Workplace Violence Prevention Guidelines and Program for Health Care, Long Term Care and Social Services Workers

NCDOL

N.C. Department of Labor

Occupational Safety and Health Division
N.C. Department of Labor
1101 Mail Service Center
Raleigh, NC 27699-1101

Cherie Berry
Commissioner of Labor

N.C. Department of Labor
Occupational Safety and Health Program

Cherie Berry
Commissioner of Labor
OSHA State Plan Designee

Allen McNeely
Deputy Commissioner for Safety and Health

Kevin Beauregard
Assistant Deputy Commissioner for Safety and Health

Wanda Lagoe
Author

Acknowledgments

This guide is based largely on material from the U.S. Department of Labor's Occupational Safety and Health Administration and the Wyoming Workers' Safety—Technical Assistance Section.

This guide is intended to be consistent with all existing OSHA standards; therefore, if an area is considered by the reader to be inconsistent with a standard, then the OSHA standard must be followed instead of this guide.

To obtain additional copies of this guide, or if you have questions about North Carolina occupational safety and health standards or rules, please contact:

N.C. Department of Labor
Education, Training and Technical Assistance Bureau
1101 Mail Service Center
Raleigh, NC 27699-1101

Phone: 919-807-2875 or 1-800-625-2267

———————————————

Additional sources of information are listed on the inside back cover of this guide.

———————————————

Original 12/13

Contents

Foreword

In North Carolina, the N.C. Department of Labor enforces the federal Occupational Safety and Health Act through a state plan approved by the U.S. Department of Labor. NCDOL offers many educational programs to the public and produces publications to help inform people about their rights and responsibilities regarding occupational safety and health.

When reading this guide, please remember the mission of the N.C. Department of Labor is greater than just regulatory enforcement. An equally important goal is to help citizens find ways to create safe workplaces. Everyone profits when managers and employees work together for safety. This booklet, like the other educational materials produced by the N.C. Department of Labor, can help.

Cherie Berry
Commissioner of Labor

The Risk Factors

Health care, long term care and social service workers face an increased risk of work-related assaults stemming from several factors. These include:

- The prevalence of handguns and other weapons among patients, their families or friends.

- The increasing use of hospitals by police and the criminal justice system for criminal holds and the care of acutely disturbed, violent individuals.

- The increasing number of acute and chronic mentally ill patients being released from hospitals without follow-up care (these patients have the right to refuse medicine and can no longer be hospitalized involuntarily unless they pose an immediate threat to themselves or others).

- The availability of drugs or money at hospitals, clinics and pharmacies, making them likely robbery targets.

- Factors such as the unrestricted movement of the public in clinics and hospitals and long waits in emergency or clinic areas that lead to client frustration over an inability to obtain needed services promptly.

- The increasing presence of gang members, drug or alcohol abusers, trauma patients, or distraught family members.

- Low staffing levels during times of increased activity such as meal times, visiting times and when staff members are transporting patients.

- Isolated work with clients during examinations or treatment.

- Solo work, often in remote locations with no backup or way to get assistance, such as communication devices or alarm systems (this is particularly true in high-crime settings).

- Lack of staff training in recognizing and managing escalating hostile and assaultive behavior.

- Poorly lit parking areas.

Violence Prevention Programs

A written program for job safety and security, incorporated into the organization's overall safety and health program, offers an effective approach for larger organizations. In smaller establishments, the program does not need to be written or heavily documented to be satisfactory.

What is needed are clear goals and objectives to prevent workplace violence suitable for the size and complexity of the workplace operation and adaptable to specific situations in each establishment. Employers should communicate information about the prevention program and start-up date to all employees. At a minimum, workplace violence prevention programs should:

- Create and disseminate a clear policy of zero tolerance for workplace violence, verbal and nonverbal threats, and related actions.

- Ensure that managers, supervisors, co-workers, clients, patients and visitors know about this policy.

- Ensure that no employee who reports or experiences workplace violence faces reprisals.

- Encourage employees to report incidents promptly and suggest ways to reduce or eliminate risks.

- Require records of incidents to assess risk and measure progress.

- Outline a comprehensive plan for maintaining security in the workplace. This includes establishing a liaison with law enforcement representatives and others who can help identify ways to prevent and mitigate workplace violence.

- Assign responsibility and authority for the program to individuals or teams with appropriate training and skills.

- Ensure that adequate resources are available for this effort and that the team or responsible individuals develop expertise on workplace violence prevention in health care and social services.

- Affirm management commitment to a worker-supportive environment that places as much importance on employee safety and health as on serving the patient or client.

- Set up a company briefing as part of the initial effort to address issues such as preserving safety, supporting affected employees and facilitating recovery.

Elements of an Effective Violence Prevention Program

The five main components of any effective safety and health program also apply to the prevention of workplace violence:

- Management commitment and employee involvement

- Worksite analysis

- Hazard prevention and control

- Safety and health training

- Recordkeeping and program evaluation

Management Commitment and Employee Involvement

Management commitment and employee involvement are complementary and essential elements of an effective safety and health program. To ensure an effective program, management and frontline employees must work together, perhaps through a team or committee approach.

Management commitment, including the endorsement and visible involvement of top management, provides the motivation and resources to deal effectively with workplace violence.

This commitment should include:

- Demonstrating organizational concern for employee emotional and physical safety and health.

