





driving readiness in
dynamic times

Disaster Planning for
California Hospitals

Cal/OSHA's Impending Workplace Violence Prevention Regulations

Gail Blanchard-Saiger, JD
Vice President, Labor & Employment
California Hospital Association

Caryn Thornburg, LVN, BAIS, MS
Safety, Emergency Management & Sustainability Officer
Stanford Health Care – ValleyCare



Agenda

- Review proposed Workplace Violence Prevention Program (WPVP) Regulations
- Discuss hospital preparation
- Preview CHA resources



3

Proposed WPVP Regulations

Elements

- Creating and maintaining a WPVP
- Identifying management with responsibility for administering
- Coordinating with other employers of employees working at your site
- Identifying and evaluating safety and security risks
- Investigating violent incidents
- Correcting hazards
- Communicating with employees and others
- Training
- Reporting to Cal/OSHA
- Recordkeeping
- Program Review

4



Proposed WPVP Regulations Estimated Timeline

- **Aug. 26, 2016:** Third Version Proposed Regulation is Released
- **Sept. 12, 2016:** 15-day Comment Period Closes
- **Oct. 20, 2016:** Proposed Regulations Presented to Cal/OSHA Standards Board for Review and Approval
- **Jan. 1, 2017:** Effective Date (assuming adoption by Cal/OSHA Standards Board no later than Oct. 30, 2016)
 - Per current version – Violent Incident Log, Recordkeeping and Hospital Reporting would be required to be in place as of Jan. 1, 2017; remainder in place as of Jan. 1, 2018

5



Proposed Scope

Scope

- Health facilities including hospitals, long-term care, intermediate care, congregate care, correctional treatment center, psychiatric hospital
- Home health care and home based hospice
- Emergency medical services and medical transport, including those services when provided by firefighters and other emergency responders
- Drug treatment programs
- Outpatient medical services to the incarcerated in correctional and detention settings
- NOTE: DDS facilities must comply so long as they are not designated to close by 2021; CDCR facilities are exempt

6



Proposed: Key Provisions

Healthcare Workplace Violence Prevention

- “Workplace violence” means any act of violence or threat of violence that occurs at the work site. The term workplace violence shall not include lawful acts of self-defense or defense of others. Workplace violence includes the following:
 - The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury
 - An incident involving the threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury

7



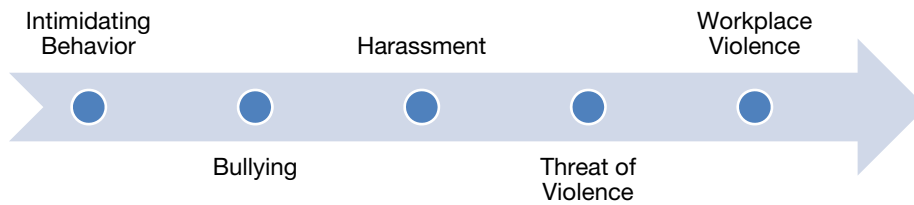
Proposed: Key Provisions

Four workplace violence types:

- **“Type 1 violence”** means workplace violence committed by a person who has no legitimate business in the work site, and includes violent acts by anyone who enters the workplace with the intent to commit a crime.
- **“Type 2 violence”** means workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors or other individuals accompanying a patient.
- **“Type 3 violence”** means workplace violence against an employee by a present or former employee, supervisor, or manager.
- **“Type 4 violence”** means workplace violence committed in the workplace by someone who does not work there, but has or is known to have had a personal relationship with an employee.

8

Workplace Violence Prevention Looking at the Continuum of Behavior



Proposed Training

- Training to be tailored to the risks employees are reasonably anticipated to encounter in their jobs
- Awareness training for all employees when the plan is adopted and, for new employees, at the start of employment
 - Overview of the Plan
 - Recognizing potential for violence
 - Strategies for avoiding harm
 - Hospital alarm systems and how to use identified escape routes
 - Role of private security personnel, if any
 - Reporting incidents
 - Resources

Proposed Training

- Opportunity to ask questions
 - Computer-based learning is permitted so long as employees can have their questions answered within one business day
- Annual refresher training for employees whose job involves patient contact and their supervisors
 - At least annually to review topics included in the initial training and results of the annual review
 - Focused on topics/information applicable to those employees
- Opportunity to ask questions
 - Computer-based learning is permitted so long as employees can have their questions answered within one business day



Proposed Training

- Specified training for employees whose job responsibilities include violent incident response
 - General and personal safety measures
 - Aggression and violence predicting factors
 - The assault cycle
 - Characteristics of aggressive and violent patients and victims
 - Verbal intervention and de-escalation techniques and physical maneuvers to defuse and prevent violent behavior
 - Strategies to prevent physical harm
 - Appropriate use of restraining techniques
 - Appropriate use of medications as safety restraints
- The opportunity to practice maneuvers and techniques with other team members and a de-brief after the training to identify and correct issues

Proposed: Key Provisions

Post-Incident Response

- Provide appropriate medical/psychological care
- Investigate
- Debrief
- Document
- Correct identified hazards



13

Proposed: Key Provisions

Other Plan Elements

- Procedures to identify and evaluate patient-specific risk factors
 - Factors specific to a patient that may increase the likelihood or severity of a workplace violence incident such as use of drugs or alcohol, psychiatric condition or diagnosis associated with increased risk of violence, any condition or disease process that would cause confusion and/or disorientation, or history of violence
 - How “patient-specific” is still a question
- Procedures to assess visitors or other individuals who display disruptive behavior or otherwise demonstrate a risk of committing workplace violence

14

Proposed: Key Provisions

Other Plan Elements

- Procedures to implement corrective action, as applicable, including but not limited to:
 - Sufficient staffing
 - Eliminating line of sight obstacles
 - Removing, fastening or controlling items that could be used as a weapon
 - Preventing transport of unauthorized firearms or other weapons
- Annual Review or review when changed circumstances



15

Proposed: Key Provisions

Other Plan Elements

- Identification of leaders responsible for implementation
- Procedures to obtain the active involvement of employees or their representatives in all aspects of plan development, implementation and evaluation/assessment
- Developing effective procedures for obtaining assistance from appropriate law enforcement agency, including a policy statement that prohibits the employer from adopting a policy that prevents employees from calling local law enforcement
- Procedures to assess the work environment, including parking lots, etc., for safety/security risks



16

Proposed: Key Provisions

Violent Incident Log

- To be reviewed during the annual plan review and available to employees
- For each incident, employer completes based on information solicited from the employee(s):
 - Date, time, location and department
 - Detailed description of the incident
 - Classification of perpetrator
 - Circumstances
 - Type of incident
 - Consequences of incident



17

Proposed: Key Provisions

Acute Care, Acute Psych and Specialty Hospital Reporting

- Required by SB 1299
- Must report any violent incident that involves:
 - The use of physical force against an employee by a patient or a person accompanying a patient that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury; or
 - An incident involving the use of a firearm or other dangerous weapon, regardless of whether the employee sustains an injury

18



Proposed: Key Provisions

Acute Care, Acute Psych and Specialty Hospital Reporting

- 24 Hour Reporting for:
 - A fatality or an injury that requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement
 - An incident involving the use of a firearm or other dangerous weapon
 - Urgent or emergent threat to the welfare, health or safety of hospital personnel such that they are exposed to a realistic possibility of death or serious physical harm

