OSHA or Cal/OSHA, Who Do We Follow?

- OSHA falls under the U.S. Federal Department of Labor
  - OSHA's mission is to "assure safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education and assistance".

- Cal/OSHA is a State Plan which must set workplace safety and health standards that are "at least as effective as" as OSHA standards. Many State Plans adopt standards identical to OSHA. State Plans have the option to promulgate standards covering hazards not addressed by OSHA standards. A State Plan must conduct inspections to enforce its standards, covers state and local government workers, and operates occupational safety and health training and education programs.
  - Cal/OSHA proposed WPV is above and beyond the current Federal OSHA Standards. Currently only have recommendations for WPV.
Cal/OSHA’s Impending Workplace Violence Prevention in Health Care Standards
ANOTHER UNFUNDED MANDATE OR REGULATION

SB 1299 = Title 8, Section 3342 GISO
Estimated Timeline

- Aug 26, 2016: 3rd version of proposed regulation released for comment
- Sept 12, 2016: 15 day Comment Period
- Oct 20, 2016 Proposed Regulations Presented to Cal/OSHA Standards Board for Review and Approval
- Per current version – Violent Incident Log, Recordkeeping and Hospital Reporting would be required to take place as of 1 Jan 2017; remainder of the standards would have to be in place by 1 Jan 2018.
Proposed WPVP Standards

Elements (11)
- Creating and maintaining a WPVP Program
- Identifying management with responsibility for administering your site
- Coordinating with other employers of employees working at your site
- Identifying and evaluating safety and security risks
- Investigating violent risks
- Correcting hazards
- Communicating with employees and others
- Training
- Reporting to Cal/OSHA
- Recordkeeping
- Program Review
Who’s In and Who’s Out At This Point

Modification Based on Current Proposed WPV in Healthcare Standards – October 1, 2016
3rd Version
Who’s In?
Scope and Application

- Home Health Care
- Home based hospice
- EMS and medical transporting – includes services provided by firefighters (EMT/paramedics) and other emergency responders
- Drug treatment programs
- Outpatient medical services to incarcerated and detention settings
Who’s In?
Scope and Application

- Health Care Facilities (L&C/OSHPOD)
  - General Acute Care
  - Acute psychiatric hospital
  - Skilled nursing facility
  - Intermediate care facility
  - Intermediate care facility/developmentally disabled habilitative
  - Special hospital
  - Intermediate care facility/developmentally disabled
  - Intermediate care facility/developmentally disabled - nursing
Who’s In?
Scope and Application

- Congregate living health facility
- Correctional treatment center
- Nursing facility
- Intermediate care facility/developmentally disabled-continuous nursing (ICF/DD-CN)

NOTE: DDS facilities must comply so long as they are not designated to close by 2021; CDCR facilities are exempt
Who’s Out? Scope and Application

Outpatient medical offices and clinics not listed under the license of the General Acute Care Hospital, Acute Psychiatric Hospital, Special Hospital where diagnosis and treatment for medical or psychiatric care, but are not admitted for a 24 hour stay or longer. (e.g., physician offices, phlebotomy drawing stations, ambulatory surgery centers, dentists, eye doctors)

Field operations (outside a facility, fixed establishment - such as mobile clinics, health screening and medical outreach service, or dispensing of medications (methadone clinic)

Dispensing operations, medical outreach services and off-site operations

Ancillary healthcare operations – retail clinics, school nurses, and workplace clinics.
Healthcare Workplace Violence Prevention

“Workplace Violence” means any act of violence or threat of violence that occurs at the work site. The term workplace violence shall not include lawful acts of self-defense or defense of others. Workplace violence includes the following:

- The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in injury, psychological trauma, or stress regardless of whether the employee sustains an injury
- An incident involving the threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury

Intent is not part of the definition
Four workplace violence types

• “Type 1” violence: WPV committed by a person who has no legitimate business at the worksite, includes violent acts by anyone who enters the workplace with the intent to commit a crime

• “Type 2” violence: WPV directed at employees by customers, clients, patients, students, inmates, or visitors or other individuals accompanying a patient

• “Type 3” violence: WPV against an employee by a present for former employee, supervisor or manager

• “Type 4” violence: WPV committed in the workplace by someone who does not work there, but has or is known to have had a personal relationship with an employee
Proposed: WPVP Plan

- Written Plan in effect at all times in every unit, service and operation
- Identification of leader(s) responsible for implementation
- Procedures to obtain the active involvement of employees or their representatives in all aspects of plan development, implementation and evaluation/assessment
- Developing effective procedures for obtaining assistance from law enforcement, including a policy statement that prohibits the employer from adopting a policy that prevents employees from calling local law enforcement
- Prohibits employer from retaliating against an employee who makes a report
Proposed: WPVP Plan

Plan Elements

Assessment procedures to identify and evaluate environmental risk factors, including community-based risk factors, for each facility, unit, service, or operation.