- Exhibiting equal commitment to the safety and health of workers and patients/clients.

- Assigning responsibility for the various aspects of the workplace violence prevention program to ensure that all managers, supervisors and employees understand their obligations.

- Allocating appropriate authority and resources to all responsible parties.

- Maintaining a system of accountability for involved managers, supervisors and employees.

- Establishing a comprehensive program of medical and psychological counseling and debriefing for employees experiencing or witnessing assaults and other violent incidents.

- Supporting and implementing appropriate recommendations from safety and health committees.

Employee involvement and feedback enable workers to develop and express their own commitment to safety and health and provide useful information to design, implement and evaluate the program.

Employee involvement should include:

- Understanding and complying with the workplace violence prevention program and other safety and security measures.

- Participating in employee complaint or suggestion procedures covering safety and security concerns.

- Reporting violent incidents promptly and accurately.

- Participating in safety and health committees or teams that receive reports of violent incidents or security problems, make facility inspections and respond with recommendations for corrective strategies.

- Taking part in a continuing education program that covers techniques to recognize escalating agitation, assaultive behavior or criminal intent and discusses appropriate responses.

Worksite Analysis

A worksite analysis involves a step-by-step common sense look at the workplace to find existing or potential hazards for workplace violence. This entails reviewing specific procedures or operations that contribute to hazards and specific areas where hazards may develop. A threat assessment team, patient assault team, similar task force or coordinator may assess the vulnerability to workplace violence and determine the appropriate preventive actions to be taken. This group may also be responsible for implementing the workplace violence prevention program. The team should include representatives from senior management, operations, employee assistance, security, occupational safety and health, legal, and human resources staff.

The team or coordinator can review injury and illness records and workers' compensation claims to identify patterns of assaults that could be prevented by workplace adaptation, procedural changes or employee training. As the team or coordinator identifies appropriate controls, they should be instituted.

Focus of a worksite analysis

The recommended program for worksite analysis includes, but is not limited to:

- Analyzing and tracking records
- Screening surveys
- Analyzing workplace security

Records analysis and tracking

This activity should include reviewing medical, safety, workers' compensation and insurance records—including the OSHA Log of Work-Related Injury and Illness (OSHA Form 300), if the employer is required to maintain one—to pinpoint instances of workplace violence. Scan unit logs and employee and police reports of incidents or near-incidents of assaultive behavior to identify and analyze trends in assaults relative to particular:

- Departments
- Units
- Job titles
- Unit activities
- Workstations
- Time of day

Tabulate these data to target the frequency and severity of incidents to establish a baseline for measuring improvement. Monitor trends and analyze incidents. Contacting similar local businesses, trade associations, and community and civic groups is one way to learn about their experiences with workplace violence and to help identify trends. Use several years of data, if possible, to trace trends of injuries and incidents of actual or potential workplace violence.

Specific questions should be asked as part of your analysis in order to implement control measures.

- How many incidents occurred in the last five years?
- What kinds of incidents occurred most often (assault, threats, robbery, vandalism, etc.)?
- Where did incidents most often occur?
- When did incidents most often occur (day of week, shift, time, etc.)?
- What job task was usually being performed when an incident occurred?
- Which workers were victimized most often (gender, age, job classification, etc.)?
- What type of weapon was used most often?
- Are there any similarities among the assailants?
- What other incidents, if any, are you aware of that are not included in the records?

- Of those incidents you reviewed, which one or two were most serious?

- Are there any important patterns or trends among the incidents?

- What do you believe were the main factors contributing to violence in your workplace?

- What additional corrective measures would you recommend to reduce or eliminate the problems you identified?

Value of screening surveys

One important screening tool is an employee questionnaire or survey to get employees' ideas on the potential for violent incidents and to identify or confirm the need for improved security measures. Detailed baseline screening surveys can help pinpoint tasks that put employees at risk. Periodic surveys—conducted at least annually or whenever operations change or incidents of workplace violence occur—help identify new or previously unnoticed risk factors and deficiencies or failures in work practices, procedures or controls.

Also, the surveys help assess the effects of changes in the work processes. The periodic review process should also include feedback and follow-up. Independent reviewers, such as safety and health professionals, law enforcement or security specialists and insurance safety auditors, may offer advice to strengthen programs. These experts can also provide fresh perspectives to improve a violence prevention program.

A simple survey can provide valuable information often not found in department walkthroughs and injury logs. Some staff members may not report violent acts or threatening situations formally but will share the experiences and suggestions anonymously. This can provide information about previously unnoticed deficiencies or failures in work practices or administrative controls. It also can help increase employee awareness about dangerous conditions and encourage them to become involved in prevention activities.

Types of questions that employees should be asked include:

- What do they see as risk factors for violence?
  - The most important risk factors in their work areas
  - Aspects of the physical environment that contribute to violence
  - Dangerous situations or "near misses" experienced
  - Assault experiences—past year, entire time at facility
  - Staffing adequacy

- How are current control measures working?
  - Hospital practices for handling conflict among staff and patients
  - Effectiveness of response to violent incidents
  - How safe they feel in the current environment

- What ideas do employees have to protect workers?
  - Highest priorities in violence prevention
  - Ideas for improvements and prevention measures

- How satisfied are they in their jobs?
  - With managers/co-workers
  - Adequacy of rewards and praise
  - Impact on health

Conducting a workplace security analysis

The team or coordinator should periodically inspect the workplace and evaluate employee tasks to identify hazards, conditions, operations and situations that could lead to violence. To find areas requiring further evaluation, the team or coordinator should:

- Analyze incidents, including the characteristics of assailants and victims, an account of what happened before and during the incident, and the relevant details of the situation and its outcome. When possible, obtain police reports and recommendations.

