Violence Protection

Initial assessment by: ______________________ Date: ______________

In consultation with: ______________________

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Date of previous assessment: ______________________

Violence is a concern for everyone in a healthcare facility. If a facility is considered to be at risk for violence, its workers may not function effectively, its reputation may suffer, Workers' Compensation costs may increase, and patients may go elsewhere. Under Environment of Care standard EC.2.10, the Joint Commission on Accreditation of Healthcare Organizations requires accredited facilities to address the risk of workplace violence. Among the requirements are for facilities to maintain a written plan describing how security of patients, staff, and other facility visitors will be ensured; to conduct proactive risk assessments considering the potential for workplace violence; and to determine a means for identifying individuals on its premises and controlling access to and egress from security-sensitive areas. Under its Patients' Rights Condition of Participation, the Centers for Medicare & Medicaid Services requires healthcare facilities to provide a safe setting for patients and ensure that patients are not subject to any form of abuse or harassment. Additionally, in 2004, the Occupational Safety and Health Administration (OSHA) released updated voluntary guidelines for preventing violence in healthcare facilities.

This Self-Assessment Questionnaire (SAQ) is designed to help risk managers determine their facility's violence risk level and any improvements or additions needed in their facility's violence prevention programs. Regardless of a facility's risk level, *Healthcare Risk Control* (*HRC*) recommends that this SAQ be completed in its entirety, as it may help a facility 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 violence. *HRC* includes nonemployees in the definition of healthcare worker for two reasons: first, security should be considered everyone's concern; second, anyone can be a victim or an assailant. Facility policymakers should determine if a reason exists to distinguish between employee and nonemployee healthcare workers. *HRC* recommends that this SAQ be completed annually.

The resources listed below were considered in the development of this SAQ. This list is not intended to be comprehensive.

- Centers for Medicare & Medicaid Services Conditions of Participation for Hospitals, 42 CFR § 482.13.
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO). *Comprehensive accreditation manual for hospitals*. Oakbrook Terrace (IL): JCAHO; 2005.
- Occupational Safety and Health Administration. Guidelines for preventing violence for health care & social services workers. 3148-01R; 2004.
- Violence in healthcare facilities [risk analysis]. *Healthc Risk Control* 2005 Sep;2:Safety and Security 3.

Administration

Question	Yes	No	N/I*	N A	Comments
1. Has the facility adopted a zero-tolerance policy regarding violence?					
1.1. Is management's commitment to the zero-tolerance policy demonstrated by follow-through on all potential or actual violent incidents?					
2. Does the facility have a written violence-prevention plan?					
2.1. Do frontline caregivers as well as management employees participate in the creation of the violence-prevention plan?					
2.2. Does the plan address procedures for handling media requests regarding violent incidents?					
2.3. Is the plan evaluated annually?					
3. Does your facility's definition of violence include					
a. fatalities?					
b. physical assaults?					
c. harassment?					
d. aggressive behavior?					
e. threats?					
f. verbal abuse?					
g. sexual assaults?					
4. Is a system in place for employees to report violent incidents or perceived threats of violence?					
4.1. Are employees encouraged to use the reporting system?					
4.2. Are employees who report violence or potential violence assured that they will not face reprisals?					
5. Has a threat-assessment team performed a work-site analysis that includes both a records review and a physical walk-through to determine the facility's violence risk level?					
5.1. Does the facility's violence-prevention plan provide a way to both select and implement controls based on the specific risks identified in the work-site analysis?					
6. Is there a system in place for prompt notification of employees of specific security hazards or threats that may arise?					

* "N/I" stands for Needs Improvement.

	Yes	No	N/I*	N A	Comments
7. Does the facility have a policy on possession of weapons by visitors, patients, and employees?					
7.1. Are procedures in place to safely confiscate any weapons found in possession of building occupants?					
8. Does the facility's violence-prevention program include a plan for responding to hostage situations?					
9. Do the facility'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)?					

