Violence Prevention in the Healthcare Workplace

Initial assessment by: _____

Date: _____

In consultation with: _____

_____

_____

Date of previous assessment: _____

ECRI Institute's INsight® Survey

ECRI Institute's assessment tools provide a multidisciplinary perspective for identifying and managing risks related to this topic and other healthcare services. This web-based tool provides an easy-to-use, unbiased method to survey staff ranging from frontline nurses to organizational leaders. The tool generates reports, benchmarking data, and recommendations. www.ecri.org/INsight

Violence is a concern for everyone in a healthcare facility. If a facility is considered to be at risk for violence or experiences a violent event, its workers may not function effectively, its reputation may suffer, workers' compensation costs may increase, and patients may go elsewhere for treatment. The Occupational Safety and Health Administration (OSHA) defines workplace violence as "any threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site" (OSHA "Workplace Violence"). Accrediting agencies, including Joint Commission and DNV, require accredited entities to assess the risk of workplace violence and take steps to address it, and the Centers for Medicare and Medicaid Services requires that healthcare organizations provide a safe setting for patients and ensure that they are not subjected to any form of abuse or harassment. Additionally, in 2015, OSHA released updated voluntary guidelines for preventing violence in healthcare (OSHA "Guidelines").

Risk assessment provides a critical foundation for targeting violence prevention efforts. This self-assessment questionnaire (SAQ) is designed to help risk managers determine their facility's violence risk level and identify improvements or additions needed in their organization's violence prevention programs. Regardless of an organization's risk level, *Healthcare Risk Control* (*HRC*) recommends that risk managers complete this SAQ in its entirety, as it may help an organization identify areas in which violence prevention policies or procedures need to be developed or revised. For example, all healthcare workers, including physicians and volunteers, should know what to do if a violent incident does occur and how to report such an incident. *HRC* includes nonemployees in the definition of healthcare worker for two reasons: first, security is everyone's concern; second, anyone can be either a victim or an assailant. Facility policymakers should determine whether a reason exists to distinguish between employee and nonemployee healthcare workers.

HRC recommends organizations complete this SAQ annually.

Although this SAQ addresses broad aspects of violence risk for individuals who work in the field (e.g., paramedics), *HRC* also recommends that risk managers refer to Home Care: Staff-Related Risks for a comprehensive risk assessment specific to home care.

The resources listed below were considered in the development of this SAQ. The questions were adapted, in part, from an OSHA workplace violence checklist contained in the 2016 handbook *Guidelines for preventing workplace violence for healthcare and social service workers*. This list is not intended to be comprehensive.

▶ Accreditation Association for Ambulatory Health Care (AAAHC). Accreditation handbook for ambulatory care. Skokie (IL): AAAHC; 2014 Jun.

- American College of Emergency Physicians. Protection from violence in the emergency department. 2016 Apr [cited 2017 Jun 12]. https://www.acep.org/Physician-Resources/Policies/Policy-statements/EMS/Protection-from-Violence-in-the-Emergency-Department/
- Centers for Disease Control and Prevention (CDC):

  Violence. Occupational hazards in hospitals. DHHS (NIOSH) pub. no. 2002-101. 2014 Jun 6 [cited 2017 Jun 9]. https://www.cdc.gov/niosh/docs/2002-101/default.html

  Workplace violence prevention for nurses [free online course]. CDC course no. WB1865-NIOSH pub. no. 2013-155 2016. 2016 Dec 13 [cited 2017 Jun 12]. https://www.cdc.gov/niosh/topics/violence/training_nurses.html
- Det Norske Veritas Germanischer Lloyd (DNV). http://dnvglhealthcare.com/
- ECRI Institute. Violence in healthcare facilities [guidance]. 2017 May 24 [cited 2017 Jun 9]. https://www.ecri.org/components/HRC/Pages/SafSec3.aspx
- Joint Commission. Comprehensive accreditation manual for hospitals. Oakbrook Terrace (IL): Joint Commission; 2017 Jan.
- Occupational Safety and Health Administration (OSHA):

  Guidelines for preventing workplace violence for healthcare and social service workers. 3148-06R. 2016 [cited 2017 June 12]. https://www.osha.gov/Publications/osha3148.pdf

  Hospital eTool: workplace violence. [cited 2017 Jun 12]. https://www.osha.gov/SLTC/etools/hospital/hazards/workplaceviolence/viol.html

  Workplace violence: overview. [cited 2017 Jun 12]. https://www.osha.gov/SLTC/workplaceviolence/
- U.S. Department of Labor. DOL workplace violence program. [cited 2017 Jun 12]. https://www.dol.gov/oasam/hrc/policies/dol-workplace-violence-program.htmRecognizingLevelsViolenceandResponse
- Wyatt R, Anderson-Drevs K, Van Male LM. Workplace violence in health care: a critical issue with a promising solution. JAMA 2016 Sep;316(10):1037-8. http://jamanetwork.com/journals/jama/article-abstract/2536076 PubMed: https://www.ncbi.nlm.nih.gov/pubmed/27429201

Workplace Violence Program Development

		Yes	No	N/I*	N/A	Comments
1.	Does the facility have a written workplace violence prevention program?					
2.	Is the workplace violence prevention program incorporated into the security management plan?					
3.	Does the program include clear goals and objectives for preventing workplace violence?					