- Identify jobs or locations with the greatest risk of violence as well as processes and procedures that put employees at risk of assault, including how often and when.

- Note high-risk factors such as types of clients or patients (for example, those with psychiatric conditions or who are disoriented by drugs, alcohol or stress); physical risk factors related to building layout or design; isolated locations and job activities; lighting problems; lack of phones and other communication devices; areas of easy, unsecured access; and areas with previous security problems.

- Evaluate the effectiveness of existing security measures, including engineering controls. Determine if risk factors have been reduced or eliminated and take appropriate action.

While inspecting for workplace violence risk factors, review the physical facility and note the presence or absence of security measures. Local police may also be able to conduct a security audit or provide information about experience with crime in the area.

- Are safety and security issues specifically considered in the early stages of facility design, construction and renovation?

- Does the current violence prevention program provide a way to select and implement controls based on the specific risks identified in the workplace security analysis? How does this process occur?

- Do crime patterns in the neighborhood influence safety in the facility?

- Do workers feel safe walking to and from the workplace?

- Are entrances visible to security personnel and are they well lit and free of hiding places?

- Is there adequate security in parking or public transit waiting areas?

- Is public access to the building controlled, and is this system effective?

- Can exit doors be opened only from the inside to prevent unauthorized entry?

- Is there an internal phone system to activate emergency assistance?

- Have alarm systems or panic buttons been installed in high-risk areas?

- Given the history of violence at the facility, is a metal detector appropriate in some entry areas? Closed-circuit TV in high-risk areas?

- Is there good lighting?

- Are fire exits and escape routes clearly marked?

- Are reception and work areas designed to prevent unauthorized entry? Do they provide staff good visibility of patients and visitors? If not, are there other provisions such as security cameras or mirrors?

- Are patient or client areas designed to minimize stress, including minimizing noise?

- Are drugs, equipment and supplies adequately secured?

- Is there a secure place for employees to store their belongings?

- "safe rooms" available for staff use during emergencies?

- Are door locks in patient rooms appropriate? Can they be opened during an emergency?

- Do counseling or patient care rooms have two exits, and is furniture arranged to prevent employees from becoming trapped?

- Are lockable and secure bathrooms that are separate from patient-client and visitor facilities available for staff members?

Assessing the influence of day-to-day work practices on occurrences of violence

- Are identification tags required for both employees and visitors to the building?

- Is there a way to identify patients with a history of violence? Are contingency plans put in place for these patients, such as restricting visitors and supervising their movement through the facility?

- Are emergency phone numbers and procedures posted or readily available?

- Are there trained security personnel accessible to workers in a timely manner?

- Are waiting times for patients kept as short as possible to avoid frustration?

- Is there adequate and qualified staffing at all times, particularly at night and during patient transfers, emergency responses and mealtimes?

- Are employees prohibited from entering seclusion rooms alone or working alone in emergency areas of walk-in clinics, particularly at night or when assistance is unavailable?

- Are broken windows, doors, locks and lights replaced promptly?

- Are security alarms and devices tested regularly?

Hazard Prevention and Control

After hazards are identified through the systematic worksite analysis, the next step is to design measures through engineering or administrative and work practices to prevent or control these hazards. If violence does occur, post-incident response can be an important tool in preventing future incidents.

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. There are several measures that can effectively prevent or control workplace hazards, such as those described in the following paragraphs. The selection of any measure, of course, should be based on the hazards identified in the workplace security analysis of each facility. Among other options, employers may choose to:

- Assess any plans for new construction or physical changes to the facility or workplace 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.

Administrative and work practice controls to minimize risk

Administrative and work practice controls affect the way staff perform jobs or tasks. Changes in work practices and administrative procedures can help prevent violent incidents. Some options for employers are to:

- 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.

- Provide an employee assistance program for employees who may be victims of domestic violence.

- Ensure that adequate and properly trained personnel 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 personnel are available at all times. The times of greatest risk occur at night and during patient transfers, emergency responses and meal times. 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 co-workers 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. 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.

Employer responses to incidents of violence

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

Victims of workplace violence suffer a variety of consequences in addition to their actual physical injuries. These may include:

- Short- and long-term psychological trauma

- Fear of returning to work

- Changes in relationships with co-workers and family

- Feelings of incompetence, guilt, powerlessness

- Fear of criticism by supervisors or managers

Consequently, a strong follow-up program for these employees will not only help them to deal with these problems but also help prepare them to confront or prevent future incidents of violence. Several types of assistance can be incorporated into the post-incident response. For example, trauma crisis counseling, critical incident stress debriefing or employee assistance programs may be provided to assist victims. Certified employee assistance professionals, psychologists, psychiatrists, clinical nurse specialists or social workers may provide this counseling, or the employer may refer staff victims to an outside specialist. In addition, the employer may establish an employee counseling service, peer counseling or support groups.

