Workplace Violence Prevention: Implementing Strategies for Safer Healthcare Organizations
July 25, 2018
Q & A Document

Notification and Reporting-related

QUESTION 1: Are verbal altercations reportable, in which the employee experiences stress?

A: With regard to external reporting, OSHA reporting and recording requirements are based on physical injuries and illnesses. States may have their own requirements. Joint Commission reporting expectations relate to Sentinel Events. Please see the Sentinel Event Policy and Procedures page (https://www.jointcommission.org/sentinel_event_policy_and_procedures/) for more information.

That being said, an effective workplace violence prevention program, includes the internal reporting of incidents and near misses to allow the employer to make a comprehensive assessment of the potential for workplace violence.

QUESTION 2: How are others improving their rates of reporting incidents?

A: Reporting rates improve on units that incorporate discussions about workplace violence and safety concerns into their regular staff/unit meetings. Some hold daily safety huddles where they create a safe place for employees to discuss violence. This transparency about workplace violence data enhances reporting. To sustain reporting, it is important to feed information back to staff and to use the information through tailored interventions to improve safety.

QUESTION 3: Are reportable events inclusive of the hospital-employed police officers if they are injured?

A:

would with allergies to medications or pertinent medical history. Organizations and their leaders must determine what resources are available to be allocated to this important notification and design it in a way that works for their own current documentation system.

QUESTION 6: Are there any criteria for flaggi

QUESTION 11: Does The Joint Commission require a specific vendor or recommended vendor like Crisis Prevention Institute (CPI) for employee training?

A: The Joint Commission does not make vendor recommendations for de-escalation training. There are successful internally-developed tools and programs as well as CPI. The organization's goal should be to provide training that matches its risks through the use of its hazard

QUESTION 17: Did you see an increase in reporting or any culture change in the inner-city emergency department that was included in the study? How can you implement a culture change among employees who view workplace violence as "just part of the job"?

A: Our analyses were on a group level (intervention vs. control) and did not examine changes in workplace violence rates over time in specific units. Changing the culture about workplace violence will depend on management promotion of a violence prevention climate. Hospital workers must know that management takes workplace violence seriously and does everything possible to reduce violence and promote worker safety. This entails encouraging reporting and documentation of violent events; regular review of incidents that do occur so that prevention efforts can be implemented; and creating a safe, non-punitive environment where workers feel comfortable in discussing workplace violence and conflict.

Miscellaneous

QUESTION 18: There are recommendations for active shooter drills and de-escalation, is there consideration for recommending training for physical control measures for weaponless attacks?

A: Organizations are encouraged to work with local security and law enforcement teams to determine what best suits their staff in their particular setting and event. It may vary from "run, hide, fight" to self-defense, to other tactics depending on the setting and whether additional patients or staff are at risk.

OSHA guidance does not specify specific training; rather it focuses on the development of a comprehensive workplace violence prevention program, which includes conducting a hazard assessment to determine what steps should be taken to reduce the likelihood of workers being injured due to workplace violence.

QUESTION 19: What are some best practices for support assistance for persons affected?

A: Examples of practices include debriefing with all staff, including the person affected, after a violent incident. It is important for everyone to learn from the victim's experience, and to ensure that the victim feels supported by colleagues and management in the open discussion. Another practice includes Employee Assistance Program (EAP) referral and follow up; the length and requirements of EAP relationship depend on the severity of the incident. The goal is to avoid the “I’m fine” syndrome and hopefully prevent post-traumatic stress disorder. Violence is NOT an expected experience in the healthcare workers day.

QUESTION 20: We are starting a staff-driven (with strong leadership backing and resources) hospital task force on workplace violence (WPV) and kicked it off with this webinar. My plan is to use the 7 actions outlined in the Sentinel Event Alert (SEA) #59. I recognize OSHA also has guidelines. In an TJET*nBT/F1 o0.000 1 100.82 185.57 Tm2guidelines. In an TJET*nBT/F1 o0.000 10.00Q

known and identified in the Sentinel Event Alert (SEA) #59 (emergency departments, psychiatric settings, home care, long term care, etc.) should be involved in this initial assessment. Areas of risk can be organized identifying likelihood as well as level or risk as