**OAHHS Workplace Safety Initiative (WSI)**

**WPV Program - Gap Analysis Tool**

***Refer to Section 4 of the WPV Toolkit for information about the development and***

***use of the Gap Analysis Tool***

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**[Appendix I Safety of Health Care Employees](#Appendix)****[ORS 654.412 to 654.423](#Appendix)**

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

ORS 654.412 to 654.423 defines assault as intentionally, knowingly or recklessly causing physical injury. **However,** the intent of a workplace violence prevention program is to prevent all types of violence against health care workers. Thus, for the purposes of this gap analysis workplace violence is defined as any physical assault, threatening behavior, or verbal abuse, *with or without intent* occurring in the workplace. Violence includes overt and covert behaviors ranging in aggressiveness from verbal harassment to murder (adapted from NIOSH 2002).

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

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

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

|  |
| --- |
| Violence Prevention Program Foundation and Management |
| Management Leadership | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| **Facility Culture and Accountability** 1. Senior Leadership declares violence prevention a priority.
 |  |  |  |  |
| 1. Senior Leadership has received education and training about work place violence and violence prevention program management and their role and responsibilities within the program
 |  |  |  |  |
| 1. A workplace violence prevention policy has been developed that communicates to employees that worker safety and security are as important as patient safety.
 |  |  |  |  |
| 1. Violence prevention is aligned with the quality and safety plan (e.g., violence prevention is visible on meeting agendas).
 |  |  |  |  |
| 1. Facility leaders considers violence prevention and the on-going evaluation of the program in

strategic planning and resource allocation (e.g., funds and time).  |  |  |  |  |
| 1. The organization provides resources for violence prevention (e.g., time, materials, funding).
 |  |  |  |  |
| 1. Facility leaders assign responsibility and accountability for the implementation and maintenance of the program.
 |  |  |  |  |
| 1. Management at all levels support and facilitate employee education related to violence prevention

and attendance at meetings as relevant e.g. for committee members. |  |  |  |  |
| **Facility leaders set clear safety goals and expectations** 1. There is a process in place for ongoing communication from leadership to employees that violence is not an accepted part of their job.
 |  |  |  |  |
| 1. There is a process in place for ongoing communication from leadership to patients/visitors that violence will not be accepted (e.g., signage, patient handouts and visitation guidelines).
 |  |  |  |  |
| 1. The organization uses information from reports and lessons learned to inform employees of what actions are being taken after events to prevent future violence.
 |  |  |  |  |
| **Roles and responsibilities of all employees within the violence prevention program are clearly communicated**1. Clinical employees understand their role regarding violence risk screening, assessment and intervention to prevent and mitigate acts of violence.
 |  |  |  |  |
| 1. A process is in place to assure non-clinical employees understands their role in the prevention and mitigation of acts of violence.
 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Management Leadership**
 | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| **The facility has a clearly defined and communicated process about the expectations of incident reporting**1. All employees (and security where applicable) confronted violent behavior are expected to report these behaviors through the organization’s incident reporting system.
 |  |  |  |  |
| 1. All employees are supported by leadership in reporting all acts of violence or threats of violence.
 |  |  |  |  |
| 1. There is a process in place for ongoing communication from leadership to employees about expectations of full reporting of violent incidents.
 |  |  |  |  |
| **For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion** |
| Employee Participation | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| **A process is in place to engage all levels of employees in the violence prevention program** 1. Employees from all departments/locations are involved in the following activities dependent on their role in the program:
 |  |  |  |  |
| 1. The violence prevention planning process
 |  |  |  |  |
| 1. Reporting injuries, hazards, or concern, including near misses
 |  |  |  |  |
| 1. Violence prevention audits
 |  |  |  |  |
| 1. Education and training
 |  |  |  |  |
| 1. Security/physical safety considerations in new building or remodeling projects
 |  |  |  |  |
| 1. Evaluating and updating the program
 |  |  |  |  |
| 1. Participating in the violence prevention committee
 |  |  |  |  |
| **For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion** |
| Written Violence Prevention Policy  | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| 1. A violenceprevention policy is completed and includes (but is not limited to):
2. Objectives
 |  |  |  |  |
| 1. Policy Statement about intent of the violence prevention program and organizations’ executive management commitment to support the program etc.
 |  |  |  |  |
| 1. Scope
 |  |  |  |  |
| 1. Definitions
 |  |  |  |  |
| 1. Reference to Oregon law (including rules for home health if applicable) e.g. ORS 654.412 to 654.423 and OAR 259-060-0130 (if security personnel exist)
 |  |  |  |  |
| 1. Non-retaliation policy
 |  |  |  |  |
| 1. Information about violence in health care e.g. the prevalence of violence, where violence can occur and the perpetrator (e.g., patients, visitors etc.; types of violence (indirect, direct, accidental etc.)
 |  |  |  |  |
| 1. Roles and responsibilities of specific groups within the program including Chain of Command e.g., executives and management, clinical and non-clinical employees, violence prevention committee, Threat Assessment Team, Event Response Team, security personnel, Administrator-on-Call/RN Supervisor Responsibilities, etc.
 |  |  |  |  |
| 1. A summary of technology/processes used (e.g., personal alarms, lock down ability etc.)
 |  |  |  |  |
| 1. Reporting and response procedures including code grey, code silver, use of force
 |  |  |  |  |
| 1. Communication guidelines
 |  |  |  |  |
| 1. Investigation considerations
 |  |  |  |  |
| 1. Post incident review
 |  |  |  |  |
| 1. Record keeping/data analysis
 |  |  |  |  |
| 1. Employee resources
 |  |  |  |  |
| 1. Education plan
 |  |  |  |  |
| 1. Appendices, checklists, tools etc.
 |  |  |  |  |
| 1. Other Related Policies *that could* be reviewed and enhanced and developed as needed (Source: IAHSS, 2016):
	1. Patient Search/Seizure of contraband/illicit substance/Patient Belongings
 |  |  |  |  |
| * 1. Surrendered weapons: storage safety and process for return to patient
 |  |  |  |  |
| * 1. Surrendered illicit substances or contraband: Disposal v. Law enforcement release
 |  |  |  |  |
| * 1. Criteria for report to law enforcement/responsible person
 |  |  |  |  |
| * 1. Criteria for restraint/seclusion application/responsible person
 |  |  |  |  |
| * 1. Competency/Capacity/Surrogate-decision-maker/mental-healthhold/involuntary confinement
 |  |  |  |  |
| * 1. When is forced medication admin/restraint acceptable?
 |  |  |  |  |
| 1. **Written Violence Prevention Policy cont.**
 | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| * 1. Security video archive process/timeframe/expectations
 |  |  |  |  |
| * 1. Release of information to law enforcement/release of video tol aw enforcement
 |  |  |  |  |
| * 1. Law enforcement brining weapons on-campus/ no weapon zone in behavioral health
 |  |  |  |  |
| * 1. Professional discipline/Peer Review
 |  |  |  |  |
| * 1. Resolution of Patient Complaints and Grievances
 |  |  |  |  |
| * 1. Adverse Event Incident Reporting System
 |  |  |  |  |
| * 1. Guidelines for Environmental Protections in care of Known reg­istered sex offender/patient in law enforcement custody
 |  |  |  |  |
| * 1. HIM restrictions/Patient Directory restrictions: Confidential/No-Publication/No Show/”Break the Glass”/ Pt Directory
 |  |  |  |  |
| * 1. Patient Search/Seizure of contraband/illicit substance/Patient Belongings
 |  |  |  |  |
| * 1. Patient Alert/Care Plan/Electronic mechanism to notify all staff/all locations of increased risk of violence
 |  |  |  |  |
| * 1. Patient Term/Termination of Care relationship
 |  |  |  |  |
| * 1. Narcotic Care Agreement
 |  |  |  |  |
| * 1. Refusal of Care Form/Process
 |  |  |  |  |
| * 1. Discharge AMA
 |  |  |  |  |
| * 1. Elopement
 |  |  |  |  |
| * 1. Administrative Discharge
 |  |  |  |  |
| * 1. Patients who will not peacefully leave campus after discharge/Security escort off campus
 |  |  |  |  |
| * 1. Chaperone guidelines
 |  |  |  |  |
| * 1. Patient/Family Request for change in caregiver
 |  |  |  |  |
| 1. Written procedures are in place to address violence prevention needs and processes:
	1. in specific clinical areas including critical care, emergency room, behavioral health, mother and baby, outpatient clinics, transportation
 |  |  |  |  |
| * 1. for specific patient populations such as behavioral health patients; patients in withdrawal; and patients with dementia/Alzheimer’s
 |  |  |  |  |
| * 1. for visitors/family
 |  |  |  |  |
| 1. Procedures for managing aggressive behavior/violence meet current law and regulations such as, OAR 259-060-0130 ‘use of force’ rules and CMS, Joint Commission and DNV rules for Restraint and Seclusion of patients.
 |  |  |  |  |
| 1. The violence prevention policy and associated specific procedures is reviewed periodically for relevance and effectiveness and is updated as needed.
 |  |  |  |  |
| 1. **Written Violence Prevention Policy cont.**
 | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| 1. The policy, expectations and roles related to the violence prevention program are clearly communicated to