This shall include a review of all workplace violence incidents that occurred in the facility, service, or operation within the previous year, whether or not an injury occurred.

Procedures to communicate with employees regarding workplace violence matters.
Proposed: WPVP Plan

Plan Elements:

- **Procedures to identify and evaluate patient-specific risk factors**

  Factors specific to a patient that may increase the likelihood or severity of a workplace violence incident such as the use of drugs or alcohol, psychiatric condition or diagnosis associated with increased risk of violence, any condition or disease process that would cause confusion and/or disorientation, or history of violence.

- **How “patient-specific” is still in question**

- **Procedures to assess visitors and other individuals who display disruptive behavior or otherwise demonstrate a risk of committing workplace violence**
Proposed: WPVP Plan

Plan Elements

- Procedures to implement corrective action (administrative or engineering controls), as applicable, including, but not limited to:
  - Sufficient training
  - Eliminating line of sight obstacles
  - Removing, fastening or controlling items that could be used as a weapon (i.e., furniture)
  - Preventing transport of unauthorized firearms or other weapons

- Annual review or review when circumstances change
Proposed: WPVP Plan

Plan Elements

- Post-Incident Response and Investigation
  - Provide appropriate medical/psychological trauma care
  - Identification of all employees involved
  - Investigate
    - Review patient-specific risk factors and any risk reduction measures specified for the patient
    - Review if appropriate corrective measures developed under the Plan (e.g., adequate staffing, provision and use of alarms, staff and LE response)
  - Post Incident Debrief
Proposed Training Requirements

- Training to be tailored to the risks employees are reasonable anticipated to encounter in their jobs

- Awareness training for all employees when the plan is adopted and, for new employees, at the start of their employment

  - Overview of the Plan
  - Recognizing potential(s) for violence
  - Strategies for avoiding harm
  - Hospital alerts, alarms, or other warnings; how to use identified escape routes; and sheltering locations
  - Role of private security personnel, if any

  - **BSIS** – Protect Staff, Prevention, **Observe**, Report
  - 40 hours, no healthcare or DAB/WPV training
  - No hands on with patients
  - If they do, it must be under the direction of medical staff

- Reporting incidents to law enforcement

- Resources
Proposed Training Requirements

- Opportunity to ask questions
- NEW! Computer based training is permitted so long as employees can have their questions answered within one business day.

Annual refresher training for employees whose job involves patient contact and their supervisors/managers
- At least annually to review topics included in the initial training and results of the annual review
- Focused on topics/information applicable to those employees
Proposed Training Requirements

Specified training for employees whose job responsibilities include violent incident response
- General and personal safety measures (hands-on)
- Aggression and violence predicting factors
- The assault cycle
- Characteristics of aggressive and violent patients and victims
- Verbal intervention and de-escalation techniques
- Physical maneuvers to defuse and prevent violent behavior
- Strategies to prevent physical harm
- Appropriate use of restraints (Take Downs)
- Appropriate use of medications as safety restraints

The opportunity to practice maneuvers and techniques with other team members and/or disciplines and a de-brief after the training to identify issues and correct issues
Proposed: Incident Log

Violent Incident Log

To be reviewed during the annual plan review and available to employees

For each incident, the employer completes, based on the information solicited from the employee(s):

- Date, time, location and department
- Detailed description of the incident
- Classification of perpetrator
- Circumstances
- Type of incident
- Consequences of incident
Proposed: Reporting Requirements

Acute Care, Acute Psych and Specialty Hospital Reporting

- Required by SB 1299

- Must report any violent incident that involves:
  - The use of physical force against an employee by patient or a person accompanying a patient that results in, or has the likelihood of resulting in injury, psychological trauma, or stress, regardless or whether the employee sustains an injury; or
  - An incident involving the use of a firearm or other dangerous weapon, regardless of whether the employee sustains an injury.
Proposed: Reporting Requirements