Records Review

10. Does the records review include					
a. the 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. any suggestions submitted by healthcare workers?					
g. healthcare-worker training records for violence prevention, violence de-escalation, etc.?					
h. employee termination records?					
i. supervisors' reports, providing 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?					
11. Does the threat-assessment team determine the number of violent incidents that occurred in the surrounding community during the last two years?					
12. Does the team determine the number of violent incidents that occurred on facility property during the last two years?					
12.1. For incidents involving employees as victims, are the incidents broken down by type of injury to victim and lost work days?					
12.2. Does the team determine how often the assailant was					

	Yes	No	N/I*	N A	Comments
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?					
12.3. Does the team determine how often the victim was					
a. a healthcare worker?					
b. a family member, friend, or associate of a healthcare worker?					
c. a patient?					
d. a family member, friend, or associate of a patient?					
e. an outsider?					
12.4. Does the team 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?					
12.5. Does the team determine					
a. whether healthcare workers are properly and regularly filling out event reports?					
b. whether the facility's violent-event report form provides spaces for all the information requested above?					

Physical Walk-Through

13. Does the physical walk-through include survey of					
a. access control, including window and door security?					
b. staffing levels during different times of day?					
c. room layout that could result in an individual becoming trapped in a room by a violent perpetrator?					
d. furniture that could be used as a weapon?					
e. mechanisms to relieve overcrowding?					
f. location and function of alarm systems and panic buttons?					

Question	Yes	No	N/I*	N A	Comments
g. situations in which healthcare workers are required to work alone?					
h. protection of healthcare workers who work alone (e.g., use of an open walkie-talkie connected to main desk)?					
i. situations in which healthcare workers may be working alone with vulnerable or unconscious patients (e.g., recovery rooms)?					
j. staff knowledge of emergency codes and how to respond?					
k. staff feelings regarding the safety of their walk to the workplace?					
l. other concerns or fears of healthcare workers?					
m. neighborhoods that home healthcare workers are required to visit?					
n. signage marking fire exits and escape routes?					
o. the internal phone system for activating emergency assistance?					
p. posting or ready availability of emergency phone numbers?					
q. visibility of patients and visitors to staff in reception and work areas?					
r. availability of private areas for distraught family members?					
s. safe location of human resources department (i.e., not centrally located but not in an isolated area, as personnel may be exposed to potentially violent, disgruntled employees)?					
13.1. Does the 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 light at exits is consistent with the lighting outside?					
13.2. Are access control measures used throughout the facility?					
a. Is there a receptionist at the main entrance to greet all visitors or suppliers?					

	Yes	No	N/I*	N A	Comments
b. Are nonvisitor entrances secure on the outside (e.g., requiring use of keypad or swipe card) and unlocked on the inside in accordance with any fire and building code requirements?					
c. Is there a procedure to control visitor and supplier access to the facility (e.g., use of color-coded visitor passes or identification [ID] cards that authorize access only to certain areas)?					
d. Is access restricted in areas where expensive equipment is stored?					
e. Is access to the maternity unit and nursery restricted?					
f. Is access to the pharmacy and other locations where drugs are stored restricted?					
g. Do healthcare workers know what to do if they find an unauthorized individual in an area?					
h. Do healthcare workers have secure places to store their personal belongings?					
14. Are all healthcare workers required to wear ID tags with the worker's photograph, name, and department?					
a. Are ID tags (and swipe cards) collected from terminated employees and other healthcare workers who are no longer authorized to be on the premises?					
b. Are keypad codes changed when healthcare workers are terminated or are no longer authorized to be on facility premises?					
15. Are curved mirrors used at appropriate corners in stairwells and high-risk locations, such as where a healthcare worker is working out of sight of anyone else?					
16. Are actions taken immediately to correct any violence-exposure hazards (e.g., poor lighting, broken windows, broken locks) identified during the physical walk-through?					
17. Is a metal detector used at some entry points?					
18. Is closed-circuit television monitoring used in high-risk areas?					

	Yes	No	N/I*	N A	Comments
19. 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, installation of bulletproof glass in the emergency department [ED])?					

Security Officers

	Yes	No	N/I*	N A	Comments
20. Does your facility have security officers?					
20.1. Do security officers carry firearms or other weapons, such as batons or pepper spray? If so,					
a. was their use approved by local law enforcement agencies?					
b. is periodic retesting in the use of weapons required?					
c. is there a written policy carefully delineating where and when it is appropriate to use each type of weapon?					
d. are security officers trained in use of weapons, especially firearms?					
20.2. Have security officers also been trained in					
a. aggressiveness de-escalation?					
b. multicultural sensitivity?					
c. use of restraints?					
21. Does human resources carefully screen security officers during the hiring process?					
22. If the facility does not have security officers, does it have an emergency response team to respond to violent incidents?					
22.1. Are members of the emergency response team specifically trained in					
a. use of restraints?					
b. verbal/physical maneuvers to avoid violent behaviors?					
c. the assault cycle?					
d. protection of patients, visitors, and healthcare workers?					
e. situations in which they should call local law enforcement?					

