*Workplace Violence Prevention Plan*

| Name of the Facility |  |
| --- | --- |
| Address |  |

# Introduction

Although not every workplace violence incident can be prevented, many can be, and the severity of injuries sustained by employees reduced by following a violence prevention plan. "Universal Precautions" for violence, states that violence should be expected but can be avoided or mitigated through preparation. Management and employee commitment are complementary and essential elements of an effective violence prevention program at our facility.

## According to OSHA, the purpose of the workplace violence plan is:

* To create and disseminate a clear policy that violence, verbal and nonverbal threats, and related actions, will not be tolerated.
* To ensure that no reprisals are taken against employees who report or experience workplace violence.
* To encourage prompt reporting of all violent incidents and recordkeeping of incidents to assess risk and to measure progress.
* To establish a plan for maintaining security in the workplace which includes law enforcement officials and other specialists.

## Our Threat Assessment and Patient Assault Response Team consist of the following members:

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3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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## Our management is committed to providing a safe workplace free of violence in the following ways:

* Emotional as well as physical health of the employee.
* Appropriate allocation of authority and resources to responsible parties.
* Equal commitment to worker safety and health and patient/client safety.
* A system of accountability for the supervisors/ managers and employees.
* A comprehensive program of medical and psychological counseling for employees experiencing or witnessing violent incidents.
* No employee reprisals for reporting incidents.

## The employees must be involved in the following ways:

* Understand, support, and comply with the established workplace violence plan/program.
* Participate in employee complaint or suggestions sessions.
* Provide prompt and accurate reporting of all workplace violence incidents.

## Employees should understand that:

* Reporting violence will benefit them, and enable management to identify, address, and solve problems.
* No reprisals will be taken by management or employer.

# Work site Analysis

A worksite analysis involves a step-by-step, commonsense look at the workplace to find existing or potential hazards for workplace violence. A detailed worksite analysis has been done by:

* Analyzing and tracking records such as workman’s compensation and insurance records, post-incident response reports, employee medical records, etc. ;
* Screening surveys: We have analyzed the surveys carried out within the facility to study the threat perception, fear levels, etc.
* Analyzing workplace security such as Building Designs, Alarms, Security Guards, removing items that could be used as potential weapons, etc.

## Engineering controls and workplace adaptations to minimize risk

Engineering controls remove the hazard from the workplace or create a barrier between the worker and the hazard. The following engineering controls have been incorporated at our facility to reduce hazards and prevent workplace violence: *(check as applicable)*

☐ The building design helps to eliminate or reduce security hazards.

☐ Install and regularly maintain alarm systems and other security devices, panic buttons, hand-held alarms or noise devices, cellular phones and private channel radios where risk is apparent or may be anticipated.

☐ Arrange for a reliable response system when an alarm is triggered.

☐ Provide metal detectors—installed or hand-held, where appropriate—to detect guns, knives or other weapons, according to the recommendations of security consultants.

☐ Use a closed-circuit video recording for high-risk areas on a 24-hour basis. Public safety is a greater concern than privacy in these situations.

☐ Place curved mirrors at hallway intersections or concealed areas.

☐ Enclose nurses’ stations and install deep service counters or bullet-resistant, shatter-proof glass in reception, triage and admitting areas or client service rooms.

☐ Provide employee “safe rooms” for use during emergencies.

☐ Establish “time-out” or seclusion areas with high ceilings without grids for patients who “act out” and establish separate rooms for criminal patients.

☐ Provide comfortable client or patient waiting rooms designed to minimize stress.

☐ Ensure that counseling or patient care rooms have two exits.

☐ Lock doors to staff counseling rooms and treatment rooms to limit access.

☐ Arrange furniture to prevent entrapment of staff.

☐ Use minimal furniture in interview rooms or crisis treatment areas and ensure that it is lightweight, without sharp corners or edges and affixed to the floor, if possible. Limit the number of pictures, vases, ashtrays or other items that can be used as weapons.

☐ Provide lockable and secure bathrooms for staff members separate from patient/client and visitor facilities.

☐ Lock all unused doors to limit access, in accordance with local fire codes.

☐ Install bright, effective lighting, both indoors and outdoors.

☐ Replace burned-out lights and broken windows and locks.

☐ Keep automobiles well maintained if they are used in the field.

☐ Lock automobiles at all times.

Others

☐ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Administrative and work practice controls at our facility to minimize risk are: *(check as applicable)*

☐ State clearly to patients, clients and employees that violence is not permitted or tolerated.

☐ Establish liaison with local police and state prosecutors. Report all incidents of violence. Give police physical layouts of facilities to expedite investigations.

☐ Require employees to report all assaults or threats to a supervisor or manager (for example, through a confidential interview). Keep log books and reports of such incidents to help determine any necessary actions to prevent recurrences.