Acute Care, Acute Psych and Specialty Hospital Reporting

24 Hour Reporting for:

- A fatality or injury that requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement

- An incident involving the use of a firearm or other dangerous weapon

- Urgent or emergent threat to welfare, health or safety of hospital personnel such that they are exposed to a realistic possibility of death or serious physical harm
Proposed: Reporting Requirements

Acute Care, Acute Psych and Specialty Hospital Reporting

- 72 Hour Reporting for:
  - Other reportable incidents with the following parameters
  - The use of physical force against an employee by a patient or a person accompanying a patient that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury
  - For this purpose, injury as defined as an incident requiring medical treatment more than first aid
Proposed: Reporting Requirements

Reports shall include, at a minimum, the following items:

(A) Hospital name, site address, hospital representative, phone number, and email address, and the name, representative name, and contact information for any other employer of employees affected by the incident;

(B) Date, time, and specific location of the incident;

(C) A brief description of the incident, including but not limited to, the type of attacker, the type of physical assault, the type of weapon or object used by the attacker, if any, working conditions at the time of attack, and whether the assaulted employee was alone or isolated immediately prior to the incident;

(D) The number of employees injured and the types of injuries sustained;
Proposed: Reporting Requirements

(E) Whether security or law enforcement was contacted, and what agencies responded how security or law enforcement assisted the employee(s);

(F) Whether there is a continuing threat, and if so, what measures are being taken to protect employees by engineering control modifications or work practice modifications;

(G) A unique incident identifier; (privacy of staff and patients, give to Division on request)

(H) Whether the incident was reported to the nearest Division district office as required in Section 342.
Training records shall be created and maintained for a minimum of one year.

Records of violent incidents, (e.g., violent incident logs, workplace violence injury investigations) shall be maintained for a minimum of five years. These records shall not contain “medical information”.

All records required by this subsection shall be made available to the Chief, employees and their representatives on request, for examination and copying.
What Do You Need To Now?

- Identify lead at your hospital/health system
- Create a multi-disciplinary workgroup
- Review proposed regulations
- Begin gap analysis and other preparatory activity
- Monitor regulatory process – 20 October Cal/OSHA Standards Board meets to approve standards
- Be ready to implement Violent Incident Log. Reporting and Recordkeeping by January 2017
- Be ready to satisfy the remaining sections by January 2018
- Recognize that Cal/OSHA is already investigating complaints
Logistical Challenges

Resources - $$$$$ for program requirements, unfunded mandated

Policy Development – HR, Nursing, Security, Case Management, ED

Risk Assessment(s):
- By unit, service, location determine hazards, job design, equipment,
- Patient – Orange Dot, STAMP for ED, MS4 Risk Screening
- Visitors or others entering facilities or services
- Security – BSIS Licensure Scope of Practice (Observe and Report), Armed vs. Unarmed, local LE response

Staff involvement – multidisciplinary – all levels, collective bargaining representatives

Training requirements
- Initial - before start working
- 3 levels based on response choices, online and face to face for hands on maneuvers of some staff based on response plan
- Temporary employee – nursing, contracted physicians, DaVita
- Annually or more often as processes change or incidents happen - AAR
Logistical Considerations

Investigation requirements – Threat Assessment Team

Discharge planning – Violent vs. Aggressive for placement D/C

Documentation using Violent Incident Log
- Separate from 300 Log requirements
- Record maintenance annual cost of $89.38 per establishment based on needle stick/sharps program

Reporting requirements - CALOSHA Electronic Website data entry
- Limited access for people to do input
- Estimates 30 minutes to do one incident
- CALOSAHL used 14.2 incidents a year from CDC to show cost for implementing the incident log and recording it = minimal cost: 30 minutes x 45.12/hour pay rate = $320.35.
- Violent Incident Log contains 20 plus types of reportable incidents

