made “safe” prior to the patient being in the room? To include: |  |
| * Removing sharps and objects that could be used as a weapon |  |
| * Remove objects/items which could be harmful such as cleaning supplies |  |
| * Identifying and removing or replacing non-breakaway hardware |  |
| * Weight testing all breakaway hardware |  |
| * Implementing education for family/friends regarding suicide risk factors |  |

NOTES:

## Engineering and Physical Controls

|  |  |
| --- | --- |
| **Item** | **Yes** |
| Closed-circuit television monitoring and video recording of high-risk units |  |
| Electronic access controls for emergency treatment areas |  |
| Metal detectors—installed or handheld, where appropriate—to detect guns, knives, or other weapons |  |
| Enclosed nurses’ stations, deep service counters, or bullet-resistant, shatterproof glass in reception, triage, and admitting areas or client service rooms |  |
| Employee “safe rooms” for use during emergencies |  |
| “Time-out” or seclusion areas with high ceilings without grids for patients who “act out” |  |
| Separate rooms or procedures for forensic/criminal patients |  |
| Locks on counseling rooms, treatment rooms, staff bathrooms |  |
| Efficient closers on doors (access control doors) |  |
| Bright, effective lighting, both indoors and outdoors |  |
| Minimal furniture, arranged to prevent entrapment, without sharp corners or edges |  |
| Limited number of pictures, vases, or other items that can be used as weapons |  |
| Panic buttons (at nurses’ stations, triage stations, registration areas, hallways, nurse lounge areas) |  |
| Handheld alarms or noise devices |  |
| Private-channel radios |  |
| Curved mirrors for hallway intersections or concealed areas |  |

### Worksite Analysis

|  |  |
| --- | --- |
| **Item** | **Yes** |
| Is a worksite analysis conducted to include: |  |
| 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 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. |  |

### Engineering Controls & Workplace Adaption

|  |  |
| --- | --- |
| **Item** | **Yes** |
| 1. Remove the hazard from the workplace or create a barrier between the worker and the hazard. |  |
| 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 handheld, 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. |  |

## Administrative & Work Practice Controls

|  |  |
| --- | --- |
| **Item** | **Yes** |
| 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. |  |
| 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. |  |

|  |  |
| --- | --- |
| **Item** | **Yes** |
| 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 nighttime 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. |  |
| 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 workday. |  |
| 37. Conduct a comprehensive post-incident evaluation, including psychological as well as medical treatment for employees who have been subjected to abusive behavior. |  |

## Post Incident Response

|  |  |
| --- | --- |
| **Item** | **Yes** |
| 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. |  |

## Training & Education

|  |  |
| --- | --- |
| **Item** | **Yes** |
| 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. |  |
| 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. |  |
| 4. 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. |  |
| 5. Qualified trainers should instruct at the comprehension level appropriate for staff. Effective training programs should involve role playing, simulations and drills. |  |
| 6. Required training should be provided to employees annually. |  |

### Training Topics

|  |  |
| --- | --- |
| **Item** | **Yes** |
| A. The workplace violence prevention policy and definition of workplace violence. |  |
| 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. |  |
| L. Policies and procedures for obtaining medical care, counseling, workers’ compensation or legal assistance after a violent episode or injury. |  |

### Supervisor and Security Tasks

|  |  |
| --- | --- |
| **Item** | **Yes** |
| 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 handing 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. |  |
| F. Program evaluation may involve supervisor and/or employee interviews, testing and observing and/or reviewing reports of behavior of individuals in threatening situations. |  |