19



Proposed: Key Provisions

Acute Care, Acute Psych and Specialty Hospital Reporting

- 72 Hour Reporting for:
 - Other reportable incidents within the following parameters
 - The use of physical force against an employee by a patient or a person accompanying a patient that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury
 - For this purpose, injury is defined as an incident requiring medical treatment more than first aid

20

Action Steps



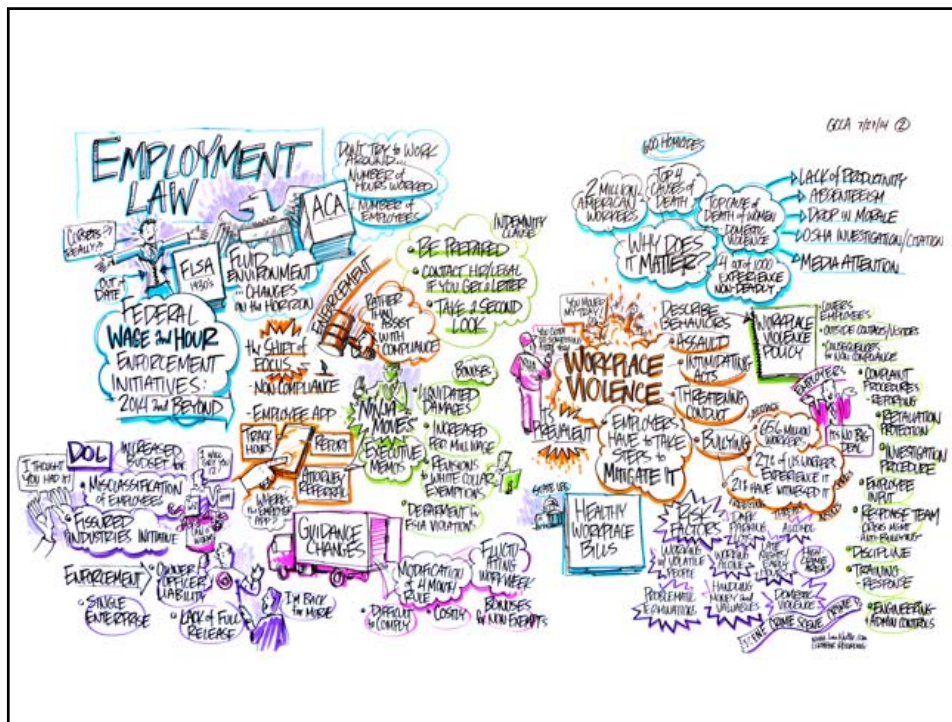
- Identify lead at your hospital/health system
- Create multi-disciplinary workgroup
- Review proposed regulations
- Begin gap analysis and other preparatory activity
- Monitor regulatory process
- Be ready to implement Violence Incident Log, Reporting and Record-keeping by January 2017
- Be ready to satisfy the remaining sections by January 2018
- Recognize that Cal/OSHA is already investigating complaints

21

CHA Activities

- Continue provide input to Cal/OSHA on reporting obligation
- Submit public testimony at Oct. 20 Cal/OSHA Standards Board Meeting
- Continue to update dedicated website
 - www.calhospital.org/workplace-violence-prevention
- Develop a Healthcare Workplace Violence Prevention Regulation Guidebook
- Present a Webinar on Nov. 1 (tentative)
- Work with Cal/OSHA on various training opportunities
 - Particularly with respect to reporting obligation

22



Logistical Challenges

- Resources - \$\$\$\$\$ for program requirements, unfunded mandated
- Policy Development – HR, Nursing, Security, Case Management, ED
- Risk Assessment(s):
 - By unit, service, location determine hazards, job design, equipment,
 - Patient – Orange Dot, STAMP for ED, MS4 Risk Screening
 - Visitors or others entering facilities or services
 - Security – BSIS Licensure Scope of Practice (Observe and Report), Armed vs. Unarmed, local LE response
- Staff involvement – multidisciplinary – all levels, collective bargaining representatives
- Training requirements
 - Initial - before start working
 - 3 levels based on response choices , online and face to face for hands on maneuvers of some staff based on response plan
 - Temporary employee – nursing, contracted physicians, DaVita
 - Annually or more often as processes change or incidents happen - AAR

Logistical Considerations

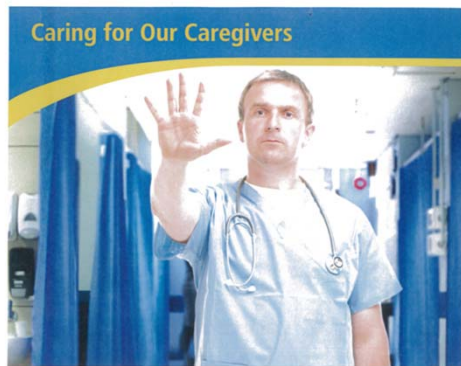
- Investigation requirements – Threat Assessment Team
- Discharge planning – Violent vs. Aggressive for placement D/C
- Documentation using Violent Incident Log
 - Separate from 300 Log requirements
 - Record maintenance annual cost of \$89.38 per establishment based on needlestick/sharps program
- Reporting requirements - CALOSHA Electronic Website data entry
 - Limited access for people to do input
 - Estimates 30 minutes to do one incident
 - CALOSHA used est .14.2 incidents a year from CDC to show minimal cost 30 minutes x 45.12/hour pay rate = \$320.35.
 - Violent Incident Log contains 20 plus types of reportable incidents
- Public displayed data – Affects on reputation/branding
- Patient satisfaction scores

← → ↻ 🔍 Search the web... | gao report healthcare | 675838.pdf | DR Microsoft Word - Violent |

← → ↻ 🔍 <https://www.dir.ca.gov/dosh/doshreg/Workplace-Violence-in-Healthcare/Comments/Violent-Incident-Log-Sample-Template.pdf> ☆

WORKPLACE VIOLENCE INCIDENT REPORT LOG		
Employee Name:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Job Title:		Department:
Supervisor Name:		Supervisor Title:
Date of Incident:	Time of Incident: am/pm	Specific Location (e.g., room number, floor, ward, etc.):
Detailed description of the incident in the employee's own words:		
Who carried out the violence or assault? (to be completed by the employee)		
<input type="checkbox"/> Patient/client/customer <input type="checkbox"/> Family/friend of patient/client/customer <input type="checkbox"/> Stranger with criminal intent <input type="checkbox"/> Co-worker <input type="checkbox"/> Supervisor/manager <input type="checkbox"/> Spouse or partner (current or former) <input type="checkbox"/> Parent or relative <input type="checkbox"/> Other _____		
At the time of the incident were you? (to be completed by the employee)		
<input type="checkbox"/> Completing usual job duties <input type="checkbox"/> Working in poorly lit areas <input type="checkbox"/> Rushed <input type="checkbox"/> Working during a low staffing level <input type="checkbox"/> In a high-crime area <input type="checkbox"/> Isolated or alone <input type="checkbox"/> Unable to get help or assistance <input type="checkbox"/> Working in a community setting <input type="checkbox"/> Working in an unfamiliar or new location <input type="checkbox"/> Other _____		
Where did the incident occur?		
<input type="checkbox"/> Patient/client room <input type="checkbox"/> Emergency room/urgent care <input type="checkbox"/> Hallway <input type="checkbox"/> Waiting room <input type="checkbox"/> Restroom/bathroom <input type="checkbox"/> Parking lot/outside premises <input type="checkbox"/> Personal residence (home health care) <input type="checkbox"/> Break room/cafe/terrace <input type="checkbox"/> Other _____		
Type of incident (check all that apply)		
Physical assault <input type="checkbox"/> Biting <input type="checkbox"/> Choking <input type="checkbox"/> Grabbing <input type="checkbox"/> Hair pulling <input type="checkbox"/> Kicking <input type="checkbox"/> Punching/slapping <input type="checkbox"/> Pushing/pulling <input type="checkbox"/> Scratching	Assault with weapon or object <input type="checkbox"/> Gun <input type="checkbox"/> Knife <input type="checkbox"/> Other _____ Sexual assault or intimidation <input type="checkbox"/> Rape/attempted rape <input type="checkbox"/> Unwanted verbal/physical sexual contact <input type="checkbox"/> Physical display <input type="checkbox"/> Other _____	Verbal intimidation <input type="checkbox"/> Bullying <input type="checkbox"/> Harassment <input type="checkbox"/> Threatening <input type="checkbox"/> Other _____ Physical intimidation <input type="checkbox"/> Following/stalking <input type="checkbox"/> Physical threats <input type="checkbox"/> Other _____