Public displayed data – Affects on reputation/branding

Patient satisfaction scores
# Workplace Violence Incident Report Log

**Employee Name:**

**Sex:** □ M □ F

**Job Title:**

**Department:**

**Supervisor Name:**

**Supervisor Title:**

**Date of Incident:**

**Time of Incident: am/pm**

**Specific Location (e.g., room number, floor, ward, etc.):**

**Detailed description of the incident in the employee’s own words:**

**Who carried out the violence or assault? (to be completed by the employee)**

- □ Patient/client/customer
- □ Family/friend of patient/client/customer
- □ Stranger with criminal intent
- □ Co-worker
- □ Supervisor/manager
- □ Spouse or partner (current or former)
- □ Parent or relative
- □ Other ____________________________

**At the time of the incident were you? (to be completed by the employee)**

- □ Completing usual job duties
- □ Working in poorly lit areas
- □ Rushed
- □ Working during a low staffing level
- □ In a high-crime area
- □ Isolated or alone
- □ Unable to get help or assistance
- □ Working in a community setting
- □ Working in an unfamiliar or new location
- □ Other ____________________________

**Where did the incident occur?**

- □ Patient/client room
- □ Emergency room/urgent care
- □ Hallway
- □ Waiting room
- □ Restroom/bathroom
- □ Parking lot/outside premises
- □ Personal residence (home health care)
- □ Break room/cafe

**Type of incident (check all that apply)**

- □ Physical assault
  - □ Biting
  - □ Choking
  - □ Grabbing
  - □ Hair pulling
  - □ Kicking
  - □ Punching/slapping
  - □ Pushing/pulling
  - □ Scratching
- □ Assault with weapon or object
  - □ Gun
  - □ Knife
  - □ Other
- □ Sexual assault or intimidation
  - □ Rape/attempted rape
  - □ Unwanted verbal/physical sexual contact
- □ Verbal intimidation
  - □ Bullying
  - □ Harassment
  - □ Threatening
  - □ Other
- □ Physical intimidation
  - □ Following/stalking
  - □ Physical threats
  - □ Other
SITUATIONAL AWARENESS
DIFFUSING ASSAULTIVE BEHAVIOR CLASSES

OBLIVIOUS
AWARE (SCANNING)
ALERT (ASSESS)
ENGAGED (TAKE ACTION)
SHC-VC In-Patient Risk Screening

- Risk Assessment for in-patient admission
- Orange dots on staffing boards
- Orange Dots on door frames of patient rooms
- Orange Inserts - patient charts, spine & front
- Ticket to Ride – Transporters
- Security rounds 3/day to verify
- Numbers reported at Ops Huddle – Sr. Leaders
- Policy and Procedure regarding visitors
- Flagging of Records – Process, Re-evaluate individuals (frequency) and EHR pending (VA Model, Florida and Minnesota Models)
Risk Screening for Violent Behavior

Patient has history of or present event:

- Neurological (brain, spinal cord, nerves) or cognitive disorder that results in acute/chronic cognitive impairment or lack of impulse control (i.e. stroke, tumor, seizure, encephalitis, meningitis, dementia, Alzheimer Disease, Autism Spectrum Disorder, Intellectual Disability, traumatic brain injury)

- Mental health disorders or psychiatric hold (i.e. diagnosed with: paranoia-schizophrenia, bipolar, personality disorder)

- Current drug and/or alcohol abuse (i.e. actively withdrawing from alcohol or benzodiazepines; active use of amphetamine, alcohol)

- Current disruptive behavior (i.e. credible verbal threats or violence against patients or staff, name calling, racial/sexual harassment)

- Current incarceration

If ≥ 1 item is selected above, implement “High Risk for Violent Behavior” interventions

- None of the above
<table>
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<th>PM</th>
<th>ROOM</th>
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<th>STATUS</th>
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<td>OLD</td>
<td>NO</td>
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<td>LSRX: NO ISSUES</td>
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</table>

**Monday 9/19 @ 08:00**

- **Day Shift Exterior Guard**
  - Day shift exterior guard clean cart every Friday.

- **Exterior Guard**
  - Exterior guard fill cart with gas every shift.

- **Lot F Ropes**
  - Lot F ropes to be taken down at 18:45.
  - Regan 8/22.

- **Lot E Ropes**
  - Lot E ropes are to be taken down at 09:30.
  - Per John Regan 8/17/65.

- **Morgue Auto Doors**
  - On @ 5:00 am - daily
  - Off @ 8:30 pm - daily
The Bröset Violence Checklist

- Standardized risk assessment tool to predict aggressive and violent behavior.