☐ Advise employees of company procedures for requesting police assistance or filing charges when assaulted and help them do so, if necessary.

☐ Provide management support during emergencies. Respond promptly to all complaints.

☐ Set up a trained response team to respond to emergencies.

☐ Use properly trained security officers to deal with aggressive behavior. Follow written security procedures.

☐ Ensure that adequate and properly trained staff are available to restrain patients or clients, if necessary.

☐ Provide sensitive and timely information to people waiting in line or in waiting rooms. Adopt measures to decrease waiting time.

☐ Ensure that adequate and qualified staff is available at all times. The times of greatest risk occur during patient transfers, emergency responses, mealtimes and at night. Areas with the greatest risk include admission units and crisis or acute care units.

☐ Institute a sign-in procedure with passes for visitors, especially in a newborn nursery or pediatric department. Enforce visitor hours and procedures.

☐ Establish a list of “restricted visitors” for patients with a history of violence or gang activity. Make copies available at security checkpoints, nurses’ stations and visitor sign-in areas.

☐ Review and revise visitor check systems, when necessary. Limit information given to outsiders about hospitalized victims of violence.

☐ Supervise the movement of psychiatric clients and patients throughout the facility.

☐ Control access to facilities other than waiting rooms, particularly drug storage or pharmacy areas.

☐ Prohibit employees from working alone in emergency areas or walk-in clinics, particularly at night or when assistance is unavailable. Do not allow employees to enter seclusion rooms alone.

☐ Establish policies and procedures for secured areas and emergency evacuations.

☐ Determine the behavioral history of new and transferred patients to learn about any past violent or assaultive behaviors.

☐ Establish a system—such as chart tags, log books or verbal census reports—to identify patients and clients with assaultive behavior problems. Keep in mind patient confidentiality and worker safety issues. Update as needed.

☐ Treat and interview aggressive or agitated clients in relatively open areas that still maintain privacy and confidentiality (such as rooms with removable partitions).

☐ Use case management conferences with coworkers and supervisors to discuss ways to effectively treat potentially violent patients.

☐ Prepare contingency plans to treat clients who are “acting out” or making verbal or physical attacks or threats. Consider using certified employee assistance professionals or in-house social service or occupational health service staff to help diffuse patient or client anger.

☐ Transfer assaultive clients to acute care units, criminal units or other more restrictive settings.

☐ Ensure that nurses and physicians are not alone when performing intimate physical examinations of patients.

☐ Discourage employees from wearing necklaces or chains to help prevent possible strangulation in confrontational situations. Urge community workers to carry only required identification and money.

☐ Survey the facility periodically to remove tools or possessions left by visitors or maintenance staff that could be used inappropriately by patients.

☐ Provide staff with identification badges, preferably without last names, to readily verify employment.

☐ Discourage employees from carrying keys, pens or other items that could be used as weapons.

☐ Provide staff members with security escorts to parking areas in evening or late hours. Ensure that parking areas are highly visible, well lit and safely accessible to the building.

☐ Use the “buddy system,” especially when personal safety may be threatened. Encourage home health care providers, social service workers and others to avoid threatening situations. Advise staff to exercise extra care in elevators, stairwells and unfamiliar residences; leave the premises immediately if there is a hazardous situation; or request police escort if needed.

☐ Develop policies and procedures covering home health care providers, such as contracts on how visits will be conducted, the presence of others in the home during the visits and the refusal to provide services in a clearly hazardous situation.

☐ Establish a daily work plan for field staff to keep a designated contact person informed about their whereabouts throughout the workday. Have the contact person follow up if an employee does not report in as expected.

# Sample Employee Survey to Determine Potential workplace Problems

This survey helps identify present or potential workplace violence problems. You also may be aware of other serious hazards not listed here.