<https://www.osha.gov/Publications/OSHA3827.pdf>



Preventing Workplace Violence: A Road Map for Healthcare Facilities

December 2015



Guidelines for Preventing workplace violence for Healthcare and Social Service Workers



<https://www.osha.gov/Publications/osha3148.pdf>

Search the web...

Workplace Violence Prev... Workplace Violence Prev... NIOSH-WPHC-Workpla... Hospital eTool: Healthcare...

https://www.osha.gov/SLTC/etools/hospital/hazards/workplaceviolence/viol.html

The request to this fragment failed.

UNITED STATES DEPARTMENT OF LABOR

OSHA

SHARE | OSHA QuickTakes | Newsletter | RSS Feeds

Occupational Safety & Health Administration We Can Help

Home | Workers | Regulations | Enforcement | Data & Statistics | Training

Publications | Newsroom | Small Business | Anti-Retaliation

What's New | Offices OSHA

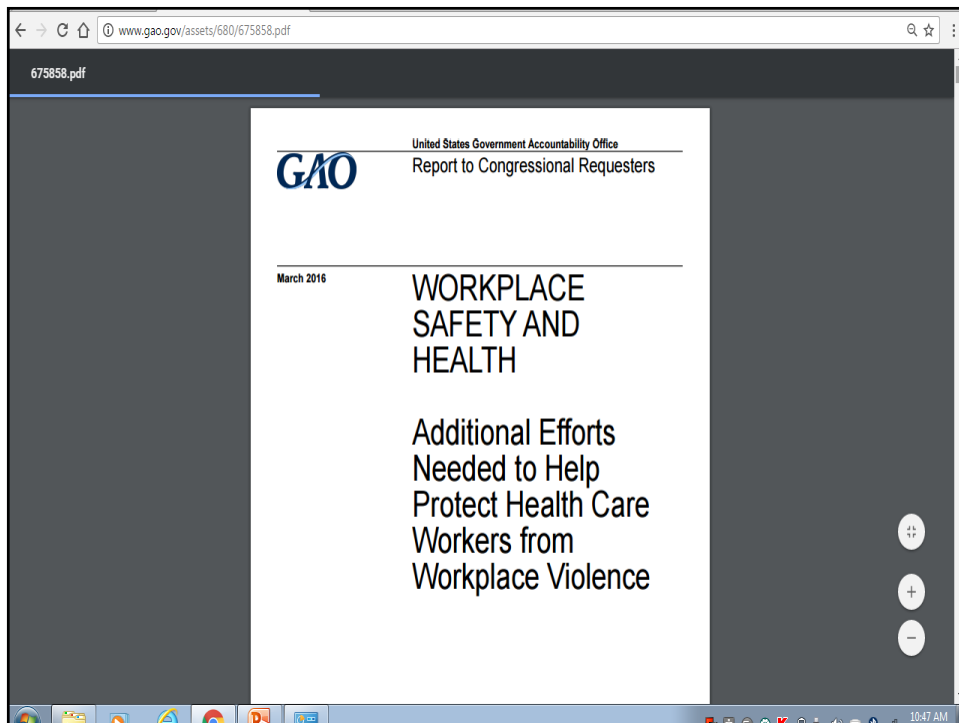
eTools Home : Hospital Scope | Glossary | References | Site Map | Credits

Healthcare Wide Hazards Workplace Violence

Click on the area for more specific information.

Administration
Central Supply
Clinical Services
Dietary
Emergency
Engineering
Healthcare Wide
Hazards
Heliport
Housekeeping

7:00 AM 9/19/2016



← → ↻ 🔍 Search the web...

Workplace Violence Tool Workplace Violence Prev NIOSH-WPVHC-Workpla

← → ↻ 🔍 www.cdc.gov/wpvhc/Course.aspx/Slide/Intro_1

CDC Home
 Centers for Disease Control and Prevention
 CDC 24/7: Saving Lives. Protecting People.™

Workplace Violence Prevention for Nurses

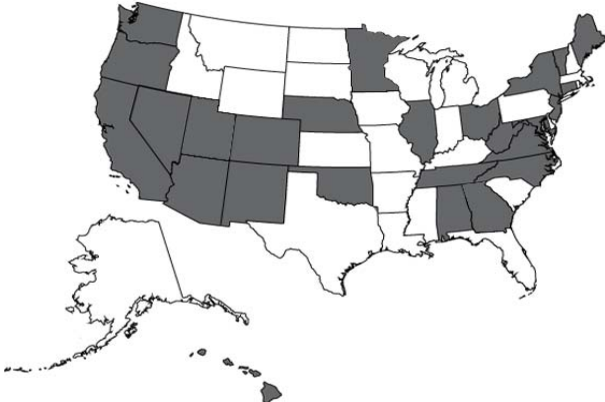
About This Course Unit 1: Definitions, Types, Prevalence Unit 2: Workplace Violence Consequences Unit 3: Risk Factors for Type 2 Violence Unit 4: Risk Factors for Type 3 Violence



Workplace Violence Prevention for Nurses

Returning Enter your code to resume a previous session:
 Visitors:

