

# Environmental Risk Factor Worksheet

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Floor/unit/service/parking garage/parking lot/other area to be inspected:

Date and time of inspection: \_\_\_\_\_ AM/PM

Name and phone number of inspector: \_\_\_\_\_

Title: \_\_\_\_\_

Phone number: \_\_\_\_\_

The Cal/OSHA workplace violence prevention regulation requires that health facilities identify and evaluate environmental risk factors in each unit and area, including areas surrounding the facility such as employee parking areas and other outdoor areas. Hospitals will want to assess their emergency department, lobby, radiology area(s), clinical lab(s), drawing stations, admissions office, morgue, central supply area, each inpatient and outpatient pharmacy, operating and procedure rooms, labor and delivery, each inpatient unit, each ICU, newborn nursery, psychiatric unit, all outpatient clinics, cafeteria, gift shop, parking lot and garages, restrooms, entries/exits, etc. This form may be used to document that the required assessment of environmental risk factors was performed. After the risk factors are documented on this form, the hospital should document the action taken to eliminate or minimize, to the extent feasible, each risk factor. Remediation measures should also be documented. (Use of this form is not required. Facilities may develop their own form or use a different method of documentation.)

**NOTE:** “Environmental risk factors” means factors in the facility or are in which health care service or operations are conducted that may contribute to the likelihood or severity of a workplace violence incident. Environmental risk factors include risk factors associated with the specific task being performed, such as collection of money.

1. Are employees working in locations isolated from other employees because of being assigned to work alone or in remote locations, during night or early morning hours, or where an assailant could prevent entry into the work area by responders or other employees?  
 No  
 Yes. Describe problem:
2. Is there poor illumination where possible assailants may be present?  
 No  
 Yes. Describe problem:
3. Is there blocked visibility where possible assailants may be present?  
 No  
 Yes. Describe problem:

4. Are there physical barriers between employees and persons at risk of committing workplace violence?
- Appropriate physical barriers exist in this area
  - No physical barriers are needed in this area. Describe why:
  - No physical barriers exist in this area, but they could be potentially useful. Describe potential physical barriers and how they could reduce risk of violence in this area:

5. Are there effective escape routes?
- Yes
  - No
- Describe: \_\_\_\_\_  
\_\_\_\_\_

6. Are there obstacles or impediments to accessing alarm systems?
- No
  - Yes. Describe: \_\_\_\_\_  
\_\_\_\_\_

7. Are there locations within the facility where alarm systems are not operational?
- No
  - Yes. Describe: \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** If an alarm system is necessary, it must be operational. If it is not necessary, it should be removed. Cal/OSHA frowns on alarm systems that are not operational.

8. Are there entryways where unauthorized entrance may occur, such as doors designated for staff entrance or emergency exits?
- No
  - Yes. Describe: \_\_\_\_\_  
\_\_\_\_\_

9. Are there furnishings or other objects that can be used as weapons in areas where patient contact activities are performed? (Note: Cal/OSHA has stated that “patient contact” means physical proximity, not touching. Therefore, admitting clerks, patient financial services staff, and other personnel in the facility who do not touch patients may still be considered to have patient contact.)
- No
  - Yes. Describe: Yes. Describe: \_\_\_\_\_  
\_\_\_\_\_

(The facility may wish to consider keeping a room or rooms with minimal furnishings ready for potentially violent individuals, and train employees to recognize these individuals and assign them to these rooms.)

10. Are there high-value items present, such as money or pharmaceuticals?

- No.
- Yes. Describe: \_\_\_\_\_  
\_\_\_\_\_

11. Note any unsafe conditions and/or work practices not identified above:

\_\_\_\_\_  
\_\_\_\_\_

**For home health/hospice:**

11. Are there weapons in the home?

- No
- Yes. Describe: \_\_\_\_\_  
\_\_\_\_\_

Patient/family declined to answer

12. Is there evidence of substance abuse?

- No
- Yes. Describe: \_\_\_\_\_  
\_\_\_\_\_

13. Are there uncooperative cohabitants?

- No.
- Yes. Describe: \_\_\_\_\_  
\_\_\_\_\_

14. Note any unsafe conditions and/or work practices not identified above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form must be retained for at least one year.