| This industry frequently confronts violent behavior and assaults of staff. | ☐ True ☐ False |
| --- | --- |
| Violence has occurred on the premises or in conducting business. | ☐ True ☐ False |
| Customers, clients, or coworkers assault, threaten, yell, push, or verbally abuse employees or use racial or sexual remarks. | ☐ True ☐ False |
| Employees are NOT required to report incidents or threats of violence, regardless of injury or severity, to employer. | ☐ True ☐ False |
| Employees have NOT been trained by the employer to recognize and handle threatening, aggressive, or violent behavior. | ☐ True ☐ False |
| Violence is accepted as "part of the job" by some managers, supervisors, and/or employees. | ☐ True ☐ False |
| Access and freedom of movement within the workplace are NOT restricted to those persons who have a legitimate reason for being there. | ☐ True ☐ False |
| The workplace security system is inadequate-i.e., door locks malfunction, windows are not secure, and there are no physical barriers or containment systems. | ☐ True ☐ False |
| Employees or staff members have been assaulted, threatened, or verbally abused by clients and patients. | ☐ True ☐ False |
| Medical and counseling services have NOT been offered to employees who have been assaulted. | ☐ True ☐ False |
| Alarm systems such as panic alarm buttons, silent alarms, or personal electronic alarm systems are NOT being used for prompt security assistance. | ☐ True ☐ False |
| There is no regular training provided on correct response to alarm sounding. | ☐ True ☐ False |
| Alarm systems are NOT tested on a monthly basis to assure correct function. | ☐ True ☐ False |
| Security guards are NOT employed at the workplace. | ☐ True ☐ False |
| Closed circuit cameras and mirrors are NOT used to monitor dangerous areas. | ☐ True ☐ False |
| Metal detectors are NOT available or NOT used in the facility. | ☐ True ☐ False |
| Employees have NOT been trained to recognize and control hostile and escalating aggressive behaviors, and to manage assaultive behavior. | ☐ True ☐ False |
| Employees CANNOT adjust work schedules to use the "Buddy system" for visits to clients in areas where they feel threatened. | ☐ True ☐ False |
| Cellular phones or other communication devices are NOT made available to field staff to enable them to request aid. | ☐ True ☐ False |
| Vehicles are NOT maintained on a regular basis to ensure reliability and safety. | ☐ True ☐ False |
| Employees work where assistance is NOT quickly available. | ☐ True ☐ False |

# Violence Incident Report Forms

A reportable violent incident should be defined as any threatening remark or overt act of physical violence against a person(s) or property whether reported or observed.

| # | Question | Response |
| --- | --- | --- |
|  | Day, date, time of incident |  |
|  | Assailant sex | ☐ Male☐ Female |
|  | Location of incident |  |
|  | Violence directed towards | ☐ Patient☐ Staff☐ Visitor☐ Another assailant☐ Other |
|  | Assailants name |  |
|  | Assailant | ☐ Unarmed☐ Armed (weapon) |
|  | Predisposing factors | ☐ Intoxication☐ Dissatisfied with care / waiting time☐ Grief reaction☐ Prior history of violence☐ Gang related☐ Other |
|  | Type of Incident | ☐ Physical abuse☐ Verbal abuse☐ Other |
|  | Injuries  | ☐ Yes☐ No |
|  | Extent of injuries |  |
|  | Detailed description of incident |  |
|  | Did any person leave the area because of the incident? | ☐ Yes☐ No ☐ Unable to determine |
|  | Present at the time of incident | ☐ Police – name of department: ☐ Hospital Security Officer |
|  | Needed to call | ☐ Police – name of department:☐ Security |
|  | Termination of incident | ☐ Incident diffused☐ Police notified☐ Assailant arrested |
|  | Disposition of assailant | ☐ Stayed on premises☐ Escorted off premises☐ Left of own☐ Other |
|  | Restraints used | ☐ Yes☐ No |
|  | Type of restraints |  |
|  | Report completed by (name and title) |  |
|  | Witnesses present | ☐ Yes☐ No |
|  | Witness(es) name(s) |  |
|  | Supervisor notified (name and time) |  |

# Our Responses to Incidents of Violence

Post-incident response and evaluation are essential to an effective violence prevention program. We provide comprehensive treatment for employees who are victimized personally or may be traumatized by witnessing a workplace violence incident. Injured staff will receive prompt treatment and psychological evaluation whenever an assault takes place, regardless of its severity. We provide the injured transportation to medical care if it is not available onsite.

**Types of assistance available are:** *(check as applicable)*

☐ Trauma-crisis counseling,

☐ Critical-incident stress debriefing

☐ Employee assistance programs may also be provided to assist victims.

☐ Employee counseling service

☐ Peer counseling

☐ Support groups

## Safety and Health Training

All employees are provided Safety and Health Training in the following topics related to workplace violence: (check as applicable)

☐ The workplace violence prevention policy;

☐ Risk factors that cause or contribute to assaults;

☐ Early recognition of escalating behavior or recognition of warning signs or situations that may lead to assaults;

☐ Ways to prevent or diffuse volatile situations or aggressive behavior, manage anger and appropriately use medications as chemical restraints;

☐ A standard response action plan for violent situations, including the availability of assistance, response to alarm systems and communication procedures;

☐ Ways to deal with hostile people other than patients and clients, such as relatives and visitors;

☐ Progressive behavior control methods and safe methods to apply restraints;

☐ The location and operation of safety devices such as alarm systems, along with the required maintenance schedules and procedures;

☐ Ways to protect oneself and coworkers, including use of the "buddy system;"

☐ Policies and procedures for reporting and recordkeeping;

☐ Information on multicultural diversity to increase staff sensitivity to racial and ethnic issues and differences; and

☐ Policies and procedures for obtaining medical care, counseling, workers' compensation or legal assistance after a violent episode or injury.