 employees & labor representatives. |  |  |  |  |
| 1. The violence prevention policy is communicated to patients and visitors.
 |  |  |  |  |
| 1. Management at all levels visibly supports and reinforces the policy.
 |  |  |  |  |
| **For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion** |
| Program Management | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| I. Program Champion |
| * 1. There is a facility violence prevention program champion who visibly supports the program and associated activities e.g. the chief nurse executive.
 |  |  |  |  |
| * 1. The Program Champion has received education and training about evidence based practices in violence prevention and program management and his/her role and responsibilities within the violence prevention program.
 |  |  |  |  |
| II. Violence Prevention Committee/Team  |
| *Note:* the following should also be adapted as needed and used to review the structure, function and performance of ‘Threat Assessment Teams’ or any similar group involved in violence response and management.1. The organization promotes a team approach to violence prevention and assembles an interdisciplinary violence prevention committee/team comprised of clinical and non-clinical employees including:
	1. At least one member that has subject matter expertise in violence prevention and/or is willing to attend additional training/education (e.g., de-escalation techniques, behavioral management).
 |  |  |  |  |
| 1. **Program Management cont.**
 | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| II. Violence Prevention Committee/Team cont. |
| * 1. Employee representatives from all departments across the organization that are affected by the violence prevention program e.g., nursing (including direct care employees), medical employees, security, behavioral health, occupational health, human resources, local law enforcement.
 |  |  |  |  |
| * 1. At least 1 sponsor from upper management who serves on higher level committees and can guide the effectiveness of the violence prevention committee (e.g. safety officer, CNO, quality director).
 |  |  |  |  |
| * 1. Has received education and training about evidence based practices in violence prevention and program management and their role and responsibilities within the violence prevention program.
 |  |  |  |  |
| 1. Has linkage to other leadership structures and committees (e.g. patient safety, employee safety, and EOC committees).
 |  |  |  |  |
| 1. Is empowered by facility leaders for oversight of the program including violence program planning, implementation and evaluation.
 |  |  |  |  |
| 1. Meets on a regular basis e.g. monthly and communicates activity of the committee to employees and senior leadership.
 |  |  |  |  |
| 1. Stays informed about new strategies available to prevent and respond to violence in the healthcare and social service fields as they develop.
 |  |  |  |  |
| III. Violence Prevention Program Manager or Coordinator |
| 1. There is a designated violence prevention program manager or coordinator.
 |  |  |  |  |
| 1. The program manager has sufficient time and resources to coordinate and lead the program.
 |  |  |  |  |
| 1. The program manager has authority to make decisions to implement the program and ensure it’s effectiveness
 |  |  |  |  |
| IV. Violence Prevention Program Plan |
| 1. There is a violence prevention program plan or roadmap that defines the program goals and activities based on periodic (e.g. annual) hazard/risk assessment that includes security and safety assessments *(refer to F. Hazard Identification/Analysis)* to identify existing or potential hazards for assaults committed against employees and review of data to identify the frequency, location, causes and consequences of assaults against employees. *ORS 654.414 (1) a, b and (2). Refer to Introduction for the definition of assault.*

***It is recommended that the* violence prevention program plan addresses all categories of violence whether intentional or non-intentional**  |  |  |  |  |
| 1. **Program Management cont.**
 | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| **IV. Violence Prevention Program Plan cont.** |
| 1. The program plan addresses security considerations identified through hazard assessment activities related to (but not limited to) the following - *Items a-f per ORS 654.414 (3)*:
2. Physical attributes of the health care setting;
 |  |  |  |  |
| 1. Staffing plans, including security staffing;
 |  |  |  |  |
| 1. Personnel policies;
 |  |  |  |  |
| 1. First aid and emergency procedures;
 |  |  |  |  |
| 1. Procedures for reporting assaults and
 |  |  |  |  |
| 1. Education and training for employees.
 |  |  |  |  |
| 1. Defines implementation strategies and program evaluation.
 |  |  |  |  |
| 1. The violence prevention program plan is maintained, reviewed and updated (changes recommended) by the violence prevention committee on a periodic basis.
 |  |  |  |  |
| 1. There is process to review the plan and communicate the status of violence prevention efforts and any factors that may enhance or limit success to senior leadership and pertinent committees e.g. clinical care, employee, patient safety on a periodic basis.
 |  |  |  |  |
| 1. Senior leadership responds to updates with continued support, resource allocation and assistance with barriers that are encountered.
 |  |  |  |  |
| 1. The violence prevention plan is reviewed and roles and program progress discussed on a periodic basis with:
	1. Directors and unit/department managers
 |  |  |  |  |
| * 1. All employees
 |
| * 1. Contract staff
 |
| * 1. Students and volunteers
 |
| * 1. All employees
 |
| 1. The organization works with local law enforcement to develop a role for law enforcement and with community or behavioral health departments (who are involved with placement of patients at risk for violence) with violence prevention procedures and response plans at the organization.
 |  |  |  |  |
| **For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion** |
| Communications/Social Marketing | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| 1. A communications/marketing plan for the violence prevention program and related activities exists within the overall violence prevention program plan.
 |  |  |  |  |
| 1. Violence prevention program constituents are identified i.e., all employee groups, volunteers, patients, families, community agencies who may be impacted by the program policies and procedures.
 |  |  |  |  |
| 1. The message and methods of communication that are relevant for each constituent groups identified e.g., email; newsletters; employee meetings; specific written communications; violence prevention resource intranet page; external marketing (community); patient and family orientation information.
 |  |  |  |  |
| 1. There is a process and resources for development and dissemination of communications materials to program constituents.
 |  |  |  |  |
| 1. Communications/marketing efforts reviewed periodically and evaluated for effectiveness.
 |  |  |  |  |
| 1. If new violence prevention procedures and processes are implemented there is a process in place to notify program constituents.
 |  |  |  |  |
| **For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion** |