Counselors should be well trained and have a good understanding of the issues and consequences of assaults and other aggressive, violent behavior. Appropriate and promptly rendered post-incident debriefings and counseling reduce acute psychological trauma and general stress levels among victims and witnesses. In addition, this type of counseling educates staff about workplace violence and positively influences workplace and organizational cultural norms to reduce trauma associated with future incidents.

Safety and Health Training

Training and education ensure that all staff members are aware of potential security hazards and how to protect themselves and their co-workers through established policies and procedures.

Every employee should understand the concept of "universal precautions for violence"—that is, that violence should be expected but can be avoided or mitigated through preparation. Frequent training also can reduce the likelihood of being assaulted. Employees who may face safety and security hazards should receive formal instruction on the specific hazards associated with the unit or job and facility. This includes information on the types of injuries or problems identified in the facility and the methods to control the specific hazards. It also includes instructions to limit physical interventions in workplace altercations whenever possible, unless enough staff or emergency response teams and security personnel are available. In addition, all employees should be trained to behave compassionately toward co-workers when an incident occurs.

The training program should involve all employees, including supervisors and managers. New and reassigned employees should receive an initial orientation before being assigned their job duties. Visiting staff, such as physicians, should receive the same training as permanent staff. Qualified trainers should instruct at the comprehension level appropriate for the staff. Effective training programs should involve role playing, simulations and drills. Topics may include management of assaultive behavior, professional assault-response training, police assault-avoidance programs or personal safety training such as how to prevent and avoid assaults. A combination of training programs may be used, depending on the severity of the risk.

Employees should receive regular or routine training. In large institutions, refresher programs may be needed more frequently, perhaps monthly or quarterly, to effectively reach and inform all employees.

Training topics

The training should cover topics such as:

- 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 co-workers, 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.

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

- Practice drills.

Training for supervisors and managers

Supervisors and managers need to learn to recognize high-risk situations so they can ensure that employees are not placed in assignments that compromise their safety. They also need training to ensure that they encourage employees to report incidents. Supervisors and managers should learn how to reduce security hazards and ensure that employees receive appropriate training.

Following training, supervisors and managers should be able to recognize a potentially hazardous situation and to make any necessary changes in the physical plant, patient care treatment program and staffing policy and procedures to reduce or eliminate the hazards.

Training for security personnel

Security personnel need specific training from the hospital or clinic, including the psychological components of handling aggressive and abusive clients, types of disorders and ways to handle aggression and defuse hostile situations. The training program should also include an evaluation. At least annually, the team or coordinator responsible for the program should review its content, methods and the frequency of training. Program evaluation may involve supervisor and employee interviews, testing and observing and reviewing reports of behavior of individuals in threatening situations.

Assessing employee and supervisor training

- Does the violence prevention program require training for all employees and supervisors when they are hired and when job responsibilities change?

- Do agency workers or contract physicians and house staff receive the same training that permanent personnel receive?

- Are workers trained how to handle difficult clients or patients?

- Does the security staff receive specialized training for the health-care environment?

- Is the training tailored to specific units, patient populations and job tasks, including any tasks done in the field?

- Do employees learn progressive behavior control methods and safe methods to apply restraints?

- Do workers believe that the training is effective in handling escalating violence or violent incidents?

- Are drills conducted to test the response of health-care facility personnel?

- Are workers trained in how to report violent incidents, threats or abuse and how to obtain medical care, counseling, workers' compensation or legal assistance after a violent episode or injury?

- Are employees and supervisors trained to behave compassionately toward co-workers when an incident occurs?

- Does the training include instruction about the location and operation of safety devices such as alarm systems, along with the required maintenance schedules and procedures?

Recordkeeping and Program Evaluation

How employers can determine program effectiveness

Recordkeeping and evaluation of the violence prevention program are necessary to determine its overall effectiveness and identify any deficiencies or changes that should be made.

Recordkeeping

Recordkeeping is essential to the program's success. Good records help employers determine the severity of the problem, evaluate methods of hazard control and identify training needs. Records can be especially useful to large organizations and for members of a business group or trade association who pool data. Records of injuries, illnesses, accidents, assaults, hazards, corrective actions, patient histories and training can help identify problems and solutions for an effective program.

Important records:

- OSHA Log of Work-Related Injury and Illness (OSHA Form 300). Employers who are required to keep this log must record any new work-related injury that results in death, days away from work, days of restriction or job transfer, medical treatment beyond first aid, loss of consciousness or a significant injury diagnosed by a licensed health care professional. Injuries caused by assaults must be entered on the log if they meet the recording criteria. All employers must report, within eight hours, a fatality or an incident that results in the hospitalization of three or more employees. (Reference 29 CFR 1904, Recordkeeping.)

- Medical reports of work injury and supervisors' reports for each recorded assault. These records should describe the type of assault, such as an unprovoked sudden attack or patient-to-patient altercation; who was assaulted; and all other circumstances of the incident. The records should include a description of the environment or location, potential or actual cost, lost work time that resulted, and the nature of injuries sustained. These medical records are confidential documents and should be kept in a locked location under the direct responsibility of a health care professional. (Reference 29 CFR 1910.1020, Access to Employee Exposure and Medical Records.)

- Records of incidents of abuse, verbal attacks or aggressive behavior that may be threatening, such as pushing or shouting and acts of aggression toward other clients. This information may be kept as part of an assaultive incident report. Ensure that the affected department evaluates these records routinely.