Relationship with Local Law Enforcement

	Yes	No	N/I*	N A	Comments
23. Does the facility have a good working relationship with local law enforcement departments?					

	Yes	No	N/I*	N A	Comments
23.1. Does the facility know the types of incidents on facility property to which the police will respond?					
23.2. Have the local police been given a map of the facility (in order to expedite investigations)?					
24. If your facility handles patients in police custody on a regular basis, is there a written policy specifically addressing, among other things					
a. the fact that, by law, police have the ultimate responsibility for guarding the prisoner?					
b. when and which prisoners must remain handcuffed?					
c. which patient rooms will be used by prisoners who must be admitted overnight?					
d. who will address media issues relating to well-known prisoners?					
e. what the police should do with their guns or other weapons upon entering the ED (i.e., does your facility use a gun box or other precautions to prevent someone else from seizing a gun)?					
24.1. Have the police seen copies of these policies or discussed them with the security director?					
25. Does the facility have a policy on law enforcement's use of weapons in the facility or on the facility campus?					

Emergency Department

	Yes	No	N/I*	N A	Comments
26. Depending on the level of risk identified in the ED, have the following controls been considered?					
a. Stationing of a receptionist in an area separate from the triage area to greet clients and help them to understand the process, reasons for delay, etc.					
b. Barriers separating clients from treatment areas					
c. Securing of the ED from the rest of the facility					
d. Availability of vending machines, magazines, telephones, rest rooms, etc.					
e. Increased staffing levels during high-use periods					
27. If metal detectors are used,					
a. is a security officer posted with the metal detector at all times?					
b. is every entrant scanned (to prevent accusations of discrimination)?					
c. is there a procedure on whether to seize weapons *other than guns* if found by the metal detector?					

	Yes	No	N/I*	N A	Comments
d. are officers responsible for impounding weapons trained to handle them safely?					
28. Are all healthcare workers aware of procedures to follow if a gun is found on or displayed by a visitor or patient?					
28.1. Do the procedures specify that workers should *not* try to take the gun away from the individual (e.g., the procedure is to politely ask an individual to leave and return without the gun or to call police)?					
28.2. Is there a procedure for impounding guns or other weapons found on unconscious or otherwise impaired patients during treatment?					
29. Are healthcare workers who work in the ED trained in					
a. aggressiveness de-escalation?					
b. self-defense?					
c. multicultural sensitivity?					
29.1. If the facility is located in an area at risk for gang activity, are ED workers provided with gang-awareness training?					

Parking Lots

30. Depending on the level of risk identified for the parking lot, have the following controls been considered?					
a. Improved lighting					
b. Elimination of columns, overgrown shrubbery, and other hiding places					
c. Accessible call boxes or panic buttons					
d. Electronic surveillance cameras					
e. Perimeter door access control					
f. Use of a security officer, either as an escort or during high-risk periods					
g. Restriction of night shift parking to the safest parking area					

Psychiatric or Mental Crisis Units

31. If your facility has a psychiatric or mental crisis unit, have the following controls been considered?					
a. Securing the unit from the rest of the building					
b. Securing furniture and other equipment to the ground					
c. Increasing staffing levels					

	Yes	No	N/I*	N A	Comments
d. Limiting movement of psychiatric patients through the facility					
31.1. 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 put a patient at an increased risk for violence?					

Home Healthcare Workers

	Yes	No	N/I*	N A	Comments
32. Depending on the level of risk identified for home healthcare workers, have the following controls been considered?					
a. Use of cellular phones or other means of communication					
b. A policy requiring home healthcare workers to report to someone at the facility when they arrive at and leave a destination					
c. A policy advising home healthcare workers not to bring valuables into patients' homes					
d. Use of a buddy or police escort system					
32.1. Do all home healthcare workers know when they can choose not to enter a home?					

Nursery and Pediatric Units

	Yes	No	N/I*	N A	Comments
33. If your facility has a nursery or pediatric units,					
a. is there a policy or procedure for handling estranged parents?					
b. is there a procedure in place for assessing the validity of abuse-protection and custody orders?					
c. is there a policy or procedure for handling disruptive parents or family members?					
d. is there an infant abduction policy?					