|  |
| --- |
| Violence Prevention Program Hazard Analysis |
| Hazard Identification & Assessment | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| Data analysis related to all incidents of violence  |
| **Employee injury and related workers comp cost data is collected related to violence related events** * 1. The frequency of assaults committed and identification of the causes and consequences against employees is measured.
 |  |  |  |  |
| * 1. A record of assaults committed against employees that occur on the premises of the health care employer or in the home of a patient receiving home health care services (if applicable) is maintained. *ORS 654.416*
 |  |  |  |  |
| * 1. Data collected includes but is not limited to:
1. The name and address of the premises on which each assault occurred;
 |  |  |  |  |
| 1. The date, time and specific location where the assault occurred;
 |  |  |  |  |
| 1. The name, job title and department or ward assignment of the employee who was assaulted;
 |  |  |  |  |
| 1. A description of the person who committed the assault as a patient, visitor, employee or other category;
 |  |  |  |  |
| 1. A description of the assaultive behavior as:
	1. An assault with mild soreness, surface abrasions, scratches or small bruises;
	2. An assault with major soreness, cuts or large bruises;
	3. An assault with severe lacerations, a bone fracture or a head injury; or
	4. An assault with loss of limb or death;
 |  |  |  |  |
| 1. An identification of the physical injury;
 |  |  |  |  |
| 1. A description of any weapon used;
 |  |  |  |  |
| 1. The number of employees in the immediate area of the assault when it occurred; and
 |  |  |  |  |
| 1. A description of actions taken by the employees and the health care employer in response to the assault. *(ORS 437-001-0706 Recordkeeping for Health Care Assaults)* [*http://www.orosha.org/pdf/rules/division\_1/437-001-0706.pdf*](http://www.orosha.org/pdf/rules/division_1/437-001-0706.pdf)
 |  |  |  |  |
| * 1. Data analyzed includes all assaults that occur on the premises of a health care employer or in the home of a patient receiving home health care services (if applicable) during the preceding five years or for the years that records are available if fewer than five years of records are available. *ORS 654.414 (2)a & b*
 |  |  |  |  |
| * 1. Data review includes analysis of:
1. Near miss events and first aid only (non-recordable) incidents
2. Security/code gray reports and police reports if relevant
 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Hazard Identification & Assessment cont.**
 | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| 1. **Data analysis related to all incidents of violence****cont.**
 |
| * 1. Data review includes (but not limited to) analysis of the:
1. The location of assaults (depts./units and work areas)
 |  |  |  |  |
| 1. Job titles involved
 |  |  |  |  |
| 1. Types of and severity of assaults
 |  |  |  |  |
| 1. Specific activities being performed such as transporting a patient
 |  |  |  |  |
| 1. Time of day of occurrence
 |  |  |  |  |
| 1. If the perpetrator is a patient – Relevant information about patient clinical status at time of assault and identification as a possible violence risk
 |  |  |  |  |
| 1. Response to incident – appropriateness and/or availability
 |  |  |  |  |
| 1. Approved violence prevention procedures completed or omitted e.g. lack or incomplete patient assessment and/or employee training
 |  |  |  |  |
| * 1. Data is reviewed for consistency of accuracy and coding e.g.
	2. Consistent use of terminology related to for example type of injury; cause of injury, location where injury occurred, department coding etc. *(refer to ORS 437-001-0706 Recordkeeping for Health Care Assaults)*
 |  |  |  |  |
| * 1. Accurate tracking of cases with days away from work; job transfer or restriction or injury only
 |  |  |  |  |
| * 1. Injury rates such as DART rates (injuries per 100 FTEs) are calculated using productive hours
 |  |  |  |  |
| * 1. Data is collected and analyzed about *patient injuries*, restraint procedures, or other factors contributing to injury related to violence.
 |  |  |  |  |
| * 1. Records such as the OSHA 300 log and Health Care Assault log are kept for a period of 5 years following the end of the calendar year that they cover OAR 437-001-0700 or as required by law and organization policy
 |
| **For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Hazard Identification & Assessment cont.**
 | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| Surveys |
| * 1. An assessment of employee’s perceptions of workplace violence, experience and overall satisfaction violence prevention program through survey and/or interview and employee turnover is conducted on a periodic basis,
 |  |  |  |  |
| * 1. An assessment of patient perceptions of workplace violence for example triggers for violence, daily activities that may lead and effectiveness of response to violence through survey and/or interview is conducted on a periodic basis.
 |  |  |  |  |
| **For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion** |
| Assessment of the Physical Work Environment and Practices |
| * 1. Periodic security and safety (environmental risk) assessments are conducted to identify existing or potential hazards for assaults committed against employees.*ORS 654.414 (1)a*
 |  |  |  |  |
| * 1. Assessments are departmental and organization wide.
 |  |  |  |  |
| * 1. Performed at least annually.
 |  |  |  |  |
| * 1. Assessment of the work environment includes an assessment of :
		1. Characteristics of occupations and work tasks e.g. working in the ED, behavioral unit, working in security, home health, dispensing drugs, dealing with the public, handling cash, delivering social services working alone at night, clinic employee who stay behind after regular office hours, work location is in high crime neighborhood,
 |  |  |  |  |
| * + 1. Point-of-care work/clinical/nursing practices and procedures
 |  |  |  |  |
| * + 1. Patient characteristics that might be a risk factor e.g. medications and substance abuse, history of violence, mental or physical illness or injury, sensitivity to disruptive events, previous exposure to past incidents of aggression or violence, violent/abusive family or friends, difficulty in communicating.
 |  |  |  |  |
| * + 1. Staffing levels to meet violence prevention and response requirements.
 |  |  |  |  |
| 1. **Hazard Identification & Assessment cont.**
 | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| 1. **Assessment of the Physical Work Environment and Practices cont.**
 |
| * + 1. The physical work site and considers (*but not limited to*):
1. Lighting (e.g. Inside buildings and outside entrances including the employee parking lot)
 |  |  |  |  |
| 1. General appearance of area outside of buildings
 |  |  |  |  |
| 1. Security and visibility around building perimeter
 |  |  |  |  |
| 1. Maintenance of access points to the facility
 |  |  |  |  |
| 1. Access control to facility buildings
 |  |  |  |  |
| 1. Security systems (if any)– facility wide and personal alarms
 |  |  |  |  |
| 1. Emergency response system (salience to employees and testing of)
 |  |  |  |  |
| 1. Locations/work areas where employees could become trapped such elevators, washrooms, reception areas, patient admission areas, interview/ treatment/counseling, pharmacy, medication rooms, waiting areas, stairwells and exists
 |  |  |  |  |
| 1. Design of work areas for patient privacy and employee communication in an emergency situation
 |  |  |  |  |
| 1. Tools, equipment, furniture that could be used as a weapon against employees
 |  |  |  |  |
| 1. Care areas that tend to be very stressful for parents, family members e.g. emergency depts., critical care areas, pediatric units
 |  |  |  |  |
| 1. Public areas such as lobbies emergency depts., and ambulatory clinics where long wait periods and crowded conditions can contribute to the incidence of disagreements or brawls
 |  |  |  |  |
| 1. Interconnected buildings and shared premises that may allow members of the public uncontrolled access to, or increased movement between facilities.
 |  |  |  |  |
| **For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion** |