* N/I stands for "Needs Improvement"

		Yes	No	N/I*	N/A	Comments
4.	Are the goals appropriate for the size and complexity of the workplace?					
5.	Did frontline caregivers as well as management employees participate in the creation of the program?					
6.	Does the plan address:					
	a. Policy, purpose, and scope of the plan?					
	b. Roles and responsibilities of all staff (clinicians, direct caregivers, administration, managers, supervisors, security personnel)?					
	c. Procedures for handling media requests regarding violent incidents?					
7.	Is the workplace violence prevention program evaluated annually?					
8.	Does the program's definition of violence include:					
	a. Fatalities?					
	b. Physical assaults?					
	c. Intimidation?					
	d. Harassment?					
	e. Aggressive behavior?					
	f. Threats?					
	g. Verbal abuse?					
	h. Sexual assaults?					
	i. Intimate partner violence?					
9.	Did a multidisciplinary threat assessment team perform a work-site analysis that included both a records review and a physical walk-through to determine the organization's violence risk level?					
10.	Did the walk-through include both inside and outside areas?					

		Yes	No	N/I*	N/A	Comments
11.	Did the walk-through include all shifts and situations (e.g., holidays, emergencies)?					
12.	Does the workplace violence prevention program provide a way to both select and implement controls based on the specific risks identified in the work-site analysis?					
13.	Is a system in place for prompt notification of employees of specific security hazards or threats that arise?					
14.	Does the program include a policy on possession of weapons by visitors, patients, and employees?					
15.	Does the program include procedures to safely confiscate any weapons found in possession of building occupants?					
16.	Does the program include a plan for responding to active shooter or hostage situations?					

Administration

17.	Does the facility have a zero tolerance policy regarding violence?					
18.	Is the zero tolerance policy applied consistently to patients, visitors, staff, and other individuals?					
19.	Is management's commitment to the zero tolerance policy demonstrated by:					
	a. Encouraging the reporting of violence and safety events?					
	b. Follow-through on all potential or actual violent incidents?					
	c. Engaging all stakeholders in safety plans?					
	d. Assessing performance of violence intervention plans?					

		Yes	No	N/I*	N/A	Comments
20.	Is there a nonretaliation policy that explicitly forbids adverse actions against individuals who report actual or threatened violence in good faith?					
21.	Is a system in place for employees to report violent incidents or perceived threats of violence?					
22.	Are employees encouraged to use the reporting system?					
23.	Does facility leadership ensure that employees who report violence or potential violence do not face reprisal?					
24.	Is there a consistent method by which workers are reliably notified of past violent acts by patients, visitors, or families?					
25.	Does facility leadership maintain awareness of whether community facilities and local businesses have experienced violence or crime?					
26.	Do the organization's medical staff bylaws prohibit and provide consequences for disruptive behavior by medical staff members (e.g., verbal or physical abuse of nurses by physicians)?					
27.	During the planning process for construction and renovation projects, is consideration routinely given to workplace renovations that could reduce identified risks of violence (e.g., enclosure of nursing stations, installation of deep service counters)?					
28.	During construction, is consideration given to additional interventions needed to ensure worker and patient safety?					

Risk Factor Identification

29. Does the organization evaluate its

		Yes	No	N/I*	N/A	Comments
	risk for:					
	a. Employees having contact with the public?					
	b. Employees exchanging money with the public?					
	c. Employees working alone?					
	d. Employees working late at night or during early morning hours?					
	e. Workplaces that are often understaffed?					
	f. Workplaces that are located in areas with a high crime rate?					
	g. Employees entering areas with a high crime rate?					
	h. Employees having a mobile workplace (patrol vehicle, work van, etc.)?					
	i. Employees delivering passengers or goods?					
	j. Employees performing jobs that might put them in conflict with others?					
	k. Employees performing duties that could upset people (e.g., denying benefits, confiscating property, delivering bad news)?					
	l. Employees dealing with people known or suspected of having a history of violence?					
	m. Employees or supervisors having a history of assault, verbal abuse, harassment, or other threatening behavior?					
30.	If deemed necessary in accordance with the violence risk assessment, has the organization put in place as security measures:					
	a. Physical barriers (e.g., high countertops, customer windows, Plexiglas partitions, bullet-resistant					