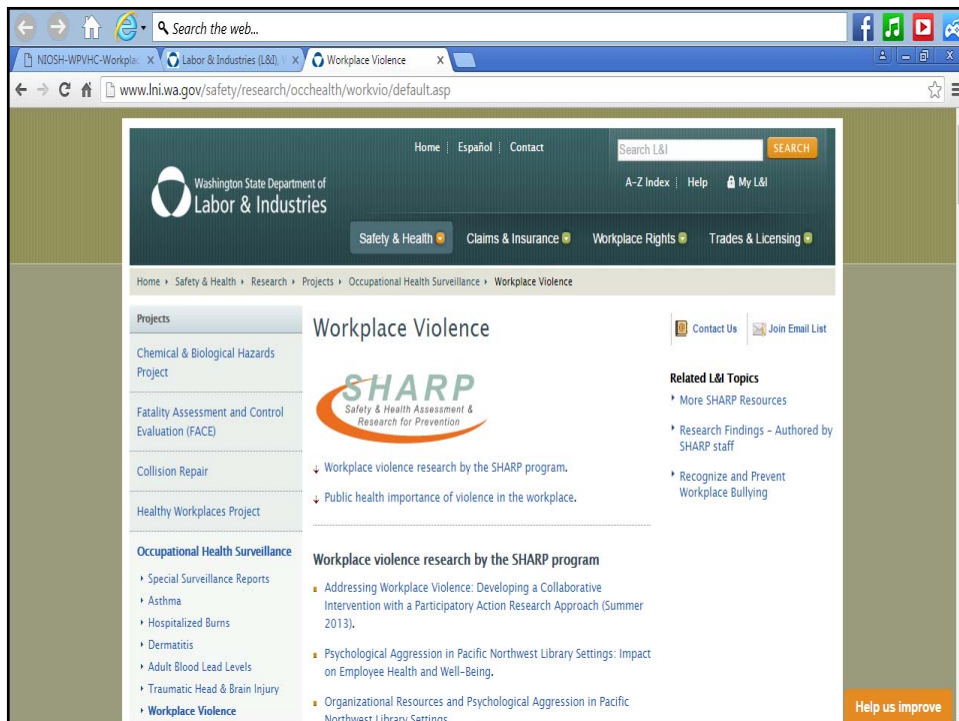
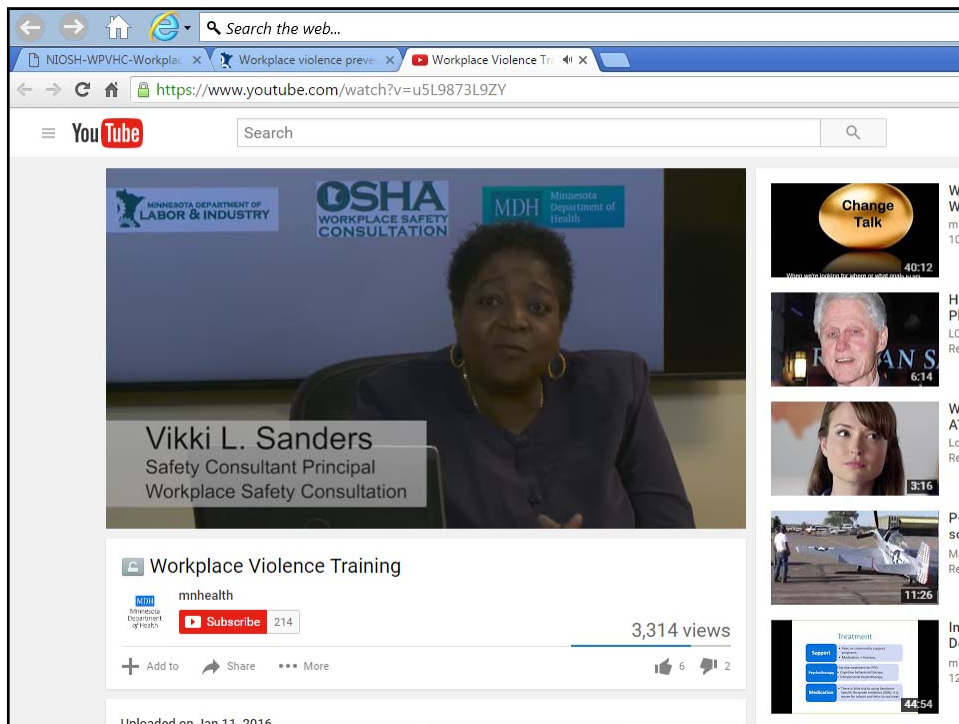
violence



- Requires employer run workplace violence programs: **CA, CT, IL, MD, MN, NJ, OR.** NY is limited to public employers only.
- Reporting of incidents: **WA.**

Only those state with laws designating penalties for assaults that include "nurses" are reflected below:

- Establish or increase penalties for assault of "nurses": **AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IA, KS, LA, MI, MS, MT, NE, NV, NJ, NM, NY, NC, OH, OK, RI, TN, TX, UT, VT, VA.**



Search the web...

NIOSH-WPVHC-Workpla... Workplace Violence Workplace Violence, Bully... www.oregonrn.org/?page=103

Enter search criteria...

ONA Oregon Nurses Association
Voice of Oregon Nurses Since 1904

About ONA Membership Government Relations Labor Professional Services News & Events

Workplace Violence, Bullying and Stress

The National Institute for Occupational Safety and Health Administration (NIOSH) and the Occupational Safety and Health Administration (OSHA) define workplace violence as any physical assault, threatening behavior or verbal abuse occurring in the workplace. Violence includes overt and covert behaviors ranging in aggressiveness from verbal harassment to murder (NIOSH 1996, OSHA 1996). Workplace violence occurs in numerous health care settings from med/surg and ED to ambulatory care and behavioral health units.

The health care sector leads all other industries, with 45% of all nonfatal assaults against workers resulting in lost work days in the US (US Bureau of Labor Statistics - BLS, 2006). In its annual Workplace Safety Index, Liberty Mutual cites assaults and violent acts as the 10th leading cause of nonfatal occupational injury in 2002, representing about 1% of all workplace injuries and a cost of \$400 million (Liberty Mutual 2004). The incidence of violence is likely far greater than that which is reported due to inadequate reporting mechanisms and victims' fear of isolation, embarrassment, and reprisal (source ANA). Click [here to read more](#).

Click on the following links to view resources and information about the Oregon Workplace Violence Prevention Law for Health Care.

- The Oregon Workplace Violence Prevention Law for Health Care
- Oregon OSHA information regarding the Oregon Workplace Violence Prevention Law for Health Care

ONA Calendar

- 9/22/2016 ONA Finance Committee Meeting
- 9/23/2016 ONA Board of Directors Meeting
- 9/30/2016 » 10/1/2016 ONA Bargaining Unit Leadership Conference
- 10/12/2016 » 10/15/2016 39th Annual NPO Education Conference
- 10/13/2016 Constituent Association 24 Annual Dinner
- 11/10/2016 Constituent Association 5 Annual Fall Dinner
- 12/2/2016 OHA Subchapter 1000 and 1005

Search the web...

NIOSH-WPVHC-Workpla... Workplace Violence Prev... www.fni.wa.gov/Safety/Topics/AtoZ/WPV/training.asp

Training from L&I

Fatalities and injuries


- Convenience Store Clerk Shot (Investigation Story).
- Crowd Control Resources for Big Retail Sales Events (38 KB PDF) (Hazard Alert).
- Deaths related to workplace violence climbed in 2009 (www.workerscompensation.com) (L&I News release).
- Service Technician Working Alone Dies after being Assaulted (www.cdc.gov) (FACE Fatality Report).

Presentations

- Accident Prevention Program (APP).
- Critical Incident Stress Debriefing (CISD) Overview (online training covering traumatic workplace events, including workplace violence incidents).
- Working Alone Safely.
- Workplace Violence Prevention - Module 1, Module 2.

Videos

- Is It Worth Your Life? Crime Prevention for Late Night Retail (www.archive.org).
- Workplace Violence : First Line of Defense / Violencia en el trabajo : Primera línea de defensa (English/Spanish).
- Workplace Violence : The Calm Before The Storm (English/Spanish).
- Workplace Violence in Retail Stores : Your Money or Your Life.
- See a list of videos about workplace violence.