- Six variables: characteristics/behaviors:
  - Confused
  - Irritable
  - Boisterous
  - Physically threatening
  - Verbally threatening
  - Attacking objects

Score of 2 or 3 in a 24 hour period indicates an increased chance for violence

Tested in various clinical settings (not just psych) and around the world (UK, Japan, Germany, Australia, Russia, China, U.S.)
The Broset Violence Checklist (BVC) - quick instructions: Score the patient at agreed time on every shift. Absence of behavior gives a score of 0. Presence of behavior gives a score of 1. Maximum score (SUM) is 6. If behavior is normal for a well known client, only an increase in behavior scores 1, e.g. if a well known client normally is confused (has been so for a long time) this will give a score of 0. If an increase in confusion is observed, this gives a score of 1.

**Interpretation of scoring:**
- **Score = 0** The risk of violence is small.
- **Score = 1-2** The risk of violence is moderate. Preventive measures should be taken.
- **Score = ≥2** The risk of violence is very high. Preventive measures should be taken. In addition, plans should be developed to manage the potential violence.

**Operationalisation of behaviours/items:**
- **Confused** Appears obviously confused and disoriented. May be unaware of the time, place or person.
- **Irritable** Easily annoyed or angered. Unable to tolerate the presence of others.
- **Boisterous** Behaviour is overly “loud” or noisy. For example, slams doors, shouts out when talking, etc.
- **Verbally threatening** A verbal outburst which is more than just a raised voice; and where there is a definite intent to intimidate or threaten another person. For example, verbal attacks, abuse, name-calling, verbally neutral comments uttered in a snarling aggressive manner.
- **Physically threatening** Where there is a definite intent to physically threaten another person. For example, the taking of an aggressive stance, the grabbing of another persons clothing, the raising of an arm, leg, making of a fist or modeling of a head-butt directed at another.
- **Attacking objects** An attack directed at an object and not an individual. For example, the indiscriminate throwing of an object; banging or smashing windows; kicking, banging or head-buttling an object, or the smashing of furniture.

<table>
<thead>
<tr>
<th></th>
<th>Monday / /</th>
<th>Tuesday / /</th>
<th>Wednesday / /</th>
<th>Thursday / /</th>
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<td>Night</td>
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<td>Night</td>
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**SUM**

**INTERVENTIONS**

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<th>INIT</th>
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<tbody>
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<td>1 = verbal de-escalation</td>
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<td>2 = diversional activity</td>
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<tr>
<td>3 = + stimulation</td>
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<tr>
<td>4 = sensory modulation</td>
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<td></td>
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<tr>
<td>5 = medication</td>
<td></td>
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<td></td>
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<tr>
<td>6 = continuous supervision</td>
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<td></td>
</tr>
<tr>
<td>7 = seclusion</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>8 = restraint</td>
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</table>
Caring for Our Caregivers

Preventing Workplace Violence: A Road Map for Healthcare Facilities

December 2015

Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers

OSHA®
U.S. Department of Labor
Occupational Safety and Health Administration
www.osha.gov • (800) 321-OSHA (6742)
OSHA 3827

OSHA®
Occupational Safety and Health Administration
www.osha.gov
TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Workplace Violence
Topic Collection
10/21/2015

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE
March 2016

WORKPLACE SAFETY AND HEALTH

Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence
- Requires employer run workplace violence programs: **CA, CT, IL, MD, MN, NJ, OR, NY** is limited to public employers only.
- Reporting of incidents: **WA**.

Only those states with laws designating penalties for assaults that include "nurses" are reflected below:

- Establish or increase penalties for assault of "nurses": **AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IA, KS, LA, MI, MS, MT, NE, NV, NJ, NM, NY, NC, OH, OK, RI, TN, TX, UT, VT, VA, WV** and **WY**.
Vikki L. Sanders
Safety Consultant Principal
Workplace Safety Consultation

Workplace Violence Training

mnhealth
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Workplace Violence

Workplace violence research by the SHARP program.

Public health importance of violence in the workplace.

Workplace violence research by the SHARP program

- Addressing Workplace Violence: Developing a Collaborative Intervention with a Participatory Action Research Approach (Summer 2013).
- Organizational Resources and Psychological Aggression in Pacific Northwest Library Settings.
Workplace Violence, Bullying and Stress

The National Institute for Occupational Safety and Health Administration (NIOSH) and the Occupational Safety and Health Administration (OSHA) define workplace violence as any physical assault, threatening behavior or verbal abuse occurring in the workplace. Violence includes overt and covert behaviors ranging in aggressiveness from verbal harassment to murder (NIOSH 1996, OSHA 1996). Workplace violence occurs in numerous health care settings from med/surg and ED to ambulatory care and behavioral health units.