		Yes	No	N/I*	N/A	Comments
	glass)?					
	b. Security cameras or closed-circuit TV in high-risk areas?					
	c. Additional door locks?					
	d. Internal telephone system to contact emergency assistance?					
	e. Telephones with an outside line programmed for 911?					
	f. Two-way radios, pagers, or cellular telephones?					
	g. Panic buttons?					
	h. Alarm systems?					
	i. Security mirrors (e.g., convex mirrors)?					
	j. Secured entry (e.g., “buzzers”)?					
	k. “Drop safes” to limit the amount of cash on hand?					
	l. Metal detectors?					
	m. Security screening devices?					
	n. Personal alarm devices?					
31.	Does the organization have a policy and procedure in place for identification of patients at risk for acute aggressive or violent behavior and for management of such behaviors?					
32.	Does the facility have a policy that addresses what an employee should do if a person attempts to steal on-site medications (e.g., sample drugs, drugs used in treatments)?					
33.	Does the facility conduct proactive assessments of patient behavioral health?					
34.	Does the facility conduct proactive assessments of substance use disorders?					

		Yes	No	N/I*	N/A	Comments
35.	Does the organization place information in a patient's health record that indicates he or she has a history of aggressive or violent behavior?					

Personnel Management: Hiring, Disciplining, and Firing of Employees

36.	Are strict prescreening procedures in place for hiring healthcare workers, including (as appropriate):					
	a. Checking criminal records (e.g., local, state, and multistate, as appropriate)?					
	b. Checking employment references?					
	c. Checking civil records?					
	d. Tracing social security numbers?					
37.	Are identification tags required for staff (omitting personal information such as the person's last name and social security number)?					
38.	Are employees given maps and clear directions, when necessary, in order to navigate the areas where they will be working?					
39.	Does the organization have an employee assistance program (EAP)?					
40.	Are staff who experience a workplace violence event promptly offered access to EAP services?					
41.	Are policies in place for firing and disciplining healthcare workers?					
42.	Do these policies reflect union agreements, if any?					
43.	Are all staff given a copy of these policies and the correlating disciplinary actions?					

		Yes	No	N/I*	N/A	Comments
44.	Are supervisors taught to be consistent in their disciplining and firing practices?					
45.	Does facility leadership monitor staff turnover rates to identify risk of workplace violence?					
46.	Is a security officer available when a healthcare worker is fired?					
47.	If not, is a second person in the room during the firing discussion with the terminated employee?					
48.	Is the terminated employee escorted off the premises?					
49.	Are keys and/or swipe cards promptly collected from a terminated employee or other healthcare worker when he or she is no longer authorized to be on the premises?					
50.	Are keypad codes promptly changed when an employee is no longer authorized to be on organization premises?					
51.	Is computer access promptly blocked at the time of termination or when an employee is no longer authorized to have access?					
52.	Does the EAP provide job counseling for terminated or laid-off employees?					

Training

53.	Are workers trained in the emergency response plan, including awareness of escape routes and notification of authorities?					
54.	Are workers trained to report violent incidents or threats, from any source (e.g., patients, visitors, coworkers, outside intruders)?					
55.	Are workers assured that retaliation is not permitted in response to					

		Yes	No	N/I*	N/A	Comments
	good-faith reporting of violent incidents or threats?					
56.	Are workers trained in strategies for handling challenging individuals and situations?					
57.	Is training tailored according to duties and work locations?					
58.	Does training include opportunities to practice learned skills?					
59.	Do staff receive periodic refresher training?					
60.	Are orientation and training sessions documented?					
61.	Are clinical staff trained to conduct proactive assessments of patient behavioral health and history of substance use?					
62.	Are clinical healthcare workers trained to recognize cues suggesting potential for violent behavior in patients, including:					
	a. History of violence flagged on charts?					
	b. Excessive restlessness and agitation?					
	c. Paranoia or excessive questioning?					
	d. Threatening behavior?					
	e. Toxic levels of some medications?					
	f. Some forms of head trauma?					
	g. Hallucinations?					
	h. Substance use?					
63.	Do healthcare workers receive education on the organization's violence-reporting system?					
64.	Are healthcare workers trained in basic violence prevention, including:					

