STATEMENT:

Workplace violence threatens the safety of staff, patients, visitors and others in hospitals and healthcare organizations. All threatening behavior should be reported, evaluated and addressed based upon the assessed level of risk. Healthcare facility leadership should assign authority and provide support for plans and processes that address violence and intimidating behavior.

INTENT:

a. Healthcare Facilities (HCFs) should implement a multi-disciplinary process to address workplace violence prevention and response. The protocol should elaborate on an effective safety and security program, whose five main components also apply to preventing workplace violence:
   1) Management commitment to support efforts to minimize violence
   2) Employee involvement and training to engage staff in violence prevention and mitigation efforts
   3) Risk assessment, identification, prevention and mitigation
   4) Worksite analysis and development of response plans
   5) Internal and external data gathering and management, record keeping, evaluation and reporting

b. The multidisciplinary team should include representatives from security, clinical, risk management, human resources, ancillary/support staff, executive leadership and external responders as appropriate to develop and maintain the workplace violence program including prevention strategies.

c. The HCF should require threats be reported and evaluated. Responses should be documented, reviewed and assessed to determine lessons learned and opportunities for improvement.

d. An organizational response plan should be developed based on recognizing, understanding, reacting to, and managing events, as they develop and escalate.

e. A specific organizational response team should be developed that evaluates and plans responses concerning all threats, and the degree and severity of each. All response team members should have clearly defined roles.

f. The violence response team should receive orientation and training in evaluating and responding to a variety of events of violence within the healthcare setting.

g. Protocols for response to domestic, targeted, patient-generated, or anticipated violence should be incorporated into the policy. The HCF should address the prevention and response to intimidating and disruptive behaviors such as threats and bullying.

REFERENCES/GENERAL INFORMATION:

– Violence Occupational Hazards in Hospitals, DHHS (NIOSH) Publication No. 2002-101, April 2002. Web. <https://www.cdc.gov/niosh/docs/2002-101/default.html>

– Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers, U.S. Department of Labor Occupational Safety and Health Administration OSHA 3148-01R 2004. Web. <https://www.osha.gov/Publications/osha3148.pdf>

– Workplace Violence Prevention and Intervention Standard, ASIS International: *ASIS Online*. N.p., 2011. Web. 06 <https://www.asisonline.org/Standards-Guidelines/Standards/published/Pages/Workplace-Violence-Prevention-and-Intervention-Standard.aspx>

- TJC Sentinel Event Alert, Issue 45, June 3, 2010: "The Joint Commission." *Sentinel Event Alert, Issue 45: Preventing violence in the health care setting | Joint Commission*. N.p., n.d. Web. <http://www.jointcommission.org/sentinel_event_alert_issue_45_preventing_violence_in_the_health_care_setting_/>

- US Department of Labor, Occupational Health and Safety Administration. Directive CPL 02- 01-052 2011: Enforcement Procedures for Investigating or Inspecting Workplace Violence Incidents. Web. <https://www.osha.gov/OshDoc/Directive_pdf/CPL_02-01-052.pdf>

SEE ALSO:

– IAHSS Healthcare Security Industry Guideline 01.09.01, Targeted Violence

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