The health care sector leads all other industries, with 45% of all nonfatal assaults against workers resulting in lost work days in the US (US Bureau of Labor Statistics – BLS, 2006). In its annual Workplace Safety Index, Liberty Mutual cites assaults and violent acts as the 10th leading cause of nonfatal occupational injury in 2002, representing about 1% of all workplace injuries and a cost of $400 million (Liberty Mutual 2004). The incidence of violence is likely far greater than that which is reported due to inadequate reporting mechanisms and victims’ fear of isolation, embarrassment, and reprisal (source ANA). Click here to read more.

Click on the following links to view resources and information about the Oregon Workplace Violence Prevention Law for Health Care.

- The Oregon Workplace Violence Prevention Law for Health Care
- Oregon OSHA information regarding the Oregon Workplace Violence Prevention Law for Health Care & OSHA Guidelines
Training from L&I

Fatalities and injuries

- Convenience Store Clerk Shot (Investigation Story).
- COVID-19 Resources for Big Retail Sales Events (38 KB PDF) (Hazard Alert).

Presentations

- Accident Prevention Program (APP).
- Critical Incident Stress Debriefing (CISD) Overview (online training covering traumatic workplace events, including workplace violence incidents).
- Working Alone Safely.
- Workplace Violence Prevention - Module 1, Module 2.

Videos

- Workplace Violence: First Line of Defense / Violencia en el trabajo: Primera línea de defensa (English/Spanish).
- Workplace Violence: The Calm Before The Storm (English/Spanish).
- Workplace Violence in Retail Stores: Your Money or Your Life.
- See a list of videos about workplace violence.

Workers in hospitals, nursing homes, and other health care settings face significant risks of workplace violence.

Many factors contribute to this risk, including working directly with people who have a history of violence or who may be delirious or under the influence of drugs.

Photo courtesy of L&I.
Staff Education

- Feeling Strained When Violent Patients Need Care - Article (PDF)
- HealthEast Violence Prevention Staff Education (PDF)
- HealthEast Active Shooter Staff Education (PDF)
- Personal Resilience in the Workplace (PDF)
- MN Hospital Association - Resiliency Training Powerpoint (PDF)
- Occupational Safety and Health Administration (OSHA) course
- Workplace Violence Prevention for Nurses Online Course - NIOSH
- Video: Run, Hide, Fight, Surviving an Active Shooter Event - FBI

Risk Identification

- Broset Tool Utilization - Article (PDF)
- HealthEast Threat Assessment Worksheet (PDF)
- Metro Compact - Domestic Violence Assessment Form (PDF)
- St. Cloud - Environmental Checklist Screenshot (PDF)

Linked Interventions

- St. Cloud - Unique Treatment Plan Policy (PDF)
- St. Cloud - Unique Treatment Plan Policy and Example (PDF)

Incident Response

- Assessment and Management of Violent Patient - Article (PDF)
- Enhancing Safety in Behavioral Emergency Situations - Article (PDF)
- Essentia Health - Response Policy (PDF)
- Essentia Health - Security Management Policy (PDF)
- HealthEast - Behavioral Emergency Code Green Presentation (PDF)
- HealthEast - Violence Prevention and Intervention Presentation (PDF)
- Metro Compact - Incident Response Team Make-Up (PDF)
- Metro Compact - Sample Incident Response Form (PDF)
Issue 45: Preventing violence in the health care setting | Joint Commission

Sentinel Event Alert

June 03, 2010

Preventing violence in the health care setting

Once considered safe havens, health care institutions today are confronting steadily increasing rates of crime, including violent crimes such as assault, rape and homicide. As criminal activity spills over from the streets onto the campuses and through the doors, providing for the safety and security of all patients, visitors and staff within the walls of a health care institution, as well as on the grounds, requires increasing vigilant attention and action by safety and security personnel as well as all health care staff and providers.