	Yes	No	N/I*	N/A	Comments
a. How to recognize early signs or cues of behavioral health needs?					
b. Ensuring that individuals' basic needs (e.g., nutrition, hydration, elimination), which could contribute to violence if unmet, are attended to?					
c. Causes and early recognition of escalating violent behavior?					
d. Use of nonoffensive techniques (e.g., staying a safe distance from the agitated person, maintaining a nonthreatening posture)?					
e. Techniques to demonstrate listening and responding empathetically?					
f. De-escalation techniques?					
g. Cultural diversity awareness?					
h. Methods of restraint (especially for psychiatric healthcare workers)?					
i. Self-defense?					
j. Techniques to deal with agitated family members or friends of patients?					
k. Use of devices (e.g., panic button alarm systems, emergency telephone systems)?					
l. Required maintenance schedules for safety devices (if appropriate for the staff position)?					
m. Appropriate work attire to discourage clothing used as a means of strangulation?					
n. Use of caution in elevators and stairwells?					
o. Response to notification of a violent event (e.g., active shooter)?					

65. Are employees trained on the procedures to follow in the event of _____

		Yes	No	N/I*	N/A	Comments
	violence, including:					
	a. Notification of facility staff?					
	b. Notification of the security and/or police department, including who is responsible for notifying them?					
	c. Notification of facility leadership, including who is responsible for notifying them?					
	d. Use of force?					
	e. Response by nonsecurity personnel?					
	f. Protection of patients in the affected area?					
	g. Protection of patients in nonaffected areas?					
66.	Are staff trained in how to respond to threats regarding stealing medications stored on-site?					
67.	Are all staff trained to escort visitors or clients to treatment areas during appointments?					
68.	Are all staff encouraged to use their judgment and intuition when approaching a potentially violent person or entering into a potentially violent situation?					
69.	Are clinical staff trained to recognize diagnoses that may create an increased risk for violence, such as:					
	a. Paranoid schizophrenia?					
	b. Alcoholism (including distinguishing between alcoholism and an insulin shock)?					
	c. Substance use disorder?					
70.	Are mock drills conducted frequently to practice staff's response to aggression?					
71.	Is there a written evaluation of the drill to aid with identifying gaps in					

		Yes	No	N/I*	N/A	Comments
	response techniques?					
72.	Is feedback solicited from employees regarding the effectiveness of training?					
73.	Is it a requirement that agency/contract workers receive the same violence prevention training as permanent staff before working at the facility?					
74.	Do healthcare workers know what to do if they find an unauthorized individual in a restricted area?					

Post-Violent-Incident Procedures

75.	Does the organization have a post-violent-incident support policy?					
76.	Are employees encouraged to be compassionate toward coworkers involved in a violent incident?					
77.	Does the policy include procedures for:					
	a. Providing medical care for victims?					
	b. Restricting access to the scene of the incident until cleared by police?					
	c. Restricting access to the scene until it has been cleaned (e.g., removal of blood and broken glass)?					
	d. Debriefing healthcare workers following an incident?					
	e. Internal and external reporting of incidents?					
	f. Investigating incidents?					
	g. Providing help in filing workers' compensation reports?					
	h. Providing counseling and EAP services to those who were involved in or who witnessed the incident?					

	Yes	No	N/I*	N/A	Comments
i. Following up with involved employees to ensure that appropriate medical treatment and counseling have been provided?					
78. Are worker injuries that include fatalities, hospitalization of more than three employees, amputations, or loss of an eye reported to OSHA?					

Physical Walk-Through

79. Does a physical walk-through of the premises include a survey and evaluation of:					
a. Control of overall access, including window and door security?					
b. Control of public access to the site?					
c. Staffing levels during different times of day?					
d. Room layout that could result in an individual becoming trapped in a room by a violent perpetrator?					
e. Mechanisms to relieve overcrowding?					
f. Location and function of alarm systems and panic buttons?					
g. Situations in which healthcare workers are required to work alone?					
h. Posted security-related floor plans/site plans that show building entrances, exits, and location of security personnel?					
i. Floor plans/site plans that are visible only to staff and not to outsiders? (This security floor plan is not to be confused with emergency exit postings that are available to all occupants of the site.)					
j. Posting of other emergency information, such as telephone numbers?					

		Yes	No	N/I*	N/A	Comments
	k. Protection of healthcare workers who work alone (e.g., use of an open walkie-talkie connected to main desk)?					
	l. Staff knowledge of emergency notification processes and how to respond?					
	m. Other concerns or fears of healthcare workers?					
	n. Signage marking fire exits and escape routes?					
	o. The internal phone system for activating emergency assistance?					
	p. Visibility of patients and visitors to staff in reception and work areas?					
	q. Availability of private areas for distraught family members?					
	r. Safe location of human resources or administrative offices (i.e., not centrally located but not in an isolated area, as personnel may be exposed to potentially violent, disgruntled employees)?					
80.	Are actions taken immediately to correct any violence-exposure hazards (e.g., poor lighting, broken windows, and broken locks) identified during the physical walk-through?					
81.	Are security devices (e.g., locks, cameras, alarms) tested on a regular basis and repaired promptly when necessary?					
82.	Are fixed “panic buttons” or other fixed signaling devices that are used to summon staff located throughout the unit and in patient care areas that are not visible from the nursing station?					
83.	Do healthcare workers have secure places to store their personal belongings?					