Workers in hospitals, nursing homes, and other health care settings face significant risks of workplace violence. Many factors contribute to this risk, including working directly with people who have a history of violence or who may be delirious or under the influence of drugs.

Photo courtesy of L&I.

Help us improve

D-Violence-Self-As...docx D-Violence-Self-As...docx D-Violence-Self-As...docx

Show all downloads...

7:09 AM 9/19/2016



**CALIFORNIA
HOSPITAL
ASSOCIATION**



**Washington
State
Hospital
Association**



**Minnesota
Hospital
Association**

Search the web...

Workplace Violence Tool... Workplace Violence Prev... NIOSH-WPVHC-Workpl... Online Prevention of Viol...

www.health.state.mn.us/patientsafety/preventionofviolence/toolkit.html

Staff Education

- ▶ [Feeling Strained When Violent Patients Need Care - Article \(PDF\)](#)
- ▶ [HealthEast Violence Prevention Staff Education \(PDF\)](#)
- ▶ [HealthEast Active Shooter Staff Education \(PDF\)](#)
- ▶ [Personal Resilience in the Workplace \(PDF\)](#)
- ▶ [MN Hospital Association - Resiliency Training Powerpoint \(PDF\)](#)
- ▶ [Occupational Safety and Health Administration \(OSHA\) course](#)
- ▶ [Workplace Violence Prevention for Nurses Online Course - NIOSH](#)
- ▶ [Video: Run, Hide, Fight: Surviving an Active Shooter Event - FBI](#)

Risk Identification

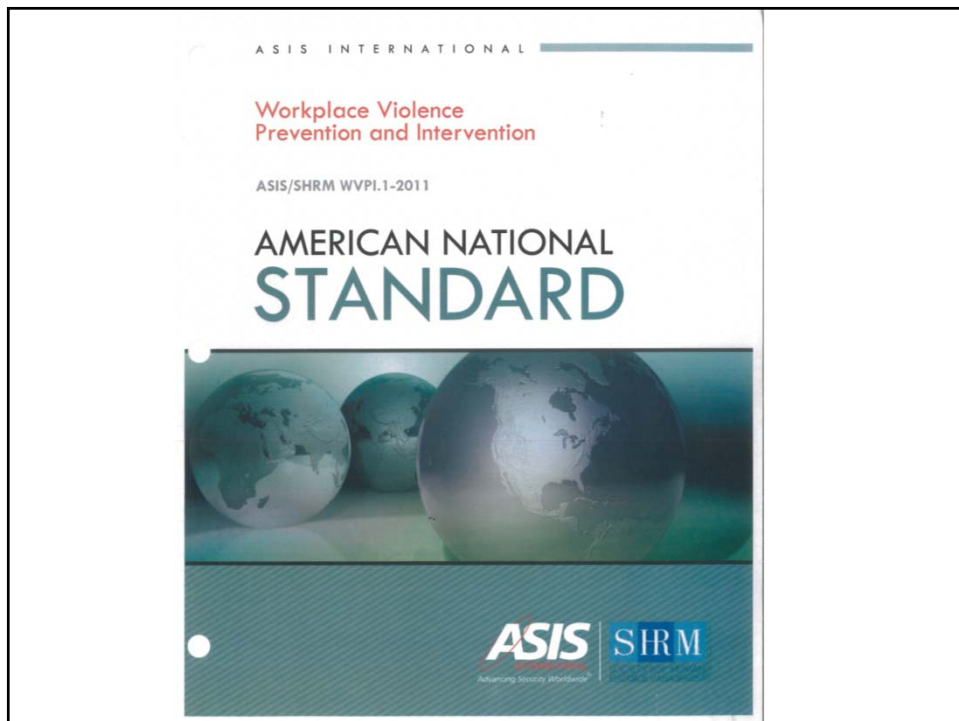
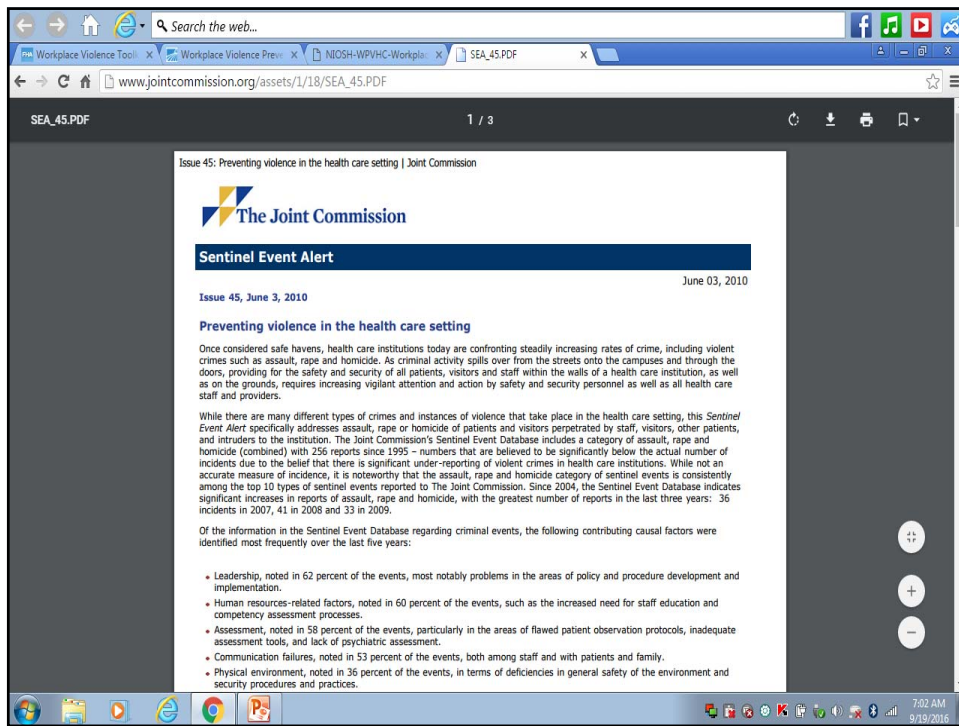
- ▶ [Broset Tool Utilization - Article \(PDF\)](#)
- ▶ [HealthEast Threat - Assessment Worksheet \(PDF\)](#)
- ▶ [Metro Compact - Domestic Violence Assessment Form \(PDF\)](#)
- ▶ [St. Cloud - Environmental Checklist Screenshot \(PDF\)](#)