## Workplace Violence - California

|  |  |
| --- | --- |
| **Item** | **Yes** |
| Does the hospital conduct an annual security and safety assessment specific to Workplace Violence? |  |
| Does the hospital use the assessment to develop and update a security plan with measures to protect personnel, patients, and visitors from aggressive or violent behavior? |  |
| Does the assessment examine trends of aggressive or violent behavior at the facility? |  |
| Does the facility track incidents of aggressive or violent behavior as part of the quality assessment and improvement program and for the purpose of developing a security plan to deter and manage further aggressive or violent acts of a similar nature? |  |
| Does the plan include considerations relating to: |  |
| * Physical Layout |  |
| * Staffing |  |
| * Security personnel availability |  |
| * Policy and training related to appropriate responses to violent acts |  |
| * Efforts to cooperate with local law enforcement regarding violent acts in the facility |  |
| Has the hospital adopted WPV policies including personnel training policies designed to protect personnel, patients, and visitors from aggressive or violent behavior. |  |
| In developing the plan and the assessment, did the hospital consult with affected employees, including the recognized collective bargaining agent or agents, if any, and members of the hospital medical staff organized pursuant to Section 2282 of the CA Business and Professions Code. This consultation may occur through hospital committees. |  |
| Is the individual or members of a hospital committee responsible for developing the WPV plan familiar with all the following: |  |
| (1) The standards (TJC, CMS, OSHA, State Law) related to WPV prevention. |  |
| (2) Hospital and Health System organization. |  |
| (3) Development and implementation of written policies. |  |
| (4) Providing of interactive training for employees and supervisors. |  |
| (5) Recording and maintaining required logs |  |
| (6) Recording and maintaining required program related reports |  |
| (7) Making the required notifications and event follow-up . |  |
|  |  |
| Ref:  California Health and Safety Code 1257.7 and 1257.8  California Labor Code 6401.7 and 6401.9  California Code of Regulations Title 8, Section 3342 Violence Prevention in Healthcare |  |
|  |  |

# ***PART 3 – External Data***

County/City Crime Data

Area demographics

CAP Report

# ***PART 4 – Assessment Checklists***

## Security Vulnerability Assessment:

Building/Department:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Department or Floor | Security Devices | Patient / staff vulnerability | # of security incidents | Access to department | Security sensitive area | Likelihood of community crime | Total |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

To use this tool:

1. Fill in the departments that will be evaluated.
2. Assign the appropriate risk factor to each scoring column on a scale of 1 to 4, with 4 being the highest risk. The definitions in the matrix below can be used or a facility can customize them.
3. Total the scoring columns.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 |
| Security Devices | High number of devices | Moderate number | Low number | No devices |
| Patient / staff vulnerability | Not vulnerable | Slightly vulnerable | Moderately vulnerable | Extremely vulnerable |
| # Security Incidents | No incidents | Low number | Moderate number | High number |
| Access to Department | No access | Little access | Some access | Free access |
| Security Sensitive Area | Not a sensitive security area | NA | NA | Security Sensitive Area |
| Likelihood of community crime | Not a factor | Some threat | Some likelihood | High likelihood |

## Workplace Violence Assessment Part 1 (Incident Classifications):

Include the number of WPV events for each quarter for the entire facility. Include all types of WPV events:

* Type 1: Criminal Intent
* Type 2: Patient/Visitor on Staff
* Type 3: Staff on Staff
* Type 4: Personal Relationship

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Unit/Location | Type 1 | | | | Type 2 | | | | Type 3 | | | | Type 4 | | | |
|  | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## Workplace Violence Assessment Part 2 (Vulnerability):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Department or Floor | History of Incidents | Patient / staff vulnerability | Access to department | Stress Area | Likelihood of community crime | Total |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

To use this tool:

1. Fill in the departments that will be evaluated.
2. Assign the appropriate risk factor to each scoring column on a scale of 1 to 4, with 4 being the highest risk. The definitions in the matrix below can be used or a facility can customize them.
3. Total scoring column.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 |
| History of Incidents | None | Low | Moderate | High |
| Patient / staff vulnerability | Not vulnerable | Slightly vulnerable | Moderately vulnerable | Extremely vulnerable |
| Access to Department | No access | Little access | Some access | Free access |
| Stress Area | Low | Moderate | High | Extremely high |
| Likelihood of community crime | Not a factor | Some threat | Some likelihood | High likelihood |