While there are many different types of crimes and instances of violence that take place in the health care setting, this Sentinel Event Alert specifically addresses assault, rape or homicide of patients and visitors perpetrated by staff, visitors, other patients, and intruders to the institution. The Joint Commission's Sentinel Event Database includes a category of assault, rape and homicide (combined) with 256 reports since 1995 - numbers that are believed to significantly below the actual number of incidents due to the belief that there is significant under-reporting of violent crimes in health care institutions. While not an accurate measure of incidence, it is noteworthy that the assault, rape and homicide category of sentinel events is consistently among the top 10 types of sentinel events reported to The Joint Commission. Since 2004, the Sentinel Event Database indicates significant increases in reports of assault, rape and homicide, with the greatest number of reports in the last three years: 36 incidents in 2007, 41 in 2008 and 33 in 2009.

Of the information in the Sentinel Event Database regarding criminal events, the following contributing causal factors were identified most frequently over the last five years:

- Leadership, noted in 62 percent of the events, most notably problems in the areas of policy and procedure development and implementation.
- Human resources-related factors, noted in 60 percent of the events, such as the increased need for staff education and competency assessment processes.
- Assessment, noted in 58 percent of the events, particularly in the areas of flawed patient observation protocols, inadequate assessment tools, and lack of psychiatric assessment.
- Communication failures, noted in 53 percent of the events, both among staff and with patients and family.
- Physical environment, noted in 36 percent of the events, in terms of deficiencies in general safety of the environment and security procedures and practices.
Workplace Violence and Its Effects on Patient Safety

Sharon A. McNamara, MS, RN, CNOR

DOI: http://dx.doi.org/10.1016/j.aorn.2010.07.012
EXECUTIVE SUMMARY

When violence erupts in a healthcare facility, the consequences are many and unpredictable. Injury or death of building occupants, lawsuits, property damage, and diminished patient, staff, and community trust in the facility are a few possible consequences.

It is impossible to eliminate workplace violence in healthcare settings; however, there are ways to reduce the potential for violent occurrences and minimize the impact of any violent situation that may arise.

What HRC Found

Healthcare risk managers should collaborate with security personnel, the human resources, marketing/public relations, and emergency management to develop an effective plan for responding to violence in healthcare settings.
The IAHSS Industry Guidelines and the IAHSS Design Guidelines are intended to assist healthcare administrators in providing a safe and secure environment and support national, state/provincial, county and local requirements and are also intended to be in harmony with all regulatory, accreditation, and other healthcare professional association requirements.

Below is a listing of all of the Industry Guidelines that have been developed to date. IAHSS members can access all of the Guidelines through the Industry Guidelines file library below. A selection of Guidelines may be available for public access through the Guidelines Preview file library below to address timely issues, to share our knowledge with affiliated organizations, or to inform the public about new Guidelines that have been developed.

01. Program Administration
01.01 Security Management Plan
01.02 Security Master Plan
01.03 Security Administrator
01.04 Security Risk Assessments
01.05 Program Measurement and Improvement
01.05.01 Security Incident Reporting
01.05.03 Security Metrics
01.07 Protected Health Information
01.08 Professional Development
01.09 Violence in Healthcare
7 policies adopted at AMA's annual meeting

Written by Morgan Haefner | June 14, 2016

The America Medical Association House of Delegates voted Tuesday to adopt several policy proposals to improve the nation's health.

Physicians, medical students and residents representing all states and medical fields met in Chicago to vote on the policies.

Here are seven policies the AMA adopted.

1. Prevention of detergent poisoning in children. The AMA voted to ask state and federal authorities to enact a law that requires detergent product packaging to be child-resistant and less vibrant in color, in an effort to curb accidental exposure or ingestion. Between 2012 and 2013, more than 17,000 children under the age of six were exposed — the majority through ingestion — to highly-concentrated laundry detergent pods, leading to hundreds of hospitalizations and one confirmed death.

2. Prevention of hearing loss in children from noisy toys. The AMA also adopted a policy to establish noise exposure standards for children's toys. Toys that emit dangerously high levels of noise can impair children's hearing, AMA board member Jesse Ehrenfeld, MD, said. The policy states toys need to adhere to pediatric noise exposure standards and include warning labels when standards are exceeded.