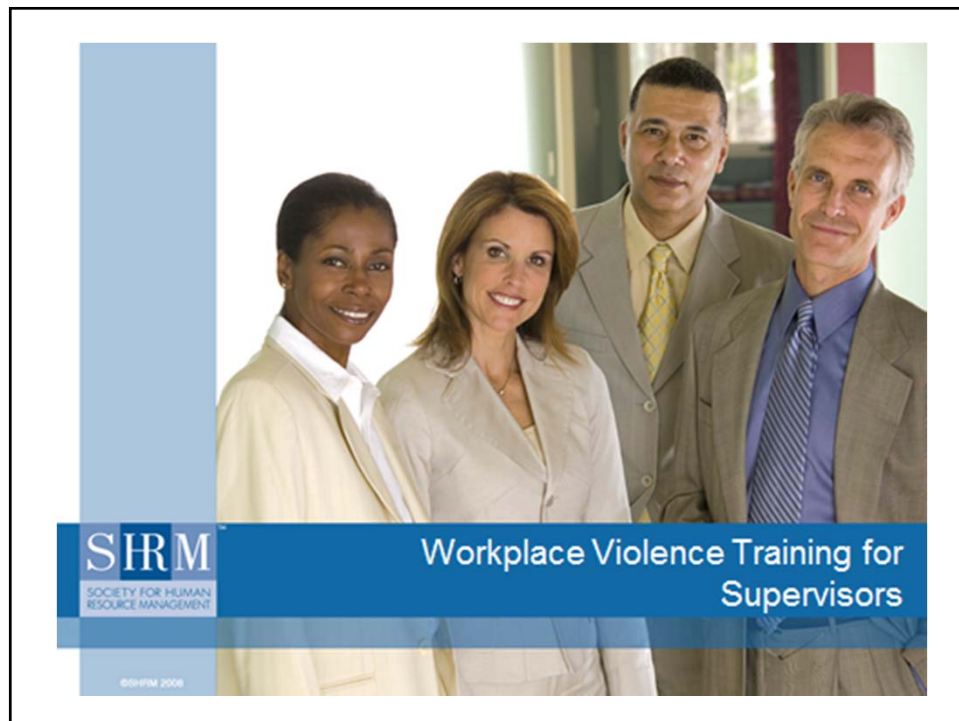
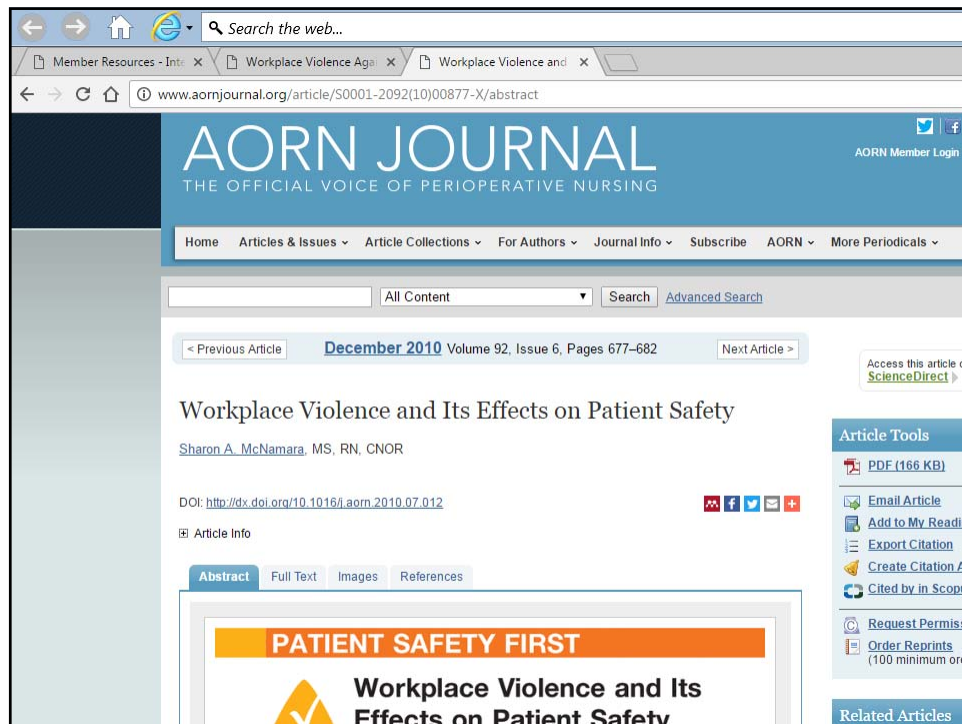
Linked Interventions

- ▶ [St. Cloud - Unique Treatment Plan Policy \(PDF\)](#)
- ▶ [St. Cloud - Unique Treatment Plan Policy and Example \(PDF\)](#)

Incident Response

- ▶ [Assessment and Management of Violent Patient - Article \(PDF\)](#)
- ▶ [Enhancing Safety in Behavioral Emergency Situations - Article \(PDF\)](#)
- ▶ [Essentia Health - Response Policy \(PDF\)](#)
- ▶ [Essentia Health - Security Management Policy \(PDF\)](#)
- ▶ [HealthEast - Behavioral Emergency Code Green Presentation \(PDF\)](#)
- ▶ [HealthEast - Violence Prevention and Intervention Presentation \(PDF\)](#)
- ▶ [Metro Compact - Incident Response Team Make-Up \(PDF\)](#)
- ▶ [Metro Compact - Sample Incident Response Form \(PDF\)](#)





Search the web...

NIOSH-WPVHC-Workpla... Violence in Healthcare Fa...
<https://www.ecri.org/components/HRC/Pages/SafSec3.aspx>

ECRI Institute About ECRI News Events Contact Us Login

ECRI Browse Topics **Memberships & Services**

Healthcare Risk, Quality, & Safety Guidance - Guidance

Violence in Healthcare Facilities

Published 3/1/2011

SAVE
 PRINT
 CITE
 DOWNLOAD

Summary Full Text References Supplementary Materials Classifications Share

EXECUTIVE SUMMARY

When violence erupts in a healthcare facility, the consequences are many and unpredictable. Injury or death of building occupants, lawsuits, property damage, and diminished patient, staff, and community trust in the facility are a few possible consequences.

It is impossible to eliminate workplace violence in healthcare settings; however, there are ways to reduce the potential for violent occurrences and minimize the impact of any violent situation that may arise.

WHO SHOULD READ THIS

Accreditation coordinator, Administration, Emergency department, Employee health services, Facilities/building management, Home care, Human resources, Marketing/public relations, Security

What HRC Found

Healthcare risk managers should collaborate with security personnel to ensure resources

7:04 AM 9/19/2016

Search the web...

Member Resources - Inte... Guidelines - Internationa...
www.iahss.org/?page=guidelines

IAHSS The Trusted Authority in Healthcare Security and Safety
 International Association for Healthcare Security & Safety

MEMBERSHIP CERTIFICATIONS EDUCATION & EVENTS CAREER CENTER IAHSS STORE AB

Guidelines

The IAHSS Industry Guidelines and the IAHSS Design Guidelines are intended to assist healthcare administrators in providing a safe and secure environment and support national, state/provincial, county and local requirements and are also intended to be in harmony with all regulatory, accreditation, and other healthcare professional association requirements.

Below is a listing of all of the Industry Guidelines that have been developed to date. IAHSS members can access all of the Guidelines through the **Industry Guidelines** file library below. A selection of Guidelines may be available for public access through the **Guidelines Preview** file library below to address timely issues, to share our knowledge with affiliated organizations, or to inform the public about new Guidelines that have been developed.

01. Program Administration

- 01.01 Security Management Plan
- 01.02 Security Master Plan
- 01.03 Security Administrator
- 01.04 Security Risk Assessments
- 01.05 Program Measurement and Improvement
- 01.05.01 Security Incident Reporting
- 01.05.03 Security Metrics
- 01.07 Protected Health Information
- 01.08 Professional Development
- 01.09 Violence in Healthcare



Massachusetts Nurses Association **MNA**  National Nurses United



Search the web...

Member Resources - Info x Workplace Violence Ag x HR 7 policies adopted at AM x

www.beckershospitalreview.com/hospital-physician-relationships/7-policies-adopted-at-ama-s-annual-meeting.html

7 policies adopted at AMA's annual meeting

Written by Morgan Haefner June 14, 2016 Print | Email

5 The American Medical Association House of Delegates voted Tuesday to adopt several policy proposals to improve the nation's health.

in Share

9 Physicians, medical students and residents representing all states and medical fields met in Chicago to vote on the policies.