		Yes	No	N/I*	N/A	Comments
84.	Do all healthcare workers wear required ID tags with their photograph and name?					
85.	Does a physical walk-through include evaluation of quality of lighting, including:					
	a. Identification of areas where lighting is insufficient?					
	b. Identification of areas where there is glare?					
	c. Identification of areas where lighting creates shadows?					
	d. Evaluation of whether lighting at exits is consistent with the lighting outside?					
86.	Is there a receptionist at the main entrance to greet all visitors or suppliers?					
87.	Are all visitors and suppliers required to sign in and out of the facility?					
88.	Are all visitors and suppliers required to wear badges identifying them as visitors to the facility?					
89.	Are nonvisitor entrances secure on the outside (e.g., requiring use of keypad or swipe card) and unlocked on the inside in accordance with fire and building code requirements?					
90.	Is access restricted in areas where expensive equipment is stored?					
91.	Is access restricted to the pharmacy and other locations where drugs are stored?					

Organization-Wide Inspection

92.	Are there sufficient exits and escape routes?					
93.	Is unauthorized entry prevented with					

		Yes	No	N/I*	N/A	Comments
	exit doors that can be opened only from the inside?					
94.	Are some work areas kept separate from areas that the public can access?					
95.	Is access to work areas only available through a reception area?					
96.	Are reception and work areas designed in a way that prevents unauthorized entry?					
97.	Are workers who exchange money (e.g., cash or checks) located in a visible area so others could help in an emergency?					
98.	Are bullet-resistant windows or other barriers in place to protect workers who exchange money with the public?					
99.	Is a limited amount of cash kept on hand?					
100.	Are appropriate signs posted that inform visitors of this?					
101.	Could someone hear a worker who called for help?					
102.	Can employees observe patients or clients in waiting areas from the front desk workstation?					
103.	Do patient treatment areas allow coworkers to hear or observe any problems?					
104.	Do common areas such as intake and checkout areas used for patient or client interviews allow coworkers to observe any problems?					
105.	Is furniture in common areas arranged to prevent entrapment of workers?					
106.	Are chairs and furniture secured so that they cannot be used as weapons?					

		Yes	No	N/I*	N/A	Comments
107.	Are waiting areas and work areas free of objects that could be used as weapons?					
108.	Do patient or client waiting areas maximize comfort and minimize stress?					
109.	Are patients or clients in waiting areas clearly informed how to use the department's services so they will not become frustrated?					
110.	Are waiting times kept short to prevent frustration?					
111.	Are communication mechanisms in place if there are longer unforeseen delays?					
112.	Are private, locked restrooms available for employees?					

Inspecting the Emergency Department

113.	Depending on the level of risk identified in the emergency department (ED), has the organization considered:					
	a. Stationing a receptionist separate from the triage area, to greet patients and visitors, promote understanding of the intake process, and explain reasons for any delay?					
	b. Installing fixed barriers with secured access separating patients from treatment areas?					
	c. Securing the ED from the rest of the facility?					
	d. Sufficiency of restrooms, vending machines, and reading material?					
	e. Increased staffing during high-use periods?					
114.	If metal detectors are present, has the organization considered					

		Yes	No	N/I*	N/A	Comments
	implementing:					
	a. Presence of a security officer at all times?					
	b. Scanning of every entrant?					
	c. Policy to guide seizure of weapons other than guns?					
	d. Policy to guide seizure of other contraband such as illegal drugs?					
	e. Training of officers responsible for impounding weapons to handle them safely?					
115.	Are all healthcare workers aware of the procedures to follow if a gun is found on or displayed by a patient or visitor?					
115.1.	Do the procedures specify that workers should not try to take the gun away from the individual, but should rather politely ask the individual to leave and return without the gun or else call the police?					
115.2.	Is a procedure in place for impounding guns or weapons found on unconscious or otherwise impaired patients during treatment?					
116.	Are healthcare workers who work in the ED trained in:					
	a. Aggressiveness de-escalation?					
	b. Self-defense?					
	c. Multicultural sensitivity?					
117.	If the facility is located in an area at risk for gang activity, has the organization considered:					
	a. Providing gang awareness training to ED workers?					
	b. Developing policies to address sequestration of rival gang members being treated in the same ED at the same time?					

