



## SAMPLE – Violence Prevention Checklist

1. Does the facility have a written workplace violence prevention/management policy/program? Yes  No
2. Has an individual or department been designated as being responsible for overseeing the workplace violence prevention/management program? Yes  No
3. Is a formal committee assigned responsibility for oversight of the workplace violence prevention program, including keeping abreast of new strategies available to manage violence and compliance with OSHA and state requirements? Yes  No
4. Does the orientation and annual training for staff members (including healthcare providers) include the following:
  - a. Review of the workplace violence prevention/management policy/program? Yes  No
  - b. Review of policies/procedures for reporting and record keeping? Yes  No
  - c. Review of policies/procedures for obtaining medical care, counseling, workers' compensation, and/or legal assistance after a violent episode or injury? Yes  No
  - d. Training on identifying and managing a potentially violent situation? Yes  No
  - e. Risk factors associated with violent behavior? Yes  No
  - f. Early recognition of escalating behavior? Yes  No
  - g. Escalating behavior control methods (e.g., nonviolent crisis intervention)? Yes  No
  - h. Appropriate use of restraints and safe application of restraints? Yes  No
  - i. Information on multicultural diversity? Yes  No
  - j. Review of a standard response to violent situations (e.g., availability of assistance, response to alarm systems, communication procedures)? Yes  No
  - k. Management of hostile persons other than the patient (e.g., family members, visitors)? Yes  No
  - l. Location and operation of safety devices (e.g., alarm systems)? Yes  No

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Updated: January 2017

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5. Are risk assessments conducted on a regular basis to assess for the existence of factors that may increase the risk of patient, family member, and/or visitor violence? Yes  No
6. Are all workplace violence events analyzed, including with regard to the characteristics of the assailants and victims, details of the situation, facility response, and risk factors present before and during the event (e.g., lighting problems, lack of communication devices, security problems)? Yes  No
7. Do engineering controls include the following:
- a. Alarm systems and other security devices which are regularly maintained? Yes  No
  - b. Metal detectors (installed or handheld), where appropriate, to detect weapons and other dangerous items? Yes  No
  - c. Closed-circuit video recording in high-risk areas on a 24-hour basis (The public is alerted to video recording through signage)? Yes  No
  - d. Curved mirrors at hallway intersections and concealed areas? Yes  No
  - e. Nursing stations enclosed with deep service counters and/or bullet-resistant, shatterproof glass in reception, triage, and admitting areas? Yes  No
  - f. Employee “safe rooms” for emergencies? Yes  No
  - g. “Time-out” or seclusion areas for patients who are disruptive? Yes  No
  - h. Two exits from patient care and counseling rooms? Yes  No
  - i. Furniture arranged to avoid entrapment of a staff member? Yes  No
  - j. Unused doors locked to limit access in accordance with local fire codes? Yes  No
  - k. Regularly maintained, bright, and effective lighting – both inside and outside? Yes  No
8. Do administrative and work practice controls include the following:
- a. A policy on zero tolerance for violence, which is clearly presented to employees, clients, the medical staff, patients, and visitors? Yes  No
  - b. A requirement for employees to report all assaults or threats to their supervisor or manager? Yes  No
  - c. Education of employees on the procedures for requesting police assistance and/or filing charges when assaulted? Yes  No
  - d. Readiness of a trained response team to respond to emergencies? Yes  No

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- e. Trained security officers to respond to aggressive and violent behavior? Yes  No
- f. Security officers who follow written security procedures when managing aggressive or violent behavior? Yes  No
- g. Measures to reduce patient wait time and provide timely updates to patients and families waiting in line or for information? Yes  No
- h. A process to flag the records of patients with a known history of violence? Yes  No
- i. Completion of a behavioral history on new and transfer patients to assess them for past violent and assaultive behaviors? Yes  No
- j. The presence in the room of another team member when nurses and/or healthcare providers perform a sensitive physical examination of a patient? Yes  No
- k. Controlled access to areas of the hospital that are not waiting rooms (e.g., drug storage and pharmacy areas, surgical suites after hours)? Yes  No
- l. Discouraging employees from wearing or carrying personal items that may be used against them as weapons to cause injury (e.g., necklaces, keys)? Yes  No
- m. Availability of security escorts for staff members going to parking areas after dark? Yes  No
- n. The presence of more than one staff member working in high-risk areas (e.g., emergency departments, behavioral health units) at all times? Yes  No
- o. Encouraging use of the “buddy system” when personal safety may be threatened (e.g., home care workers)? Yes  No
9. Are field staff members required to submit a daily work plan and check in regularly to keep a designated contact person aware of their whereabouts? Yes  No
10. Are mock drills conducted on a regular basis to test and evaluate the response of staff members to a potentially violent situation? Yes  No

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