|  |
| --- |
| Violence Prevention Program Hazard Abatement and Evaluation  |
| Hazard Control and Prevention | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| Engineering Controls  |
| * 1. Controls include (but are not limited to):
1. Security/silenced alarm systems (e.g. panic buttons, paging systems, cell phones etc.)
 |  |  |  |  |
| 1. Exit routes including safe rooms for emergencies
 |  |  |  |  |
| 1. Monitoring systems and natural surveillance (e.g. closed circuit video inside and outside, curved mirrors, visual access from nurse’s workstations glass panels in doors/walls
 |  |  |  |  |
| 1. Improve lighting indoors and outdoors including in parking areas, walkways etc.
 |  |  |  |  |
| 1. Noise barriers
 |  |  |  |  |
| 1. Metal detector systems
 |  |  |  |  |
| 1. Barrier protection – enclosed reception areas with bullet proof glass, deep counters are nurse stations, lock doors to employee treatment rooms, secured employee bathroom facilities, locked unused doors, restricted access to units such as mother and baby, ability to lock down an area/unit etc.
 |  |  |  |  |
| 1. Design of patient areas for descalation; comfort to reduce stress e.g. in waiting areas, division of waiting areas to limit spreading of agitation between patients and visitors.
 |  |  |  |  |
| 1. Furniture, materials and maintenance (e.g. secure items that could be used as a weapon, pad or replace sharp edged objects, recess fixtures that may protrude e.g. handrails, drinking fountains. Ensure cabinets and syringe drawers have working locks, reducing noise levels in certain areas)
 |  |  |  |  |
| 1. Travel vehicles are properly maintained; barriers are present between driver and patients if appropriate
 |  |  |  |  |
| 1. Federal and State regulations are reviewed (e.g. fire, life safety code) to ensure security measures do not conflict with life safety etc.
 |  |  |  |  |
| **For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion** |
| **G. Hazard Control and Prevention cont.** | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| Administrative and Work Practice Controls |
| Reporting (Also refer to Management Leadership) |
| 1. Employees consistently report observed injuries, incidents, near misses, hazards, and concerns related to work place violence.
 |  |  |  |  |
| 1. There is a reporting mechanism for all contractors to report injuries, hazards, and concerns related to work place violence. \*
 |  |  |  |  |
| 1. There is a timely reporting process (such as occurrence reporting) in place to collect information on all incidence of violence within the facility.
 |  |  |  |  |
| 1. The event documentation system (electronic or paper) is designed to capture sufficient detail about the event to allow for adequate event analysis. *Also refer to Data Analysis*
 |  |  |  |  |
| 1. The organization has a central place where all reports of violence are collected and data is aggregated.
 |  |  |  |  |
| 1. The record of health care assaults (e.g. the health care assault log) is kept for no fewer than five years following a reported assault **-** *ORS  654.416.*
 |  |  |  |  |
| 1. Data are shared across the organization on a regular basis in a way that helps employees understand violence related incident and injury trends, the cause(s) of the injuries, and learnings from the events e.g., this information (through employee stories as well as through data) is included in daily huddles, unit employee meetings, violence prevention and worker and patient safety committees.
 |  |  |  |  |
| **For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion** |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Hazard Control and Prevention cont.**
 | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| 1. **Administrative and Work Practice Controls cont.**
 |
| Identifying and Tracking Patients/Visitors at High Risk for Violence |
| 1. A structured process is in place to identify (screen and rescreen) patients at risk for violence organization wide including the:
2. Emergency Department
 |  |  |  |  |
| 1. Behavioral health unit (if applicable)
 |  |  |  |  |
| 1. In-patient units
 |  |  |  |  |
| 1. Outpatient areas
 |  |  |  |  |
| 1. All other work areas and environments identified by the organization as higher risk areas for violent incidents.
 |  |  |  |  |
| 1. The screening process includes use of a standard, reliable violence risk screening tool e.g. BROSET tool or another standardized tool
 |  |  |  |  |
| 1. Documentation of the patient at risk for violence in a designated place.
 |  |  |  |  |
| 1. The frequency of rescreening of patients/visitors is clearly defined e.g. with change in status/condition or if new information becomes available regarding violence risk e.g., post procedure, high-violence risk medication change.
 |  |  |  |  |
| 1. The screening process and tool used is periodically reviewed for usability, effectiveness and compliance for use by employees.
 |  |  |  |  |
| 1. There is a process in place to facilitate communication at the patient care level about patients/visitors at high-risk for violence and potential high-risk situations:
	* 1. On admission to a facility and unit
 |  |  |  |  |
| * + 1. During the shift communications and handoff and daily huddles
 |  |  |  |  |
| * + 1. Before a patient care task is performed
 |  |  |  |  |
| * + 1. Between different disciplines such as nursing and therapy, security etc.
 |  |  |  |  |
| * + 1. Between units such as a ED, patient care unit, transportation and imaging e.g. Ticket to Ride
 |  |  |  |  |
| 1. From EMS, outpatient clinics, LTC facilities etc.
 |  |  |  |  |
| 1. The organization has a process in place to focus interventions on specific risk factors rather than on general risk score.
 |  |  |  |  |
| 1. Policy is in place that meets current law and regulation for use of chemical/mechanical, environmental or social restraints.
 |  |  |  |  |
| 1. **Hazard Control and Prevention cont.**
 | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| 1. **Administrative and Work Practice Controls cont.**
 |
| 1. **Identifying and Tracking Patients/Visitors at High Risk for Violence cont.**
 |
| 1. The organization has decision-support tools accessible (electronic or paper) that provides employees with the intervention options that should be considered based on risk score/risk factors.
 |  |  |  |  |
| 1. A process is in place for clearly defined roles regarding which employee(s) is responsible for choosing interventions.
 |  |  |  |  |
| 1. A process is in place for documentation of chosen interventions and/or revised plan of care.
 |  |  |  |  |
| 1. A process is in place for to complete an individualized treatment plan for applicable patients that responds to identified risk factors and review and revise that plan as needed.
 |  |  |  |  |
| 1. The organization has decision-support tools accessible (electronic or paper) that provide employees with response options that should be considered for *non-patients/visitors* that are identified at risk for violence.
 |  |  |  |  |
| 1. Communication about patient risk for violence is included in the patient discharge process
 |  |  |  |  |
| **For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion** |
| Tracking Employees |
| 1. A process is in place to:

Track the location of traveling workers such as home health employees e.g.as log in and log out procedures and contact with employer after visits.  |  |  |  |  |
| Follow up workers who do not check-in with the employer etc. |  |  |  |  |
| Working Alone or in Secure Areas |
| 1. Processes are in place to reduce risk of violence to workers when treating and interviewing aggressive or agitated patients; performing intimate physical examinations of patients; walking to parking areas during evening or late hours or any other situation identified during the program hazard assessment activities.
 |  |  |  |  |
| 1. **Hazard Control and Prevention cont.**
 | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| 1. **Administrative and Work Practice Controls cont.**
 |
| Entry Procedures  |
| * + 1. A process is in place that includes (but not limited to):
1. Provide responsive, timely information to those waiting and adopt measures to reduce waiting times
 |  |  |  |  |
| 1. Institute sign-in procedures and visitor passes
 |  |  |  |  |
| 1. Enforce visitor hours and procedures for being in the hospital
 |  |  |  |  |
| 1. Have a “restricted visitors” list for patients with a history of violence/ gang activity; make copies available to security, nurses, and sign-in clerk
 |  |  |  |  |
|  Transportation Procedures |
| 1. Safety procedures are developed that specifically address the transport of patients.
 |  |  |  |  |
| 1. Ensure that employees transporting patients have an effective and reliable means of communicating if they need assistance (or with their home office if transporting a patient outside of the facility)
 |  |  |  |  |
| Security Personnel (Contract and Non-Contract) |
| * + 1. All requirements of Oregon Administrative Rules Division 60 (OAR 259-060:0005-0600) **‘**Private security Services Providers Rules’ are met <http://arcweb.sos.state.or.us/pages/rules/oars_200/oar_259/259_060.html>

**Note:** OAR Division 60 Rules require that if the employer employs or utilizes at least one individual (including contract security services) whose primary responsibilities include providing private security services the employer: Must designate an individual to perform the duties of an executive manager at all times as described in Division 60 Rules. An employer may obtain licensure for more than one executive manager. <https://www.oregon.gov/dpsst/PS/Pages/Executive-Managers.aspx>The executive manager has met and maintains the training and certification requirements required in OAR Division 60 Rules and the Department of Public Safety Standards and Training (DPSST). |  |  |  |  |
| * + 1. Security personnel have met and maintain the training and certification requirements required in OAR Division 60 Rules and the Department of Public Safety Standards and Training (DPSST).
 |  |  |  |  |
| * + 1. Job function i.e. roles and responsibilities/activities (including use of force policy) of security personnel are clearly defined and communicated to all staff.
 |  |  |  |  |
| * + 1. The role of and performance or competency by security personnel is supervised, monitored and reviewed on a periodic basis.
 |  |  |  |  |
| 1. **Hazard Control and Prevention cont.**
 | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| 1. **Administrative and Work Practice Controls cont.**
 |
| 1. **Security Personnel (Contract and Non-Contract) cont.**
 |
| * + 1. Security staffing levels and deployment are sufficient to meet the facility’s needs.

*Note*: There is no single formula determines an appropriate staffing level for a given health care facility. The *IAHHS Security Design 2016 Guidelines* provide detailed considerations for security staffing**:**  |  |  |  |  |
| * + 1. There is a formal orientation process for newly hired/contracted security personnel that describes job function, expectations, organizational policies, WPV prevention processes etc., and information specific to the environment being protected e.g. the Emergency Room, Behavioral Health units etc.
 |  |  |  |  |
| * + 1. Security personnel have met and maintain the training and certification requirements required in OAR Division 60 Rules and the Department of Public Safety Standards and Training (DPSST).
 |  |  |  |  |
| * + 1. **In addition** tomeeting OAR Division 60 Rules and DPSST training requirements, ongoing training is conducted for security personnel that includes healthcare security industry best practices and critical functions such as use of force; defensive equipment; facility processes to prevent and manage aggressive behavior/violence etc.
 |  |  |  |  |
| * + 1. Use-of-force policies for security personnel meet regulatory compliance and are reviewed on a periodic basis.
 |  |  |  |  |
| Security Rounding |
| * + 1. Where applicable, the organization has instituted purposeful security rounding for all patients which includes:
1. A structured process for conducting rounding including clear expectations of components covered during rounds.
 |  |  |  |  |
| 1. Involvement of front- line employees and security in the development of rounding process.
 |  |  |  |  |
|  Employee Dress Code |
| * + 1. Employees are provided with identification badges, preferably without last names, to readily verify employment.
 |  |  |  |  |
| * + 1. Employees are discouraged from:
1. Wearing necklaces or chains to help prevent possible strangulation in confrontational situations.
 |  |  |  |  |
| 1. Wearing expensive jewelry or carrying large sums of money.
 |  |  |  |  |
| 1. Carrying keys or other items that could be used as weapons.
 |  |  |  |  |
| * + 1. Wearing long hair in a manner where it could be grabbed and used to pull or shove employees.
 |  |  |  |  |
| 1. **Hazard Control and Prevention cont.**
 | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| 1. **Administrative and Work Practice Controls cont.**
 |
| **For questions 3-9 with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion** |
| Incident Response |
| * + 1. There is a defined violence response plan/process(e.g. violence rapid response team/ a ‘code grey’ protocol) which includes (but is not limited to):
1. Clear roles for employees
 |  |  |  |  |
| 1. Use of properly trained security officers and counselors to respond to aggressive behavior
 |  |  |  |  |
| 1. Written security procedures including law enforcement notification and involvement
 |  |  |  |  |
| 1. A process is in place to ensure employees know and are familiar with the operation of their organization’s emergency devices where applicable (e.g., personal alarms, restraints).
 |  |  |  |  |
| 1. A clear process for employees to initiate the violence response plan in the event of a violent incident or threat of violence
 |  |  |  |  |
| 1. A process is in place to ensure all employees are familiar with how and when to call for an emergency response team (if applicable) in the event of a violent incident or threat of violence
 |  |  |  |  |
| 1. That adequate and qualified employees are available at all times, especially during high-risk times such as patient transfers, emergency responses, mealtimes and at night
 |  |  |  |  |
| 1. That adequate and qualified employees are available to disarm and de-escalate patients if necessary
 |  |  |  |  |
| 1. Assessment of changing patient routines and activities to reduce or eliminate the possibility of violent outbursts
 |  |  |  |  |
| * + 1. Plan for conducting drills of the violence response plan at least annually
 |  |  |  |  |
| * + 1. There is a process for routine and as needed maintenance of security systems, lighting etc.
 |  |  |  |  |
| * + 1. Organizational emergency response plan is integrated with the emergency preparedness plan as appropriate (active shooter, bomb threat, child abduction etc.)
 |  |  |  |  |
| **For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion** |
| 1. **Hazard Control and Prevention cont.**
 | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| 1. **Administrative and Work Practice Controls cont.**
 |
| Post Incident Procedure |
| * + 1. A process is in place to:
1. Have immediate evaluation of all employee/visitors involved in violent incidents evaluated by medical employees.
 |  |  |  |  |
| 1. Assure appropriate support and resources are provided to involved employees/patients/ visitors immediately and on an ongoing basis (e.g. law enforcement, EAP, EOHS).
 |  |  |  |  |
| 1. Support employees in their right to file a police report after a violent incident/threat of violence occurs.
 |  |  |  |  |
| * + 1. There is an effective return to work program for employees who are on restricted/modified duty due to a work related injury.
 |  |  |  |  |
| * + 1. Management supports and facilitates a process to meet the requirements of *ORS 654.418.*