- Information on patients with a history of past violence, drug abuse or criminal activity recorded on the patients' charts. All staff members who care for a potentially aggressive, abusive or violent client should be aware of the person's background and history. Log the admission of violent patients to help determine potential risks.

- Documentation of minutes of safety meetings, records of hazard analyses, and corrective actions recommended and taken.

- Records of all training violence prevention programs, attendees and qualifications of trainers.

Elements of a program evaluation

As part of their overall program, employers should evaluate their safety and security measures. Top management should review the program regularly, and with each incident, to evaluate its success. Responsible parties (including managers, supervisors and employees) should reevaluate policies and procedures on a regular basis to identify deficiencies and take corrective action.

Management should share workplace violence prevention evaluation reports with all employees. Any changes in the program should be discussed at regular meetings of the safety committee, union representatives or other employee groups. All reports should protect employee confidentiality either by presenting only aggregate data or by removing personal identifiers if individual data are used. Processes involved in an evaluation include:

- Establishing a uniform violence reporting system and regular review of reports.

- Reviewing reports and minutes from staff meetings on safety and security issues.

- Analyzing trends and rates in illnesses, injuries or fatalities caused by violence relative to initial or "baseline" rates.

- Measuring improvement based on lowering the frequency and severity of workplace violence.

- Keeping up-to-date records of administrative and work practice changes to prevent workplace violence to evaluate how well they work.

- Surveying employees before and after making job or worksite changes or installing security measures or new systems to determine their effectiveness.

- Keeping abreast of new strategies available to deal with violence in the health care and social service fields as they develop.

- Surveying employees periodically to learn if they experience hostile situations concerning the medical treatment they provide.

- Complying with OSHA and state requirements for recording and reporting deaths, injuries and illnesses.

- Requesting periodic law enforcement or outside consultant review of the worksite for recommendations on improving employee safety.

Does the violence prevention program should provide for:

- Up-to-date recording in the OSHA Log of Work-Related Injury and Illness (OSHA 300)?

- Records of all incidents involving assault, harassment, aggressive behavior, abuse and verbal attack with attention to maintaining appropriate confidentiality of the records?

- Training records?

- Workplace walkthrough and security inspection records?

- Keeping records of control measures instituted in response to inspections, complaints, or violent incidents?

- A system for regular evaluation of engineering, administrative and work practice controls to see if they are working well?

- A system for regular review of individual reports and trending and analysis of all incidents?

- Employee surveys regarding the effectiveness of control measures instituted?

- Discussions with employees who are involved in hostile situations to ask about the quality of post-incident treatment they received?

- A provision for an outside audit or consultation of the violence programs for recommendations on improving safety?

Example Workplace Violence Prevention Program

Workplace Violence Prevention Policy

We are committed to providing a safe work environment, free from aggressive acts and violent behavior. Excellent safety conditions do not occur by chance. They are the result of diligent work and careful attention to all company policies by everyone.

Safety demands cooperation on everyone's part. Thus, it is important that communication be kept open at all times between the management and employees. Workers who notice potentially aggressive and/or violent behavior, or feel that they need additional training, must notify their supervisor. Supervisors and management at all levels must address these concerns and take corrective action when warranted.

All employees are obligated to know the appropriate procedures for their areas and jobs, and just as important, to abide by them. Supervisors must instill a positive attitude and safety awareness in their workers through personal adherence, personal contact and training. It is the duty of all employees to perform their work with maximum regard for the safety of themselves and co-workers.

Our safety policies are based on past experience and current standards and are also an integral part of the company's personnel rules. This means that compliance with the policies is a condition of employment and must be taken seriously. Failure to comply is sufficient grounds for disciplinary action or for termination of employment.

Safety and health are a top priority in this organization and are every bit as important as productivity and quality. In fact, they go hand in hand. Of course the best reason for you to observe these policies is because it's in your own self-interest to do so. Conscientiously following them can help you stay safe, healthy and able to work, play and enjoy life to its fullest.

_____
Signature of Company Management
Owner, President, Manager

Workplace Violence Prevention Responsibilities

Our goal is to protect employees from assault or injury while working for our company. This must receive top priority from everyone.

Duties and responsibilities of all personnel under our Workplace Violence Prevention Program are as follows:

Health and Safety Manager/Program Coordinator

● Administers all aspects of the workplace violence prevention program.

● Develops procedures and technical guidance to identify and remove potential risk factors of workplace violence.

● Assists management and supervisors in the workplace violence prevention training of employees.

● Conducts inspections to identify high risk positions or work practices.

● Recommends programs and activities that will develop and maintain incentives for and motivation of employees.

● Recommends disciplinary action for repeat violators of prescribed procedures.

● Develops and maintains incident investigation reporting procedures. Investigates serious or reportable incidents.

● Maintains all records and reports of accidents/incidents that have taken place during division business operations.

● Ensures that employer's Report of Employee's Injury or Occupational Disease report is filed with the N.C. Industrial Commission office within five days of employee's notification of an occupational injury or disease.

● Processes all paperwork associated with accidents, on-site inspections and in-house audits. Maintains permanent record for division and/or personnel files.

● Maintains all medical records, evaluations and exposure monitoring records for the period of employment plus 30 years.