9 Here are seven policies the AMA adopted.

3

1. **Prevention of detergent poisoning in children.** The AMA voted to ask state and federal authorities to enact a law that requires detergent product packaging to be child-resistant and less vibrant in color, in an effort to curb accidental exposure or ingestion. Between 2012 and 2013, more than 17,000 children under the age of six were exposed — the majority through ingestion — to highly-concentrated laundry detergent pods, leading to hundreds of hospitalizations and one confirmed death.

2. **Prevention of hearing loss in children from noisy toys.** The AMA also adopted a policy to establish noise exposure standards for children's toys. Toys that emit dangerously high levels of noise can impair children's hearing, AMA board member ~~Jesse Ehrenfeld, MD, said.~~ The policy states toys need to adhere to pediatric noise exposure standards and include warning labels when standards are exceeded.

3. **Protection of healthcare workers from violence.** Between 2011 and 2013, about 70 percent of reported workplace assaults took place in healthcare and social service settings, according to the U.S. Bureau of Labor Statistics. As a result, the AMA adopted a policy that increases healthcare worker safety. The policy asks the Occupational Safety and Health Administration to require healthcare employers to establish violence prevention programs. OSHA currently has guidelines to increase healthcare worker safety, but they are not enforceable or required. The new policy would make OSHA guidelines a requirement and encourage physicians to undergo training that will help them prevent and respond to workplace violence threats, report incidents and promote safe workplace culture.

More

ACC

Pop

Leg

Com

Pay

CEO

ICD

Jobs

10 M

1. 15

2. 12

3. As

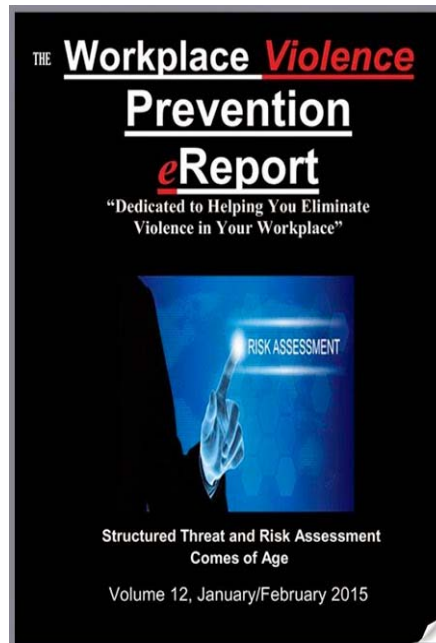
off a

\$753

4. D

in fra

East



THE LUND REPORT
 Oregon's most vital source of health news

[Home](#) | [Subscribe or Renew](#) | [Donate](#) | [Browse Articles](#) | [Legislative Updates](#) | [Inside the Industry](#) | [Guest Opinions](#) | [Press Releases](#) | [Health Hires Job Board](#) | [OR H For](#)

Data on Healthcare Violence Remains Out of Reach

Statistics say healthcare workers are twice as likely to be victims of workplace violence, but employers are exempt from OSHA reporting requirements, and can keep info on training and safety plans under wraps

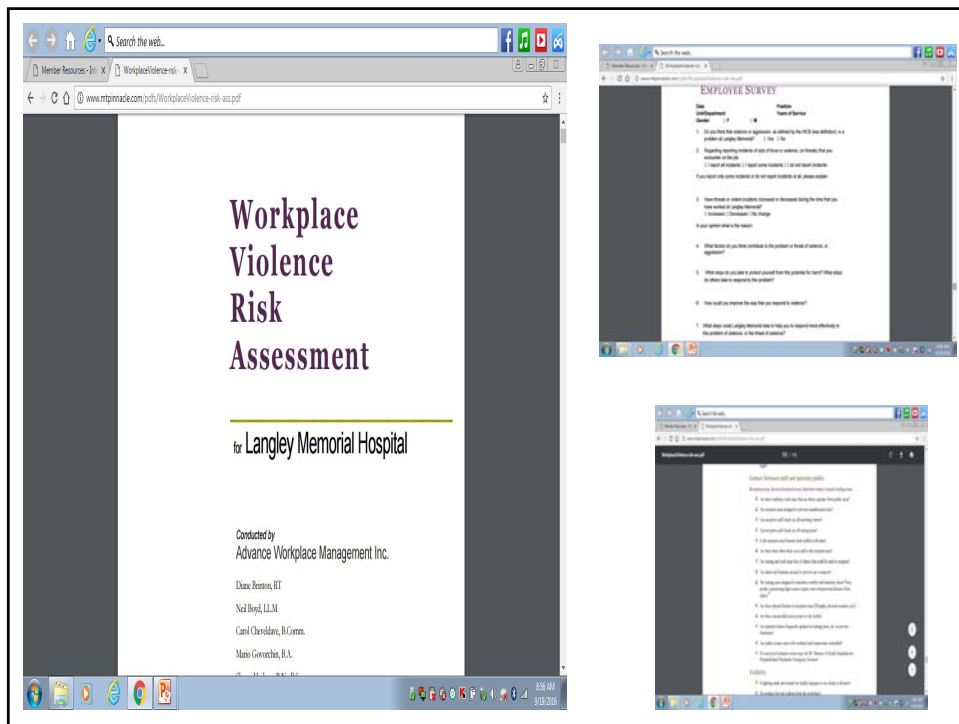
By Christen McCurdy

June 7, 2012 -- Two weeks ago, community health worker Jennifer Warren was stabbed to death in the St. Helens home of Brent K. Redd Jr., who was receiving services from Columbia County Community Mental Health (CCMH), Warren's employer.

Redd had been released from Oregon State Hospital under supervision by the Psychiatric

State of Reform 2016

FEATURING



Search the web...

Member Resources - Intro x workplace violence guid x Healthcare Facility Work x

www.ashrm.org/resources/workplace_violence/index.dhtml

ASHRM AMERICAN SOCIETY FOR HEALTHCARE RISK MANAGEMENT safe and trusted healthcare

A personal membership group of the American Hospital Association

Log in | Register | Contact Us |

Home About ASHRM Membership Education Annual Conference Events Publications Online Store

Home / Resources / Workplace Violence / Toolkit

Healthcare Facility Workplace Violence Risk Assessment Tool

Violence in the workplace continues to be an area that risk managers need to be proactively preparing their institutions to prevent. At the same time, the risk manager needs to know what to do in the event they are faced with an immediate situation. This tool kit is designed to assist in both of these areas. The links below include a check list to ensure you are prepared to prevent violence against staff and a separate tool to have handy to address it if it happens. For each item ASHRM has shared some resources such as example policies, but you may also want to print the tool and track resources in your organization so you have everything at the tip of your fingers if needed. If you have additional resources you think would be valuable to add, please share them with us by emailing ashrm@aha.org.