**‘Protection of employee of health care employer after assault by patient’.** If a health care employer directs an employee who has been assaulted by a patient on the premises of the health care employer to provide further treatment to the patient, the employee may request that a second employee accompany the employee when treating the patient. If the health care employer declines the employee’s request, the health care employer may not require the employee to treat the patient.’  |  |  |  |  |
| * + 1. There is a business continuity and recovery plan that includes, but is not limited to:
1. Policies and procedures regarding making appropriate insurance notifications after applicable violent events, such as workers ‘compensation.
 |  |  |  |  |
| 1. Communication plan for internal and external (if applicable) audiences following high profile events that is consistent with state, federal and organizational privacy requirements.
 |  |  |  |  |
| **For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion** |
| 1. **Hazard Control and Prevention cont.**
 | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| 1. **Administrative and Work Practice Controls cont.**
 |
| Incident Investigation |
| 1. There is a process to conduct an immediate root cause analysis of violence related incidents/events to determine system cause of incidents and identify solutions. This process may include post-event huddles (after action reviews) with affected employees and unit/dept. managers (as appropriate) as defined by policy.
 |  |  |  |  |
| 1. A process is in place to follow-up on any issues raised in incident analysis and huddles.
 |  |  |  |  |
| 1. A process is in place for violence prevention team and/or leadership to review analyses.
 |  |  |  |  |
| 1. A process is in place for learnings from analyses to be shared across the organization
 |  |  |  |  |
| Other |
| * + 1. Other procedures to be developed and followed and may include:
			1. Search of patients’ belongings and discovery of weapons during search
 |  |  |  |  |
| * + - 1. Consumption of alcohol and/or illegal drugs by patients and/or family members/victors
 |  |  |  |  |
| * + - 1. Victims or criminals/alleged perpetrators of crime as patients
 |  |  |  |  |
| **For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Hazard Control and Prevention cont.**
 | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| 1. **Administrative and Work Practice Controls cont.**
 |
| For Home Health Employees if applicable  |
| * + 1. Management supports and facilitates a process to meet the requirements of ORS 654.421.

Refusal to treat certain patients by home health care employee i.e.An employee who provides home health care services may refuse to treat a patient unless accompanied by a second employee if, based on the patient’s past behavior or physical or mental condition, the employee believes that the patient may assault the employee. |  |  |  |  |
| An employee who provides home health care services may refuse to treat a patient unless the employee is equipped with a communication device that allows the employee to transmit one-way or two-way messages indicating that the employee is being assaulted. ORS  654.421 |  |  |  |  |
| * + 1. Management supports and facilitates a process to meet the requirements of ORS 654.423.

Use of physical force by home health care employee in self-defense against assault. i.e. A health care employer may not impose sanctions against an employee who used physical force in self-defense against an assault if the health care employer finds that the employee:* + - * 1. Was acting in self-defense in response to the use or imminent use of physical force;
 |  |  |  |  |
| * + - * 1. Used an amount of physical force that was reasonably necessary to protect the employee or a
 |  |  |  |  |
| * + - * 1. third person from assault; and
 |  |  |  |  |
| * + - * 1. Used the least restrictive procedures necessary under the circumstances, in accordance with an approved behavior management plan, or other methods of response approved by the health care employer.
 |  |  |  |  |
| 1. As used in this section, “self-defense” means the use of physical force upon another person in self-defense or to defend a third person.
 |  |  |  |  |
| **For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Education & Training | Yes | No  | Partially Implemented  | Will not be Implemented or is Not Applicable |
| 1. Periodic violence prevention training (Assault prevention and protection) is provided to all employees, providers and contract personnel:
2. On a regular and ongoing basis, e.g. annually - *ORS 654.414 (1) c).*
 |  |  |  |  |
| 1. When violence prevention processes/procedures are implemented.
 |  |  |  |  |
| 1. Expectations related to the violence prevention program and supporting education have been incorporated into new hire orientation for:

All clinical employees |  |  |  |  |
| 1. Non–clinical employees
 |  |  |  |  |
| 1. Contracted employees e.g. security, travelers or agency personnel etc. contracted providers e.g. physicians.
 |  |  |  |  |
| 1. A process is in place to address the training needs of students (nurses, therapists, OR/Imaging technicians etc.) and volunteers
 |  |  |  |  |
| 1. Assault prevention and protection training is provided to a new employee within 90 days of the employee’s initial hiring date.*ORS 654.414 (4)b*
 |  |  |  |  |
| 1. Training content is relevant for target population as it relates to their role and responsibilities within the violence prevention program etc., e.g. unit managers, direct care employees, non- clinical employees, security personnel etc.
 |  |  |  |  |
| 1. Assault prevention and protection training required shall address the following topics*ORS 654.414*
2. General safety and personal safety procedures; e.g. all hazard control and preventions strategies and procedures that have been implemented nature and extent of risks associated with specific jobs/location.
 |  |  |  |  |
| 1. Escalation cycles for assaultive behaviors; (including identify non-patients/visitors at risk or exhibiting at risk behaviors for violence
 |  |  |  |  |
| 1. Factors that predict assaultive behaviors
 |  |  |  |  |
| 1. Techniques for obtaining medical history from a patient with assaultive behavior
 |  |  |  |  |
| 1. Verbal and physical techniques to de-escalate and minimize assaultive behaviors;
 |  |  |  |  |
| 1. Strategies for avoiding physical harm and minimizing use of restraints;
 |  |  |  |  |
| 1. Restraint techniques consistent with regulatory requirements;
 |  |  |  |  |
| 1. Self-defense, including:
2. The amount of physical force that is reasonably necessary to protect the employee or a third person from assault; and
 |  |  |  |  |
| 1. **Education & Training cont.**
 | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| 1. The use of least restrictive procedures necessary under the circumstances, in accordance with an approved behavior management plan, and any other methods of response approved by the health care employer
 |  |  |  |  |
| 1. Procedures for documenting and reporting incidents involving assaultive behaviors;
 |  |  |  |  |
| 1. Programs for post-incident counseling and follow-up;
 |  |  |  |  |
| 1. Resources available to employees for coping with assaults; and
 |  |  |  |  |
| 1. The health care employer’s workplace assault prevention and protection program.
 |  |  |  |  |
| Additional topics to consider:* Possible medical and psychological effect of violence aggression on employees
* Addressing management of patients who do not intend to assault employees e.g. confused elderly, patients recovering from anesthesia
 |  |  |  |  |
| 1. A process is in place to offer additional conflict and crisis intervention education, to include, de-escalation techniques training to employees working in areas prone to violence, as identified by the organization.
 |  |  |  |  |
| 1. There are clearly identified learning outcomes or objectives for all training classes
 |  |  |  |  |
| 1. Training includes methods to ensure competency of skills being taught such as de-escalation techniques and management of aggressive/violence patients e.g. use of return demonstration
 |  |  |  |  |
| 1. Violence prevention education is conducted by a person(s) who is qualified and has demonstrated abilities to be able to effectively teach the target employee/contractor population
 |  |  |  |  |
| 1. Records of attendance and competency verification (as applicable) are kept for each individual completing violence prevention related training and retained per organization policy and any applicable laws.