Program Committee

● Develops procedures and technical guidance to identify and remove potential risk factors of workplace violence.

● Assists management and supervisors in the workplace violence prevention training of employees.

● Conducts inspections to identify high risk positions or work practices.

● Recommends programs and activities that will develop and maintain incentives for and motivation of employees.

● Recommends disciplinary action for repeat violators of prescribed procedures.

● Develops and maintains incident investigation and reporting procedures and systems. Investigates serious or reportable incidents.

Managers and Supervisors

● Be familiar with high risk positions and appropriate procedures related to their area of responsibility.

● Directs, implements and coordinates program procedures and activities within area of responsibility.

● Requires all employees supervised to use appropriate procedures for meeting the public.

● Ensures that engineering controls are available, maintained and used correctly.

● Ensures that all persons within area of responsibility receive workplace violence prevention training as required.

● Ensures that supervisors are aware of and comply with requirements for workplace violence prevention practices.

● Investigates all incidents within area of responsibility. Reviews all accidents/incidents with supervisors and workers involved. Ensures that corrective action is taken immediately to eliminate the cause of the accident/incident.

● Ensures accident reports and workers' compensation forms are completed and submitted as appropriate.

● Conducts frequent and regular safety and health inspections of work areas and ensures that no unsafe conditions exist in area of responsibility.

- Ensures that injuries are treated promptly and reported properly.

- Acts on reports of hazards or hazardous conditions reported to them by employees.

Training Officer

- Maintains all training records for the duration of employment plus one year.

- Coordinates the necessary training for new and existing employees.

- Reviews incident investigation reports for further necessary training.

All Employees

- Be familiar with and comply with all proper workplace violence prevention procedures.

- Notify supervisor immediately of unsafe conditions, aggressive behavior or incidents.

- Identify and assist or report strangers in your work area.

- Treat all customers with respect and be polite.

Workplace Analysis and Controls

Hazard identification and elimination is not only an inherent responsibility of supervision in providing a safe workplace for employees, but also requires employee involvement. As such, hazard evaluation and control will be an on-going concern for all. It is the responsibility of everyone (management, supervisors and all employees) to identify, report and correct all possible hazards. Employees are particularly important in this process as they are in the best position to identify hazards in the workplace and day-to-day operations. *Reporting hazards is a protected activity and no action will be taken against anyone for identifying unsafe conditions.* Reports should be made to the program coordinator or supervisor for appropriate action.

Inspections

We have a procedure for conducting inspections of workplaces/jobsites for compliance with this program. The purpose of the in-house inspection is to identify hazards and unsafe practices before they cause an accident or incident. Formal inspections will be conducted under the guidance of the program coordinator, with the assistance of the program committee. After completing jobsite or facility inspections, the person making the inspection will:

- Discuss findings with pertinent employees. Invite their comments, suggestions and aid.

- Ensure recommended corrections/changes are transmitted to/discussed with the program coordinator for correction.

- Follow up on changes, corrections and other actions necessary.

High Risk Positions

The following positions have been identified to have a high risk exposure to workplace violence:
(list positions at your company):

-
-
-
-
-
-
-

Engineering Controls

The following engineering controls will be utilized when appropriate:
(list specific engineering controls):

-
-
-
-
-

Administrative and Work Practice Controls

The following administrative and work practice procedures will be observed at all times:
(list specific company policies)

-
-
-
-
-
-

Training and Education

Training and education cannot be over-emphasized as a means of learning workplace violence prevention procedures. Knowledge of the appropriate procedures and rules and how and when to function under these procedures is essential to personal safety.

- Employees will attend all training sessions that they are scheduled for (no exceptions).
- New employees will be provided orientation training and will be furnished information and literature covering the company's Workplace Violence Prevention Program. This orientation training will be provided prior to the employee's exposure to a hostile work environment.
- Appropriate individual job/task training will be provided to all employees.
- On-going safety training sessions will be conducted when necessary and as available at the discretion of the training coordinator.
- Training will be documented and retained by the training officer or for the duration of employment plus one year.

Levels of Violence and Response

Potential or actual violent situations among employees usually escalate if not defused. Violence and the warning signs that typically occur can usually be identified at three levels. It should be noted that any one or combination of warning signs at the three levels might be indicative of a potentially violent situation. The following is an attempt to delineate warning signs and the appropriate response. There is no fail-safe way of presenting this information to employees. Employees will have to make a judgment call as to the appropriate action to take by discerning and evaluating the given situation.

Level One (Early warning signs)

The person is:

- Intimidating/bullying

- Discourteous/disrespectful

- Uncooperative

- Verbally abusive

Response when early warning signs occur at level one:

- **Observe** the behavior in question.

- **Report** concerns to your supervisor to seek help in assessing/responding to the situation. If the offending employee is the reporting employee's immediate supervisor, the employee should notify the next level of supervision. If the offending person is not an employee, the supervisor of the employee reporting the incident is still the appropriate individual to receive and provide initial response.

- **Document** the observed behavior in question.

- Supervisor should **meet** with the offending employee to discuss concerns. Follow these procedures:
  - Schedule private time and place.
  - Coordinate any necessary union participation.
  - Get straight to the point.
  - Ask the employee for input.
  - Ask the employee what should be done about the behavior.
  - Ask how you can help.
  - Identify the performance or conduct problems that are of concern.
  - Identify the steps you would like to see to correct problems.
  - Set limits on what is acceptable behavior and performance.
  - Establish time frames to make changes and subsequent consequences for failing to correct behavior and performance.