Staff to Staff Violence/Harassment

- Proactive Prevention
- Reactive Response to Event

D-Violence-Self-Assessment-Questionnaire - Microsoft Word

File Home Insert Page Layout References Mailings Review View Acrobat

Clipboard Font Paragraph Styles Editing

Navigation Search Document

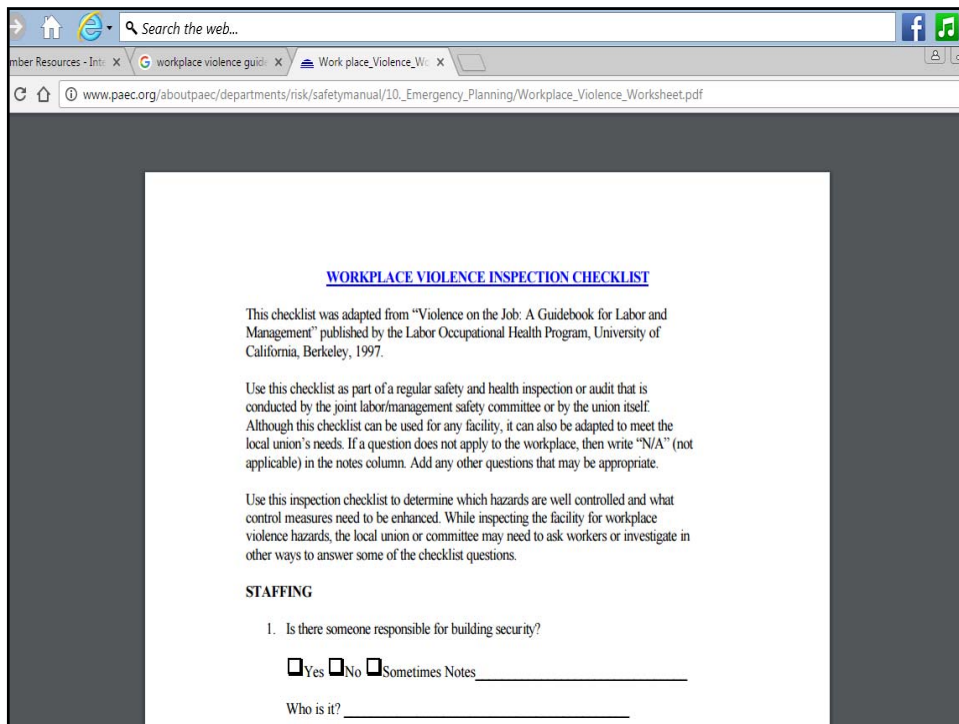
This document does not contain headings. To create navigation tabs, create headings in your document by applying Heading Styles.

Healthcare Risk Control Self-Assessment Questionnaire 28

September 2016

	Yes	No	N/A	Comments
Administration				
1. Has the facility adopted a zero-tolerance policy regarding violence?				
1.1. Is management's commitment to the zero-tolerance policy demonstrated by follow-through on all potential or actual violent incidents?				
2. Does the facility have a written violence-prevention plan?				
2.1. Do frontline caregivers as well as management employees participate in the creation of the violence-prevention plan?				
2.2. Does the plan address procedures for handling media requests regarding violent incidents?				
2.3. Is the plan evaluated annually?				
3. Does your facility's definition of violence include				
a. fatalities?				
b. physical assaults?				
c. harassment?				
d. aggressive behavior?				
e. threats?				
f. verbal abuse?				

Page: 2 of 14 Words: 3,299 100% 7:07 AM 9/19/2016



OBLIVIOUS
AWARE (SCANNING)
ALERT (ASSESS)
ENGAGED (TAKE ACTION)

SITUATIONAL AWARENESS
DIFFUSING ASSAULTIVE BEHAVIOR CLASSES

SHC-VC In-Patient Risk Screening

- Risk Assessment for in-patient admission
- Orange dots on staffing boards
- Orange Dots on door frames
- Orange Inserts in patient charts
- Ticket to Ride
- Flagging of Records
- Numbers reported at Ops Huddle



Violent Behavior Policy_Attachment A_Risk Screening for Violent Behavior.pdf - Adobe Acrobat Pro

File Edit View Document Comments Forms Tools Advanced Window Help

Create Combine Collaborate Secure Sign Forms Multimedia Comment

1 / 1 100%

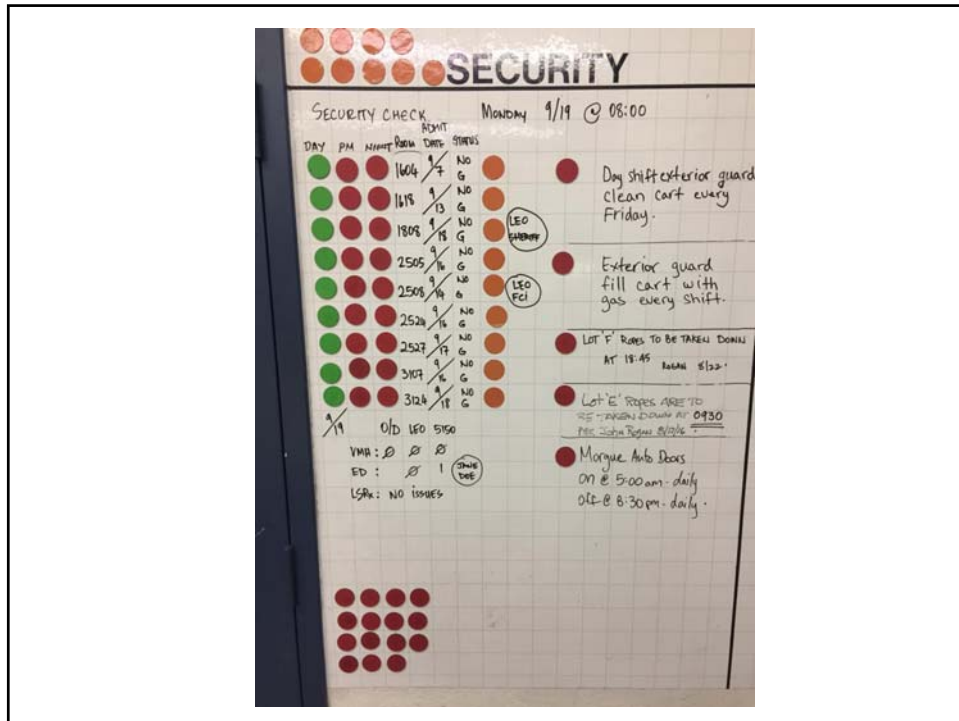
Risk Screening for Violent Behavior

Patient has history of or present event:

- ☐ Neurological (brain, spinal cord, nerves) or cognitive disorder that results in acute/chronic cognitive impairment or lack of impulse control (i.e. stroke, tumor, seizure, encephalitis, meningitis, dementia, Alzheimer Disease, Autism Spectrum Disorder, Intellectual Disability, traumatic brain injury)
- ☐ Mental health disorders or psychiatric hold (i.e. diagnosed with: paranoia-schizophrenia, bipolar, personality disorder)
- ☐ Current drug and/or alcohol abuse (i.e. actively withdrawing from alcohol or benzodiazepines; active use of amphetamine, alcohol)
- ☐ Current disruptive behavior (i.e. credible verbal threats or violence against patients or staff, name calling, racial/sexual harassment)
- ☐ Current incarceration

If ≥ 1 item is selected above, implement "High Risk for Violent Behavior" interventions

- ☐ None of the above



Questions?



Thank You!

Gail M. Blanchard-Saiger, JD
gblanchard@calhospital.org

Caryn Thornburg, LVN, BAIS, MS
cthornbu@stanfordhealthcare.org