 *It is recommended that training records should include the subject matter, time, date, duration of training, instructor’s name and affiliation, and competency verification.* |  |  |  |  |
| 1. Members of the violence prevention team have additional training on violence prevention so that they can serve as resources to their patient care areas (this may be provided through the violence prevention champions or outside opportunities).
 |  |  |  |  |
| 1. A health care employer may use classes, video recordings, brochures, verbal or written training or other training that the employer determines to be appropriate, based on an employee’s job duties, under the assault prevention and protection program developed by the employer. *ORS 654.414 (4)*
 |  |  |  |  |
| **For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion** |
| Ongoing Program Evaluation | **Yes** | **No**  | **Partially Implemented**  | **Will not be Implemented or is Not Applicable** |
| Evaluating Interventions/Solutions  |
| * 1. A process to review the violence prevention program on a periodic basis is in place that includes:
1. Analysis of trends and rates in the number of incidents, illnesses, injuries or fatalities caused by violence relative to initial or “baseline” rates on a periodic basis.
 |  |  |  |  |
| 1. Improvement is measured based on lowering the frequency and severity of workplace violence.
 |  |  |  |  |
| 1. Review of reports and minutes from employee meetings on safety and security issues.
 |  |  |  |  |
| 1. Survey of workers before and after making job or worksite changes or installing security. Measures or new systems to determine their effectiveness
 |  |  |  |  |
| 1. Keeping up-to-date records of administrative and work practice changes to prevent workplace violence to evaluate how well they work.
 |  |  |  |  |
| 1. Compliance with Oregon OSHA requirements for recording and reporting injuries, illnesses, and fatalities and violence prevention regulations.
 |  |  |  |  |
| **For questions with a “No” or “Partially Implemented” identify the specific follow up including persons responsible and timeline for completion** |
| Proactive Hazard Prevention |
| 1. Proactive audits of units/departments are conducted to identify risk factors and related gaps in

 current policies and practices that may contribute to violence related incidents and address them. |  |  |  |  |
| 1. Identification of security/violence prevention related issues are included in regular safety and

Environment of Care rounds and a process is in place to address hazards identified and implement recommendations. |  |  |  |  |
| 1. Periodic law enforcement or outside consultant review of the worksite for recommendations on improving worker safety is conducted.
 |  |  |  |  |
| 1. Periodic gap analysis of the violence prevention program is conducted
 |  |  |  |  |
| 1. Periodic survey of workers to learn if they experience hostile situations in performing their jobs

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

**References**

2013 OSHA publications retrieved from <https://www.osha.gov/dsg/hospitals/mgmt_tools_resources.html>

* Safety and Health Management Systems (OSHA) and Joint Commission Standards
* **Safety and Health Management Systems: A Road Map for Hospitals**
* **Hospital Safety and Health Management System Self-Assessment Questionnaire**

**A guide to the development of a Workplace Violence Prevention Program: Implementing the Program in Your Organization – Book 1.**  Ontario Safety Association for Community & Healthcare. 2006. <https://www.ona.org/documents/File/healthandsafety/violence/Book1_OSACH_Violence.pdf>

[**Can it happen here?**](http://www.cbs.state.or.us/osha/pdf/pubs/2857.pdf) Oregon OSHA[http://www.cbs.state.or.us/osha/pdf/pubs/2857.pdf](http://www.cbs.state.or.us/osha/pdf/pubs/2857.pdf%20)

**Department of Public Safety Standards and Training (DPSST)**. <https://www.oregon.gov/dpsst/PS/Pages/Executive-Managers.aspx>

**Elements of a Best Practice Violence Prevention Program for BC Healthcare**. The Occupational Health and Safety Agency for Healthcare in BC (OHSAH) 2005.

<http://www.heu.org/sites/default/files/uploads/2008_healthsafety/OHSAH%20Violence_Prevention_Guide.pdf>

**Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers.** U.S. Department of Labor Occupational Safety and Health Administration (OSHA) Publication3148-04R 2015 <https://www.osha.gov/Publications/osha3148.pdf>

**Healthcare Facility Workplace Violence Risk Assessment Tools**.American Society for Healthcare Risk Management. (ASHRM) 2014.  [http://www.ashrm.org/ashrm/education/programs/Workplace-Violence/index.shtml](http://www.ashrm.org/ashrm/education/programs/Workplace-Violence/index.shtml%20%C2%A0%C2%A0)

**HealthCare Security Industry Guidelines 2016.** The International Association for HealthCare Safety and Security**(IAHSS)** <http://www.iahss.org/>

**Mitigating Violence in the Workplace**. The American Organization of Nurse Executives Guiding Principles, AONE with the [Emergency Nurses Association, 2014. http://www.aone.org/resources/PDFs/Mitigating\_Violence\_GP\_final.pdf](file:///C%3A%5CUsers%5CLynda%5CDesktop%5CA%20OAHHS%20ALL%20FILES%5CWPV%20research%5CIMMEDIATE%20to%20review%5CGap%20Analysis%20ideas%5CEmergency%20Nurses%20Association%2C%202014.%20http%3A%5Cwww.aone.org%5Cresources%5CPDFs%5CMitigating_Violence_GP_final.pdf)

**Managing Disruptive Behavior and Workplace Violence. ASIS Health Care Security Council 2011.** <http://www.g4s.us/~/media/Files/USA/PDF-Articles/Hospitals%20and%20Healthcare/Council_Healthcare_WorkplaceViolence.ashx>

**Oregon Administrative Rules** **Division 60 259-060-0005:0600 ‘Private security Services Providers Rules’** <http://arcweb.sos.state.or.us/pages/rules/oars_200/oar_259/259_060.html>

**Preventing Violence in Health Care 5 Steps to an Effective Program.** Worksafe BC 2005. <http://www.worksafebc.com/publications/health_and_safety/by_topic/assets/pdf/violhealthcare.pdf>

**Preventing Violence in Health Care Gap Analysis Tool.** Minnesota Department of Health 2014. <http://www.health.state.mn.us/patientsafety/preventionofviolence/preventingviolenceinhealthcaregapanalysis.pdf>

**Preventing Violent and Aggressive Behavior in Health Care Workshop Summary 2005**. Worksafe BC 2005. <http://www2.worksafebc.com/PDFs/healthcare/VioWorkshopSummary.pdf>

