Metropolitan Hospital Compact

Management of Violence in the Healthcare/Workplace Setting Template

Facility Name

Origination Date

1. OVERVIEW

(*Name of facility*) is committed to providing a safe work and care environment that is free from threatening or intimidating conduct. No individual may engage in any verbal or physical conduct which intimidates or threatens harm to any patient, employee, staff member or visitor.

This policy outlines the steps that (*facility name*) will take in order to ensure the safety of all staff, patients and guests while on the premises.

2. OBJECTIVES

The Objective of Policy is to:

- Define violence in the healthcare setting.
- Identify procedures in the event of a violent act.
- Identify the expectations of (Facility Name) administrators, staff and others present within (Facility name) facilities.
- Identify a commitment to prevent and reduce workplace violence
- Lessen the impact of violence

3. POLICY STATEMENT

(*Facility name*) has a zero tolerance policy for workplace violence. All acts of violence or threats against any employee, staff, visitor, or patient are to be reported immediately. (*Facility name*) commits to investigate violence, respond to incidents and support victims of violent acts. (*Facility name*) expects that employees and staff that experience violence, or witness a violent act, will make a report to their supervisor, human resources, or (other reporting avenues that are site specific).

3.1 Non-Retaliation: Staff will not be retaliated against for reporting any type of violence, or participating in an investigation of a violent act. Discrimination against victims or reports of violence will not be tolerated.

4. SCOPE OF WORKPLACE VIOLENCE

Workplace violence includes, but is not limited to the following acts and relationships:

- Incidents of violence towards patients, staff or visitors from internal or external sources
- Direct and Indirect Threats
- Domestic issues that impact the workplace
- Verbal and Physical abuse

Any or all of the following relationships:

- Patient to staff or staff to patient
- Patient to patient
- Staff to staff
- Family/Visitors to staff
- Vendor to staff

5. DEFINITIONS

5.1 Violence in Healthcare: Violence in health care refers to a broad range of behaviors including (but not limited to) physical violence, intimidation and/or behaviors that are disruptive to (*facility name's*) environment and generate a concern for the personal safety of (*facility name's*) patients, visitors, employees, and others who are present in (*facility name's)* facilities.

Examples of violence in the healthcare setting may include, but are not limited to:

- Verbal threat or written threats that express intent to harm.
- Verbal assaults
- Physical assaults, including: biting, kicking, punching, scratching, spitting, etc.
- Any perceived act that causes fear or harm to a (*Facility name*) employee, staff member, patient, or visitor present in a (*Facility name*) facility.

5.2 Patients: Any individual present in *Facility name* that is present for the purpose of receiving health care services.

5.3 Staff: Physicians (non-employed physicians are considered to be staff for the purposes of this policy), employees, volunteers

5.4 Visitors: Family, friends, clergy, vendors

5.5 Violence In-House: Any direct threat or act of physical violence which occurs on *(facility name)'s* campus.

5.6 Direct Threats: Includes civil disturbance, gang related activity, labor unrest, or other acts of violence which may present to (*facility name*).

5.7 Indirect Threats of Violence: Includes but not limited to phone calls, notes, mail or e-mail, vandalism, etc.

5.8 Domestic Issues/Abuse: A pattern of behavior in any relationship that is used to maintain power or control over an intimate partner. Domestic abuse can be physical, verbal or emotional.

5.9 Intentional Violence: Based on the victim's perception, the violent action was intended to cause harm.

5.10 Accidental Violence: Based on the victim's perception, the violent action was not intended to cause harm.

5.11 Threat Assessment Team:
This is a group of key individuals who are in house or immediately available at the time of the reported threat or act and can quickly move to investigate the complaint, notify internal leaders and police if required, and mitigate further harm. Documentation of those findings and actions need to be completed as well.

This team should at a minimum include; security, administration and the department(s) leader.

Possible actions of the Threat Assessment Team could include:
The primary responsibilities of the follow-up team are to:

1. Evaluate threats (Consult *Appendix A: Threat or Event Assessment Tool*)
2. Assess vulnerability of employees and work sites
3. Plan appropriate, immediate interventions
4. Assure appropriate support and resources are provided to involved employees, I.E. law enforcement, EAP, EOHS, etc.
5. Assure an action plan is in place which monitors the situation for as long as is necessary and that adequate ongoing communication is in place.
6. Assessing patient's previous history

5.12 Event Response Team (This may be the Hospital Incident Command Team):
This team is meant to follow-up after the initial incident has occurred and work from the immediate Threat Assessment Team's work to further investigate the problem and create strategies to mitigate, communicate and provide support where needed. The process for complete documentation of the investigation and actions taken will need to be communicated to the team and collected for further reporting and follow-up.