Domestic Abuse, Stalkers, and Violent Healthcare Workers

	Yes	No	N/I*	N A	Comments
34. Do policies exist for addressing domestic abuse, stalkers, or other personal issues that overflow into the workplace?					
34.1. Are healthcare workers encouraged to bring personal threats of harm to the attention of human resources or security, as appropriate?					

	Yes	No	N/I*	N A	Comments
34.2. Do healthcare workers know that this information will be kept confidential?					
34.3. If a healthcare worker is being stalked, will provisions be made to shift duty hours or duty assignments?					
34.4. If a healthcare worker or a patient is a victim of domestic abuse or of a stalker, do procedures exist to protect him or her while on site (e.g., photographs of abuser or stalker are distributed to receptionists, security, and floor staff; approved visitor lists are compiled)?					
35. Are supervisors taught to recognize signs that an employee may be experiencing domestic violence?					
35.1. Are supervisors and staff taught to recognize warning signs that a healthcare worker or other individual may become a perpetrator of violence?					
36. Are healthcare workers encouraged to report observations of signs of aggressiveness in colleagues or others?					

Hiring, Disciplining, and Firing of Employees

	Yes	No	N/I*	N A	Comments
37. Are there strict prescreening procedures for hiring healthcare workers, including (as appropriate)					
a. checking criminal records?					
b. checking employment references?					
c. checking civil records?					
d. tracing Social Security numbers?					
e. performing, in accordance with the Americans with Disabilities Act, psychological screening for security officers?					
38. Does the facility have an employee assistance program (EAP)?					
39. Are there policies for firing and disciplining healthcare workers?					
39.1. Do these policies reflect union agreements, if any?					
39.2. Are supervisors taught to be consistent in their disciplining and firing practices?					
39.3. Are healthcare workers given a copy of these rules and correlating disciplinary actions?					
39.4. Is a security officer required to be available when a healthcare worker is fired?					
39.5. Does the EAP provide job counseling for terminated or laid-off employees?					

	Yes	No	N/I*	N A	Comments
Training					
40. Do healthcare workers receive education on the facility's violence-reporting system?					
41. Are healthcare workers trained in basic violence prevention, including					
a. response to alarms?					
b. causes and early recognition of escalating violent behavior?					
c. diffusion of volatile situations?					
d. multicultural sensitivity?					
e. methods of restraint (especially for psychiatric healthcare workers)?					
f. self-defense?					
g. methods for dealing with distraught family members or friends of patients?					
h. location and operation of safety devices (e.g., alarm systems, emergency telephone systems)?					
i. required maintenance schedules for safety devices?					
j. avoidance of wearing necklaces or scarves to help prevent strangulation attempts?					
k. use of caution in elevators and stairwells?					
41.1. Do employees receive training on the following procedures to follow in the event of violence?					
a. Notification of the security department and/or police department					
b. Use of force					
c. Response by nonsecurity personnel					
d. Notification of police, including who is responsible for notifying them					
e. Notification of administration					
f. Counseling resources available following an incident					
41.2. Are clinical healthcare workers trained to recognize cues of violent behavior in patients, including					
a. past history of violence flagged on charts?					
b. excessive restlessness and agitation?					

	Yes	No	N/I*	N A	Comments
c. threatening behavior?					
d. toxic levels of some medications?					
e. some forms of head trauma?					
f. hallucinations?					
41.3. Are psychiatric personnel 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 attack)?					
c. drug abuse?					
41.4. Are drills conducted to test facility personnel's response to a violent event?					
42. Do agency/contract workers receive the same violence-prevention training as permanent staff?					
43. Is feedback solicited from employees regarding the effectiveness of training?					

Post-Violent-Incident Procedures

	Yes	No	N/I*	N A	Comments
44. Does the facility have a post-violent- incident support policy?					
44.1. Does the policy include procedures for					
a. providing medical care for victims?					
b. restricting access to the scene of the incident until it has been cleaned (e.g., removal of blood and broken glass)?					
c. debriefing healthcare workers following an incident?					
d. reporting incidents?					
e. investigating incidents?					
f. providing help in filing Workers' Compensation reports?					
g. providing counseling to those who were involved in or who witnessed the incident?					
h. following up with involved employees to ensure that appropriate medical treatment and counseling have been provided?					
45. Are worker injuries that require treatment beyond first aid and/or require days away from work recorded in the OSHA form 300 log?					
46. Are employees trained to be compassionate toward coworkers involved in a violent incident?					