	Yes	No	N/I*	N/A	Comments

Inspecting Behavioral Health Units

118.	If the facility has a behavioral health unit, has the organization considered:					
	a. Securing the unit from the rest of the building?					
	b. Securing furniture and other equipment to the ground?					
	c. Ensuring sufficient staffing levels?					
	d. Limiting movement of patients with psychiatric diagnoses throughout the facility?					
119.	Have healthcare workers who work in these areas been trained in:					
	a. Use of restraints?					
	b. Self-defense?					
	c. Aggressiveness de-escalation?					
	d. Diagnoses that may result in an increased risk for violence?					
120.	If patients with psychiatric needs sometimes room in medical units (i.e., for treatment of medical conditions), has the facility considered:					
	a. Removal of items (e.g., unsecured furniture) that could be used as weapons from patient rooms?					
	b. Removal of items that are not medically necessary and could be used for self-harm (e.g., unused oxygen tubing, razors, nail files) from patient rooms?					
	c. Increasing supervision of the patient if indicated?					
	d. Increasing staffing if indicated?					
	e. Educating staff on any specific violence-related risks associated					

	Yes	No	N/I*	N/A	Comments
with the psychiatric diagnosis?					
f. Frequent safety rounds?					

Inspecting Labor and Delivery Units

121. If the facility has a labor and delivery unit, has the organization considered:					
a. Limiting visitor access with security personnel and engineering controls?					
b. Policy addressing visitor access including who may visit which areas, number of visitors, visiting hours?					
c. Screening for history of violence between the expectant parents, or within their extended families?					
d. Screening for potentially violent visitors, including asking the expectant mother if there are any visitors she expects might be a problem?					
e. Strict protocols regarding infant identification when an infant is being removed from the unit?					

Inspecting Intensive Care Units

122. Are policies and procedures in place in the intensive care unit regarding:					
a. Training staff to understand and respond to the emotional needs of visitors whose loved ones are critically ill or dying?					
b. Creation of a private space for distressed visitors?					
c. Availability of professionals skilled in addressing the emotional needs of individuals in crisis (e.g., chaplains, social workers)?					

	Yes	No	N/I*	N/A	Comments

Inspecting Nursery and Pediatric Units

123.	If the facility has a nursery or pediatric unit, are policies and procedures in place regarding:					
	a. Limiting visitor access with security personnel and engineering controls?					
	b. Addressing the emotional needs of parents whose children are critically ill or dying?					
	c. Availability of professionals skilled in addressing the emotional needs of individuals in crisis (e.g., chaplains, social workers)?					
	d. Working with estranged parents?					
	e. Assessing the validity of abuse-protection and custody orders?					
	f. Handling disruptive parents or family members?					
	g. Prevention of infant abduction?					

Inspecting Exterior Buildings and Structures

124.	Do workers feel safe walking to and from the workplace?					
125.	Are building entrances clearly visible from the street?					
126.	Is the area surrounding the premises free of bushes and other hiding places?					
127.	Is lighting sufficient in outside areas?					
128.	Does outside signage indicate that cash is not kept on the premises?					
129.	Is video surveillance used outside the building?					

		Yes	No	N/I*	N/A	Comments
130.	Are remote areas secured during second and third shifts?					
131.	Are all exterior walkways visible?					

Inspecting Parking Areas

132.	Is there is a nearby parking lot reserved for employees only?					
133.	Is the parking lot attended or otherwise secured?					
134.	Depending on the level of risk identified for the parking lot, have controls have been considered, including:					
	a. Improved lighting?					
	b. Landscape trimming to avoid creating blind spots in parking lots?					
	c. Accessible call boxes or panic buttons?					
	d. Electronic surveillance cameras?					
	e. Perimeter door access control?					
	f. Restriction of night shift parking to the safest parking area?					
135.	Are special security measures taken to protect people who work late at night (escorts, locked entrances, etc.)?					
136.	Are security personnel provided outside the building?					
137,	Can an employee request an escort to his or her car?					
138.	If needed, is a buddy system available to escort staff to remote parking areas?					

Performance Improvement Metrics: Records to Review

139.	Do performance improvement					

		Yes	No	N/I*	N/A	Comments
	review records include:					
	a. OSHA 300 injury and illness log?					
	b. Law enforcement crime statistics for the area?					
	c. Workers' compensation and other insurance reports or claims?					
	d. Event reports and postevent reports?					
	e. Safety committee reports?					
	f. Suggestions submitted by healthcare workers?					
	g. Healthcare worker training records for violence prevention, violence de-escalation, and other related training?					
	h. Employee termination records?					
	i. Supervisors' reports (provided that appropriate confidentiality is maintained)?					
	j. Existing security- or violence-related policies and procedures?					
	k. Any relevant union agreements regarding disciplinary actions?					
	l. Security logs?					
140.	Does the security liaison or the threat assessment team determine the number of violent incidents that occurred in the surrounding community during the past two years?					
141.	Does the security liaison or the threat assessment team determine the number of violent incidents that occurred on organization property during the past two years?					
142.	Are incidents involving employees as victims broken down by type of injury to victim, lost workdays, and cost of injury to organization?					