Possible actions of the Event Response team could include:

1. Conduct threat assessment (Consult *Appendix A: Threat or Event Assessment Tool*)
2. Evaluate existing data, request additional data
3. Access additional resources and expertise as indicated
4. Make informed decisions about appropriate internal and legal actions
5. Communicate with threatened employee(s) and staff impacted by the threat Report in writing to, and interact with, other bodies such as: Administration, Hospital Safety steering committee, and workplace violence committee.
6. Follow up with evaluation of actions and future planning.

*See Appendix C for a list of the suggested **Event Response Team** members and their responsibilities:*

6. RESPONSE PROCEDURES:

All threats of violence or violent episodes will be taken seriously. Please see individual sections for responding to violence, evaluating threats of violence, and communication guidelines during or after an incident or threat occurs. It is the responsibility of all *(Facility Name)* staff to question the presence of all individuals in patient rooms, or patient care areas. Staff should alert security to the presence of any suspicious individuals they encounter on facility premises. (Consult *Appendix E: Violence in the Workplace Response Algorithm*)

6.1 **Immediate Response**: Whenever a threat or physical act has occurred, immediately report this to your supervisor or the house supervisor ((during off-shifts). If assistance is needed, contact Security as well. The Security Officer will then report this to the Administrator-on-call or Administrative supervisor who will initiate a "**Threat**

Assessment Team," if needed. Dependent on the time of day and day of the week, at a minimum, a Security Officer, the Administrator-on-call or Administrative Supervisor and the Department Manager/Charge person will activate an immediate response. - *See Appendix B: Incident Response Form.*

A. Violence In-House

Notify Security

Security will:

- Call a "Code _____" if necessary
- Call 911 if necessary

Administrative Supervisor or Administrator on call will:

- Call victims family if injuries are involved.
- If an employee injury is involved, complete employee incident report with Employee Occupational Health.

If a victim is to be admitted, the Charge Nurse will:

- Interview the patient and determine if a continued risk exists.
- If a risk exists, get a description of the threatening person/people.
- Admit patient under alias.

B. Direct Threats

Notify emergency department, security or administration when a direct and verified threat has been made, or when reports of violence are received from external sources. The department supervisor will contact the house supervisor and determine if security needs to be called immediately.

Emergency Department security may:

- Implement a lockdown of E.D. or potentially affected business units

Administration may activate the command center if necessary.

Security will:

- Report to emergency department waiting area for crowd control
- Notify local police of potential incoming problem if necessary
- Call 911 if necessary.

If a victim is to be admitted, the Charge Nurse will:

- Interview the patient and determine if a continued risk exists.
- If a risk exists, get a description of the threatening person/people.
- Admit patient under alias.

C. Indirect Threats

Notify department manager

- Call security
- Interview victim and determine if a continued risk exists
- If a risk exists, get description of threatening people.

If potential victim is an employee:

- Consider possible reassignment to another area

If potential victim is a patient:

- Consider moving to a different floor
- Put hold on patient information or change name to an alias

- Notify switchboard to transfer any calls to Charge Nurse
- Complete Workplace Violence Threat Assessment tool

Security will:

- Consult with manager about additional security needs. Call security supervisor or manager if extra security is required.

7. Communication Guidelines

Monday through Friday, during the day: Administrator on Call

- Meet with department manager, safety, security, public relations, risk management, patient representative, and H.R. to determine appropriate communication.

Off-shifts, weekends, and holidays: Unit Charge Nurse or Administrative Supervisor may do one or more of the following as necessary

- For small or isolated cases, he/she will brief patients and staff that may be involved or affected.
- For more serious or large scale events:
    - Overhead page warning or notice.
    - Inform patients and staff through other department supervisors and charge staff.
    - Post notices at entrances and elevators.
    - Contact Security manager, safety, public relations, administrator on call, and/or department manager for further assistance.
    - Complete "Patient/Visitor Safety Report" if patients or visitors are involved.

7.1 Communication considerations:

- Overhead page, warning or information
- Create written statement
- Contact department managers to share information with staff
- Post notices at entrances, elevators, etc.,
- Contact union representatives
- Contact news media
- Contact employee assistance

7. Investigation Considerations

Document circumstances of each person's involvement

1. Direct quotes of what was heard
2. Description of behaviors and actions associated with the threat
3. Relationship between all individuals involved and any between the victim and perpetrator
4. Has EAP been contacted?
5. Is there a restraining order in place?