Level Two (Escalation of the situation)

The person:

- Argues with customers, vendors, co-workers or management.

- Refuses to obey agency policies and procedures.

- Sabotages equipment and steals property for revenge.

- Verbalizes wishes to hurt co-workers or management.

- Sends threatening notes to co-workers or management.

- Sees self as victimized by management (me against them).

Response when the situation has escalated to level two:

- If warranted, **call** 911 and other appropriate emergency contacts (such as federal protective service) for that particular facility, particularly if the situation requires immediate medical or law enforcement personnel.

- Immediately **contact** the supervisor and, if needed, the supervisor will contact other appropriate officials such as functional area experts to seek help in assessing and responding to the situation.

- If necessary, **secure** your own safety and the safety of others, including contacting people who are in danger (make sure emergency numbers for employees are kept up to date and accessible).

- **Document** the observed behavior in question.

- Supervisor should **meet** with the employee to discuss concerns and, if appropriate, begin or continue progressive discipline. The supervisor should follow these procedures:

- ○ Call for assistance in assessing/responding, if needed.
- ○ Avoid an audience when dealing with the employee.
- ○ Remain calm, speaking slowly, softly and clearly.
- ○ Ask the employee to sit down; see if he or she is able to follow directions.
- ○ Ask questions relevant to the employee's complaint such as:
  - ■ What can you do to try to regain control of yourself?
  - ■ What can I do to help you regain control?
  - ■ What do you hope to gain by committing violence?
  - ■ Why do you believe you need to be violent to achieve that?
- ○ Try to direct the aggressive tendencies into another kind of behavior so that the employee sees he or she has choices about how to react.

Level Three (further escalation—usually resulting in an emergency response)

The person displays intense anger resulting in:

- Suicidal threats

- Physical fights

- Destruction of property

- Display of extreme rage

- Use of weapons to harm others

Response when situation is a level three emergency:

Any individual observing violent or threatening behavior that poses an immediate danger to people or property is expected to:

- **Call** 911 and other appropriate emergency contacts (such as federal protective service) for that particular facility, particularly if the situation requires immediate medical or law enforcement personnel.

- **Remain calm** and **contact** supervisor.

- **Secure** your personal safety first.

- **Leave** the area if your safety is at risk.

- **Cooperate** with law enforcement personnel when they have responded to the situation.

Once law enforcement personnel are on the scene, they will assume control of the situation. Witnesses should be prepared to provide a description of the violent or threatening individual, details of what was observed, and the exact location of the incident.

- Document the observed behavior in question.

- Supervisor, where needed, will contact functional area experts and will follow the procedures described in the level two section.

Domestic

Except when those involved in domestic violence are co-workers, most incidents are perpetrated by individuals outside the work setting. It is, therefore, unlikely that the levels of violence described above will be evident. There will, however, be early warning signs that this type of violence is escalating outside the workplace. The victim may show symptoms such as increased fear, emotional episodes or signs of physical injury. Victims, as well as perpetrators, also show signs of work performance deterioration. By intervening when the early warning signs occur, even though violence may not yet have been committed at work, a serious incident may be prevented.

North Carolina's Retaliatory Employment Discrimination Act prevents employers from discriminating or taking retaliatory actions against employees who exercise their rights under the domestic violence statutes (N.C. Gen. Stat. Chapter 50B). In addition, an employer can file a request for a no-contact order on behalf of an employee who has suffered unlawful conduct at the employer's workplace from any individual (N.C. Gen. Stat. § 95-261).

Response involving domestic violence

In the event the perpetrator shows up at work with the intent of harming the employee and any others who happen to be in the way or involved, follow the procedures described in level three in responding to the immediate crisis.

If it is known that an employee is being affected by domestic violence, whether or not the perpetrator has shown up at work, it is important to provide support and assistance. Not only is the person at risk for more and usually escalated violence, but it has an impact on the safety and productivity of the entire workforce. Below are some tips for supervisors when helping an employee affected by domestic violence.

- Talk with the employee about your concern of the possibility of the violence extending into the workplace and **recommend** that the employee contact the employee assistance program or the company's resource and referral service for assistance in dealing with the problem.

- **Recommend** that the employee call the National Domestic Violence Hotline (1-800-799-SAFE) for more information about domestic violence or to help find local resources.

- **Contact** the employee assistance program for more information and/or assistance, if needed.

- **Recommend** that a workplace safety plan be developed in case an incident occurs at the workplace. Think about the safety of the individual as well as everyone around. Don't be a hero if the perpetrator shows up at work. Follow the safety plan and go for help.

Violence Incident Report Form

The following items serve merely as an example of what might be used or modified by employers in these industries to help prevent workplace violence.

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.