		Yes	No	N/I*	N/A	Comments
143.	Does the security liaison, or designee, determine how often the assailant was:					
	a. A healthcare worker?					
	b. A family member, friend, or associate of a worker?					
	c. A patient?					
	d. A family member, friend, or associate of a patient?					
	e. An outsider?					
144.	Does the security liaison or designee determine:					
	a. What type of violent incidents occurred most often?					
	b. Where incidents occurred most often?					
	c. When incidents occurred most often, including day of week, time, and shift?					
	d. Which workers were affected most often, including gender, age, and job classification?					
	e. Whether healthcare workers are properly and regularly filling out event reports?					
	f. Whether the organization's violent-event report form provides spaces for all the information requested above?					

Intimate Partner Violence, Stalkers, and Violent Healthcare Workers

145.	Does the workplace violence prevention program include policies addressing intimate partner violence, stalkers, or other personal issues that overflow into the workplace?					

		Yes	No	N/I*	N/A	Comments
146.	Are healthcare workers encouraged to bring personal threats of harm to the attention of human resources, their manager, or security, as appropriate?					
147.	Do healthcare workers know that this information will be kept confidential?					
148.	If a healthcare worker is being stalked, are provisions made to shift duty hours or duty assignments?					
149.	If a healthcare worker or a patient is a victim of domestic abuse or stalking, do procedures exist to protect him or her while on site, including:					
	a. Distribution of photographs of the alleged abuser or stalker to receptionists, security, and floor staff?					
	b. Compilation and distribution of approved visitor lists?					
150.	Are supervisors taught to recognize signs that an employee may be experiencing domestic violence?					
151.	Are supervisors and staff taught to recognize warning signs that a healthcare worker or other individual may become a perpetrator of violence?					
152.	Are supervisors taught to refer employees who exhibit warning signs of potential violence to the organization's EAP when appropriate?					
153.	Are supervisors taught to enforce all organizational policies and procedures consistently, so that employees who are disciplined do not feel singled out?					
154.	Are all healthcare workers encouraged to report observations of signs of aggressiveness in					

		Yes	No	N/I*	N/A	Comments
	colleagues or others?					
155.	Are supervisors trained to treat employee reports of suspicious behavior seriously and investigate them thoroughly?					

Security Officers

156.	Is there a security management plan?					
157.	Has someone been given responsibility for security of buildings and grounds?					
158.	Are staff aware of who is responsible for security of buildings and grounds?					
159.	Are security personnel sufficiently trained in managing aggressive individuals and defusing hostile situations?					
160.	Is the security team staffed adequately to protect workers in potentially dangerous situations?					
161.	Do security staff participate in proactive violence prevention activities (e.g., safety rounds, nursing huddles)?					
162.	Has the facility assembled an emergency response team?					
163.	Are members of the emergency response team available on every shift?					
164.	Are members of the emergency response team specifically trained in:					
	a. Recognition of unmet health needs?					
	b. Cultural competence?					
	c. De-escalation techniques?					
	d. The assault cycle?					

		Yes	No	N/I*	N/A	Comments
	e. Verbal/physical maneuvers to avoid violent behaviors?					
	f. Use of restraints?					
	g. Protection of patients, visitors, and healthcare workers?					
165.	Are members of the emergency response team trained about when to call security or law enforcement for assistance?					
166.	Are they provided contact information for security or law enforcement assistance?					
167.	Are trained security and counseling personnel available to workers in a timely manner?					
168.	Are security and counseling personnel authorized to take necessary action to ensure worker safety?					
169.	Is there a designated liaison with local police, state police, and counseling agencies?					
170.	Are periodic mock drills conducted using different workplace violence scenarios to train staff how to respond and to identify gaps in response techniques?					
171.	In facilities with shared security officer services (e.g., hospital campus, university campus), does clinical leadership have authority to screen security officers during the hiring process?					
172.	If not, does clinical leadership communicate with the hiring entity about the needs and considerations of working with healthcare providers and patients?					
173.	Does the facility have the opportunity to discuss safety requirements unique to working with patients in their healthcare setting					