3. Protection of healthcare workers from violence. Between 2011 and 2013, about 70 percent of reported workplace assaults took place in healthcare and social service settings, according to the U.S. Bureau of Labor Statistics. As a result, the AMA adopted a policy that increases healthcare worker safety. The policy asks the Occupational Safety and Health Administration to require healthcare employers to establish violence prevention programs. OSHA currently has guidelines to increase healthcare worker safety, but they are not enforceable or required. The new policy would make OSHA guidelines a requirement and encourage physicians to undergo training that will help them prevent and respond to workplace violence threats, report incidents and promote safe workplace culture.
THE Workplace Violence Prevention eReport

“Dedicated to Helping You Eliminate Violence in Your Workplace”

Structured Threat and Risk Assessment Comes of Age

Volume 12, January/February 2015
Data on Healthcare Violence Remains Out of Reach

Statistics say healthcare workers are twice as likely to be victims of workplace violence, but employers are exempt from OSHA reporting requirements, and can keep info on training and safety plans under wraps

By Christen McCurdy

June 7, 2012 -- Two weeks ago, community health worker Jennifer Warren was stabbed to death in the St. Helens home of Brent K. Redd Jr., who was receiving services from Columbia County Community Mental Health (CCMH), Warren's employer.

Redd had been released from Oregon State Hospital under supervision by the Psychiatric Security Review Board.
Workplace Violence Risk Assessment

for Langley Memorial Hospital

Conducted by
Advance Workplace Management Inc.
Diane Benson, KY
Neil Boyd, ILM
Carol Chevaldine, B.Comm
Mario Grochcin, B.A.
Workplace Violence Inspection Checklist- OSHA

Free

This checklist can help employers identify present or potential workplace violence problems. It contains various factors and controls that are commonly encountered in retail establishments. Not all of the questions listed here fit all types of retail businesses, and this checklist does not include all possible topics specific businesses need. Employers should expand, modify, and adapt this checklist to fit their own circumstances.

Download Form

You need Adobe Acrobat Reader 8.1 or later to view PDF forms.
Healthcare Facility Workplace Violence Risk Assessment Tool

Violence in the workplace continues to be an area that risk managers need to be proactively preparing their institutions to prevent. At the same time, the risk manager needs to know what to do in the event they are faced with an immediate situation. This tool kit is designed to assist in both of these areas. The links below include a check list to ensure you are prepared to prevent violence against staff and a separate tool to have handy to address it if it happens. For each item ASHRM has shared some resources such as example policies, but you may also want to print the tool and track resources in your organization so you have everything at the tip of your fingers if needed. If you have additional resources you think would be valuable to add, please share them with us by emailing ashrm@aha.org.

Staff to Staff Violence/Harassment

- Proactive Prevention
- Reactive Response to Event
# Healthcare Risk Control

## Self-Assessment Questionnaire 28

September 2016

### Administration

1. Has the facility adopted a zero-tolerance policy regarding violence?

2. Is management’s commitment to the zero-tolerance policy demonstrated by follow-through on all potential or actual violent incidents?

3. Does the facility have a written violence-prevention plan?

4. Do front-line caregivers as well as management employees participate in the creation of the violence-prevention plan?

5. Does the plan address procedures for handling media requests regarding violent incidents?

6. Is the plan evaluated annually?

7. Does your facility’s definition of violence include:
   - a. fatalities?
   - b. physical assaults?
   - c. harassment?
   - d. aggressive behavior?
   - e. threats?
   - f. verbal abuse?

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WORKPLACE VIOLENCE INSPECTION CHECKLIST

This checklist was adapted from “Violence on the Job: A Guidebook for Labor and Management” published by the Labor Occupational Health Program, University of California, Berkeley, 1997.

Use this checklist as part of a regular safety and health inspection or audit that is conducted by the joint labor/management safety committee or by the union itself. Although this checklist can be used for any facility, it can also be adapted to meet the local union’s needs. If a question does not apply to the workplace, then write “N/A” (not applicable) in the notes column. Add any other questions that may be appropriate.

Use this inspection checklist to determine which hazards are well controlled and what control measures need to be enhanced. While inspecting the facility for workplace violence hazards, the local union or committee may need to ask workers or investigate in other ways to answer some of the checklist questions.

STAFFING

1. Is there someone responsible for building security?
   □ Yes □ No □ Sometimes Notes ___________________________
   Who is it? ____________________________________________
Workplace Violence
(We’re Not in Mayberry Anymore, Barney)

CARYN P. THORNBURG
cthornbu@stanfordhealthcare.org