1. Date: Day of Week: Time: Assailant: ❑ Female   ❑ Male

2. Specific location: _____

3. Violence directed toward: ❑ Patient   ❑ Staff   ❑ Visitor   ❑ Other

Assailant: ❑ Patient   ❑ Staff   ❑ Visitor   ❑ Other

Assailant's Name: _____

Assailant: ❑ Unarmed   ❑ Armed (weapon)

4. Predisposing factors:

❑ Intoxication   ❑ Dissatisfied with Care/Waiting Time

❑ Grief Reaction   ❑ Prior History of Violence

❑ Gang Related   ❑ Other (Describe) _____

5. Description of incident: ❑ Physical Abuse   ❑ Verbal Abuse   ❑ Other

6. Injuries: ❑ Yes   ❑ No

7. Extent of injuries: _____

8. Detailed description of the incident: _____

9. Did any person leave the area because of incident?

❑ Yes   ❑ No   ❑ Unable to Determine

10. Present at time of incident:

❑ Police/Name of Department: _____

❑ Hospital Security Officer

11. Needed to call:

❑ Police/Name of Department: _____

❑ Hospital Security

12.Termination of incident:

Incident Diffused? ❑ Yes ❑ No   Police Notified? ❑ Yes   ❑ No   Assailant Arrested? ❑ Yes   ❑ No

13. Disposition of assailant:

❑ Stayed on Premises   ❑ Escorted off Premises   ❑ Left on Own   ❑ Other

14. Restraints Used: ❑ Yes   ❑ No   Type: _____

15. Report completed by: _____ Title: _____

Witnesses: _____

Supervisor Notified: _____ Time: _____

OSH Publications

We provide a variety of OSH publications. These include general industry and construction regulations, industry guides that cover different OSH topics, quick cards, fact sheets and brochures that cover a wide variety of serious safety and health workplace hazards. Workplace labor law posters are available free of charge. To obtain publications, call toll free at 1-800-NC-LABOR (1-800-625-2267) or direct at 919-807-2875. You may view the list of publications and also download many of them at **www.nclabor.com/pubs.htm.**

References

CPL 02-01-052—Enforcement Procedures for Investigating or Inspecting Workplace Violence Incidents

NCGS, Chapter 95, Article 23—Workplace Violence Prevention

OSHA Publication 3148—Health Care and Social Services Guide

OSHA Publication 3153—Late Night Retail Guide

Occupational Safety and Health (OSH)
Sources of Information

You may call 1-800-NC-LABOR (1-800-625-2267) to reach any division of the N.C. Department of Labor; or visit the NCDOL home page on the World Wide Web: http://www.nclabor.com.

Occupational Safety and Health Division

Mailing Address: Physical Location:
1101 Mail Service Center   111 Hillsborough St.
Raleigh, NC 27699-1101   (Old Revenue Building, 3rd Floor)
Local Telephone: 919-807-2900   Fax: 919-807-2856

For information concerning education, training, interpretations of occupational safety and health standards, and OSH recognition programs contact:

Education, Training and Technical Assistance Bureau

Mailing Address: Physical Location:
1101 Mail Service Center   111 Hillsborough St.
Raleigh, NC 27699-1101   (Old Revenue Building, 4th Floor)
Telephone: 919-807-2875   Fax: 919-807-2876

For information concerning occupational safety and health consultative services contact:

Consultative Services Bureau

Mailing Address: Physical Location:
1101 Mail Service Center   111 Hillsborough St.
Raleigh, NC 27699-1101   (Old Revenue Building, 3rd Floor)
Telephone: 919-807-2899   Fax: 919-807-2902

For information concerning migrant housing inspections and other related activities contact:

Agricultural Safety and Health Bureau

Mailing Address: Physical Location:
1101 Mail Service Center   111 Hillsborough St.
Raleigh, NC 27699-1101   (Old Revenue Building, 2nd Floor)
Telephone: 919-807-2923   Fax: 919-807-2924

For information concerning occupational safety and health compliance contact:

Safety and Health Compliance District Offices

Raleigh District Office (3801 Lake Boone Trail, Suite 300, Raleigh, NC 27607)
Telephone: 919-779-8570   Fax: 919-420-7966
Asheville District Office (204 Charlotte Highway, Suite B, Asheville, NC 28803-8681)
Telephone: 828-299-8232   Fax: 828-299-8266
Charlotte District Office (901 Blairhill Road, Suite 200, Charlotte, NC 28217-1578)
Telephone: 704-665-4341   Fax: 704-665-4342
Winston-Salem District Office (4964 University Parkway, Suite 202, Winston-Salem, NC 27106-2800)
Telephone: 336-776-4420   Fax: 336-767-3989
Wilmington District Office (1200 N. 23rd St., Suite 205, Wilmington, NC 28405-1824)
Telephone: 910-251-2678   Fax: 910-251-2654

To make an OSH Complaint, **OSH Complaint Desk:** 919-807-2796

For statistical information concerning program activities contact:

Planning, Statistics and Information Management Bureau

Mailing Address: Physical Location:
1101 Mail Service Center   111 Hillsborough St.
Raleigh, NC 27699-1101   (Old Revenue Building, 2nd Floor)
Telephone: 919-807-2950   Fax: 919-807-2951

For information about books, periodicals, vertical files, videos, films, audio/slide sets and computer databases contact:

N.C. Department of Labor Library

Mailing Address: Physical Location:
1101 Mail Service Center   111 Hillsborough St.
Raleigh, NC 27699-1101   (Old Revenue Building, 5th Floor)
Telephone: 919-807-2850   Fax: 919-807-2849

N.C. Department of Labor (Other than OSH)

1101 Mail Service Center
Raleigh, NC 27699-1101
Telephone: 919-733-7166   Fax: 919-733-6197