		Yes	No	N/I*	N/A	Comments
	with:					
	a. The security company?					
	b. Any scheduled security officers?					
174.	If there are shared security officers, are they trained in:					
	a. Recognition of unmet health needs?					
	b. Cultural competence?					
	c. De-escalation techniques?					
	d. The assault cycle?					
	e. Verbal/physical maneuvers to avoid violent behaviors?					
	f. Use of restraints?					
	g. Protection of patients, visitors, and healthcare workers?					
175.	Do the staff know whether security officers carry weapons?					
176.	Have the risks and concerns about carrying a weapon into a situation with agitated patients been discussed with officers and the security company?					
177.	If security officers carry firearms or other weapons, such as batons or pepper spray, has compliance been evaluated with:					
	a. Weapon use approved by local law enforcement agencies?					
	b. Periodic retesting in the use of weapons?					
	c. Written policy carefully delineating where and when it is appropriate to use each type of weapon?					
	d. Training of security officers in use of weapons, especially firearms?					
178.	If the organization has assigned security officers, does human resources or a clinical leader					

		Yes	No	N/I*	N/A	Comments
	carefully screen security officers during the hiring process?					
179.	Is the role of security officer discussed during the interview, at hire, and at least annually?					
180.	Are the roles and limitations of security officers outlined in their job description?					

Relationship with Local Law Enforcement

181.	Does an organizational liaison work with state and local police and counseling agencies?					
182.	Does the organization have a good working relationship with local law enforcement departments?					
183.	Does the organization know the types of incidents to which the police will respond?					
184.	Have local police been given a map of the premises (in order to expedite investigations)?					
185.	If the facility handles patients in police custody on a regular basis, does written policy specifically address, among other things:					
	a. The fact that, by law, police have the ultimate responsibility for guarding the prisoner?					
	b. When and under what circumstances prisoners must remain handcuffed?					
	c. Which patient rooms will be used by prisoners who must be admitted overnight?					
	d. Care management of prisoners who are well known to the public?					
	e. Who will address media issues relating to well-known prisoners?					

		Yes	No	N/I*	N/A	Comments
	f. What police should do with their guns or other weapons upon entering the facility (e.g., is there a gun box or are other precautions taken to prevent the seizure of a gun)?					
186.	Have the local police reviewed copies of these policies or discussed them with the security liaison?					
187.	Does the organization have a policy on law enforcement's use of weapons in the organization or on the premises?					

Fieldwork

188.	Are escorts available for staff who work in potentially dangerous situations and request assistance?					
189.	Once requested, is assistance provided in a timely fashion?					
190.	Are field staff educated on public safety in the areas in which they work (e.g., gang colors, local culture, drug activity)?					
191.	Are field staff able to effectively communicate with individuals in the field (e.g., are language interpretation services available as needed)?					
192.	Are individuals who work in the field during late night or early morning hours instructed in heightened safety precautions?					
193.	Is lighting sufficient in all areas that field staff visit?					
194.	Are there safe places for field staff to use the restroom, take meal breaks, and store valuables?					
195.	Are there safe places for field staff to seek assistance in an emergency?					

		Yes	No	N/I*	N/A	Comments
196.	Is safe parking available for field staff?					
197.	Are field staff issued cell phones, pagers, or two-way radios?					
198.	Are field staff issued personal alarm devices or panic buttons?					
199.	Do field staff have a way to secure work supplies including drugs, sharps, and equipment?					
200.	Are vehicle door and window locks under the driver's control?					
201.	Do vehicles contain physical barriers (e.g., partitions to protect the driver)?					
202.	Are field staff provided with maps and directions for the areas in which they travel?					
203.	Are field staff provided alternate routes in high-crime areas?					
204.	Does policy support field staff in refusing to provide service in a hazardous situation?					
205.	Is there a liaison with local police?					
206.	Do field staff refrain from carrying unnecessary items that could be used as weapons against them?					
207.	Does the organization provide a safe vehicle or other means of transportation for use in the field?					
208.	Are vehicles used in the field maintained in good working order, verified with routine inspections?					
209.	Does someone always know where in the field each staff member is?					
210.	Is a system in place to monitor staff whereabouts throughout their shifts?					
211.	Are identification tags required for field staff (omitting personal information such as the person's					

		Yes	No	N/I*	N/A	Comments
	last name and social security number)?					
212.	Are field staff notified of past acts of violence by clients, patients, or family members?					
213.	Are special precautions taken when field staff are involved in:					
	a. Taking something away from people?					
	b. Making contact with individuals who behave violently?					
	c. Delivering bad news?					
	d. Using vehicles or wearing clothing depicting the name of an organization that may be disliked by the public?					
	e. Performing duties inside private homes?					
	f. Being exposed to dangerous animals?					

Action Plan

Assessment Completed By: _____ Date: _____

Question No.	Action Required	Responsibility	Target Date	Action Completed	
				Date	Initials

Question No.	Action Required	Responsibility	Target Date	Action Completed	
				Date	Initials