## Workplace Violence Prevention and ards

Effective Janary1, 2022, new and revisewoorkplace violence prevention and and and and revisewoorkplace violence prevention and and access hospital scording to US Bureau of Laboristics data, the incidence of violence lated health care worker injuries treadily increased for at least a decadecidence data reveal that in 2018 health care and social service worker injuries more likely to experience workplace violence than add therworkers comprising 73% of all nonfatal workplace injuries and illnesses requiring days away from workplace violence is denreported, indicating that at the alrates may be much higher Exposure to workplace violence impair effective patient care and lead to psychological distress, job dissatisfaction, absenteeism, high turnover, and higher costs.

The high incidence ovorkplace violence prompted the creation of new accreditation requirementand revised Joint Commission standards provide a framework to guide hospitals in developing kepflective violence prevention systems, including leadership objections and procedures, reporting systems, data collection and analysis, produced the strategies, training, and education to decrease workplace violence.

The accreditation manuallossarynow defineworkplace violence as act or threadcurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults or othebehaviors of concern involving staff, licensed practitioners, patients, or visitors.

In addition to an extensive literature review and public field review, The Joint Commission sought expert guidan

### Engagement with stakeholders, customers, and experts

from the following roups

• Technical Advisory Panel (T&P) racticing clinicians from health care and academic organizations,

- Technical Advisory Panel (Tarpracticing clinicians from health care and academic organizations, professional associations, and healthcare and government sectors.
- Standards Review Panel (SRP) of representations or professional associations who
  provided a boots on the ground point of view and insights into the practical application of the propostandards.

The prepulbublished for Joint Commission



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Standard EC.02.01.01: The hospital manages safety and security risks



Requirement Cont.

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## Standard HR.01.05.03: Staffarticipate in ongoing education and training.

### Requirement

**EP 29.** As part of its workplace violence prevention program, the hospital provideducation, and resources (at time of hire, annually, and whenever changes occ the workplace prevention program) to leadership, staff, and licensed pra The hospital determines what aspects of training are appropriate for individuals based on their roles and responsibilities. The training, education, and resources addrison, preverecognition, response, and reporting of workplace violence as follows:

- What constitutes workplace violence
- Education on the roles and responsibilities of leadership, clinical staff, security personnel, and external law enforcement
- Training in descalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents
- The reporting process for workplace violence incidents

#### Rationale

Recognition of what constitutes workplace violence begins with an what constitutes workplace violence begins with an what constitutes workplace violence diditionally, education and training should focus enscalation and intervention the chiques when confronted with incidents of workplace violence porating in olence prevention tools and encouraging these of a simple and accessible reporting process timately reduce the likelihood of the likeli





# Workplace Violence Prevention Advisory Rosters