**Provincial Violence Prevention Initiative Final Report.** Health Employers Association of British Columbia (HEABC)

July 2012. <http://www.heabc.bc.ca/public/HSIA/HSIA_Initiative4_FinalReport.pdf>

**Preventing Violence in the Health Care Setting. The Joint Commission 2010.** <http://www.jointcommission.org/assets/1/18/SEA_45.PDF>

[**Violence in the Workplace: Creating a Workplace Violence-Prevention Program.**](http://www.cbs.state.or.us/external/osha/pdf/pubs/2857.pdf) OR-OSHA. [http://www.cbs.state.or.us/external/osha/pdf/pubs/2857.pdf](http://www.cbs.state.or.us/external/osha/pdf/pubs/2857.pdf%20)

**Violence Occupational Hazards in Hospitals.** National Institute for Occupational Safety and Health (NIOSH) 2002. DHHS (NIOSH) Publication Number 2002-101. <http://www.cdc.gov/niosh/docs/2002-101/pdfs/2002-101.pdf>

**Appendix I**

**OREGON REVISED STATUTES**

Chapter 654 - Occupational Safety and Health

2011 EDITION

<http://www.orosha.org/standards/ORS654.html>

SAFETY OF HEALTH CARE EMPLOYEES

**654.412 Definitions for ORS 654.412 to 654.423.** As used in ORS 654.412 to 654.423:

      (1) “Assault” means intentionally, knowingly or recklessly causing physical injury.

      (2) “Health care employer” means:

      (a) An ambulatory surgical center as defined in ORS 442.015.

      (b) A hospital as defined in ORS 442.015.

      (3) “Home health care services” means items or services furnished to a patient by an employee of a health care employer in a place of temporary or permanent residence used as the patient’s home. [2007 c.397 §2]

**654.414 Duties of health care employer; security and safety assessment; assault prevention program; requirements.** (1) A health care employer shall:

      (a) Conduct periodic security and safety assessments to identify existing or potential hazards for assaults committed against employees;

      (b) Develop and implement an assault prevention and protection program for employees based on assessments conducted under paragraph (a) of this subsection; and

      (c) Provide assault prevention and protection training on a regular and ongoing basis for employees.

      (2) An assessment conducted under subsection (1)(a) of this section shall include, but need not be limited to:

      (a) A measure of the frequency of assaults committed against employees that occur on the premises of a health care employer or in the home of a patient receiving home health care services during the preceding five years or for the years that records are available if fewer than five years of records are available; and

      (b) An identification of the causes and consequences of assaults against employees.

      (3) An assault prevention and protection program developed and implemented by a health care employer under subsection (1)(b) of this section shall be based on an assessment conducted under subsection (1)(a) of this section and shall address security considerations related to the following:

      (a) Physical attributes of the health care setting;

      (b) Staffing plans, including security staffing;

      (c) Personnel policies;

      (d) First aid and emergency procedures;

      (e) Procedures for reporting assaults; and

      (f) Education and training for employees.

      (4)(a) Assault prevention and protection training required under subsection (1)(c) of this section shall address the following topics:

      (A) General safety and personal safety procedures;

      (B) Escalation cycles for assaultive behaviors;

      (C) Factors that predict assaultive behaviors;

      (D) Techniques for obtaining medical history from a patient with assaultive behavior;

      (E) Verbal and physical techniques to de-escalate and minimize assaultive behaviors;

      (F) Strategies for avoiding physical harm and minimizing use of restraints;

      (G) Restraint techniques consistent with regulatory requirements;

      (H) Self-defense, including:

      (i) The amount of physical force that is reasonably necessary to protect the employee or a third person from assault; and

      (ii) The use of least restrictive procedures necessary under the circumstances, in accordance with an approved behavior management plan, and any other methods of response approved by the health care employer;

      (I) Procedures for documenting and reporting incidents involving assaultive behaviors;

      (J) Programs for post-incident counseling and follow-up;

      (K) Resources available to employees for coping with assaults; and

      (L) The health care employer’s workplace assault prevention and protection program.

      (b) A health care employer shall provide assault prevention and protection training to a new employee within 90 days of the employee’s initial hiring date.

      (c) A health care employer may use classes, video recordings, brochures, verbal or written training or other training that the employer determines to be appropriate, based on an employee’s job duties, under the assault prevention and protection program developed by the employer. [2007 c.397 §3]

**654.415** [Repealed by 1973 c.833 §48]

**654.416 Required records of assaults against employees; contents; rules.** (1) A health care employer shall maintain a record of assaults committed against employees that occur on the premises of the health care employer or in the home of a patient receiving home health care services. The record shall include, but need not be limited to, the following:

      (a) The name and address of the premises on which each assault occurred;

      (b) The date, time and specific location where the assault occurred;

      (c) The name, job title and department or ward assignment of the employee who was assaulted;

      (d) A description of the person who committed the assault as a patient, visitor, employee or other category;

      (e) A description of the assaultive behavior as:

      (A) An assault with mild soreness, surface abrasions, scratches or small bruises;

      (B) An assault with major soreness, cuts or large bruises;

      (C) An assault with severe lacerations, a bone fracture or a head injury; or

      (D) An assault with loss of limb or death;

      (f) An identification of the physical injury;

      (g) A description of any weapon used;

      (h) The number of employees in the immediate area of the assault when it occurred; and

      (i) A description of actions taken by the employees and the health care employer in response to the assault.

      (2) A health care employer shall maintain the record of assaults described in subsection (1) of this section for no fewer than five years following a reported assault.

      (3) The Director of the Department of Consumer and Business Services shall adopt by rule a common recording form for the purposes of this section. [2007 c.397 §4]

**654.418 Protection of employee of health care employer after assault by patient.** If a health care employer directs an employee who has been assaulted by a patient on the premises of the health care employer to provide further treatment to the patient, the employee may request that a second employee accompany the employee when treating the patient. If the health care employer declines the employee’s request, the health care employer may not require the employee to treat the patient. [2007 c.397 §5]

**654.420** [Repealed by 1973 c.833 §48]

**654.421 Refusal to treat certain patients by home health care employee.** (1) An employee who provides home health care services may refuse to treat a patient unless accompanied by a second employee if, based on the patient’s past behavior or physical or mental condition, the employee believes that the patient may assault the employee.

      (2) An employee who provides home health care services may refuse to treat a patient unless the employee is equipped with a communication device that allows the employee to transmit one-way or two-way messages indicating that the employee is being assaulted. [2007 c.397 §6]

**654.423 Use of physical force by home health care employee in self-defense against assault.** (1) A health care employer may not impose sanctions against an employee who used physical force in self-defense against an assault if the health care employer finds that the employee:

      (a) Was acting in self-defense in response to the use or imminent use of physical force;

      (b) Used an amount of physical force that was reasonably necessary to protect the employee or a third person from assault; and

      (c) Used the least restrictive procedures necessary under the circumstances, in accordance with an approved behavior management plan, or other methods of response approved by the health care employer.

      (2) As used in this section, “self-defense” means the use of physical force upon another person in self-defense or to defend a third person. [2007 c.397 §7]