Note: See Appendix D for special considerations concerning domestic violence issues.

8. Post Incident Critical Event Review (CER)

This process will be used to look at the circumstances surrounding a violent episode resulting from employee assault by patients, visitor, or employee where the employee has sustained an injury or at employee/manager request. The process is intended to help (facility name) determine what can be done to prevent the same, or similar events from happening in the future.

1. Notify the Safety Officer that an incident has occurred, date and time, who was involved and a general description of the event.
2. The Safety Officer will schedule a CER, when appropriate, within one week.
3. Safety, security, and management of the unit where the even occurred, and involved staff will be scheduled to participate in the CER (also consider, EAP, EHOS, HR, etc.)
4. Results of the CER will be forwarded to the following groups, as appropriate, including but not limited to: Employee Safety sub-committee, Environment of care committee, etc.
5. If no CER is indicated, the manager will be notified of the incident by the Safety Officer.

9. POLICY REVIEW:

- *Facility Name's* Workplace violence program should be reviewed and evaluated every X# years.
- Violence risk assessments will be reviewed every X# years, or as the business operations of *(Facility name)* expand or evolve.

10. **RECORD KEEPING/DATA ANALYSIS** - Things to consider and add to each plan include:
    - Who will keep track of records?
    - Where will records be stored?
    - What records should be tracked?
    - How will data be collected?
    - How often will data be analyzed?

11. **EMPLOYEE RESOURCES:** – Each site needs to determine what employee resources are available and how they are initiated (Employee Assistance Program, CISD, etc.)

12. **EXECUTIVE ENGAGEMENT: -** Determine which group/council provides executive support to violence prevention activities?
    How do they provide support?

13. **EDUCATION PLAN -** Determine the following needs:
    - Who receives education? (All care providers? High risk staff – ED, ICU, Mental Health?)
    - What kind of education is provided? – eLearning, In-person training, other
    - How often is training provided?

Appendix A:

Threat or Event Assessment

Initial Threat Assessment or Event Assessment

Date: **Time:** **Completed by:**

Current Situation:							
Threat?	**Event?**	**Issue**	**Yes**	**No**	**N/A**	**Response**	**Action**
		Was a threat made?					
		Are there witnesses?					
		What is the conflict, dispute or motive?					
		Is there a known past history of violence?					
		Is there a known suicidal ideation?					
		Are there any signs of alcohol or drug abuse?					
		Are there signs of confused thinking, delusions or hallucinations?					
		Does he/she own a gun or other weapons?					

		Has there been recent job performance deterioration?					
		Have there been marked personality changes recently?					
		Have there been instances of depression, mood swings, or self- esteem problems?					
		Are there signs that he/she tends to act out on their anger?					
		Has there been increased withdrawal or seclusion from others?					
		What are the stressors he/she is experiencing?					
		Has there been an increase in anxiety level?					
		Is he/she a combat veteran?					
		What kind of support system does he/she have?					
		What (if any) action has management taken so far?					
		What is the gut level feeling people have about this person's potential to act out violently?					

Appendix B
Incident Response Form

1. Location of Incident (Unit number): _____

_____

2. Time_____ Date_____ Length of Time_____

3. Describe the violence that occurred:
    a. Directed towards (circle applicable): Patient, Staff, Visitor, Other
    b. Violent incident by (circle applicable): Patient, Staff, Visitor, Other

4. Description of incident:
    a. Physical Abuse
    b. Verbal abuse
    c. Threat
    d. Other

5. Please provide a detailed explanation of the incident:

_____
_____
_____
_____

6. Were any weapons involved in this incident? (If yes, please provide a description of any weapons or objects used to threaten)

_____
_____
_____

7. Please list all individuals involved in the incident (Victims, witnesses, etc.)

Name Job Title (if applicable) Work location _____

_____
_____
_____
_____
_____

8. Please list perpetrator(s) – Names, addresses, relationship to the hospital or intended victim

_____
_____
_____
_____

9. Perpetrator's status:
    a. At large
    b. Under arrest
    c. Current where abouts known?

10. Were any injuries sustained as a result of this incident? If yes, please list the individual and injuries received.

_____
_____
_____
_____

11. Factors leading to the incident (if any)
    a. Dissatisfied with care
    b. Prior history of violence
    c. Outside event (Community, domestic, etc.)
    d. Grief related
    e. Other

Please provide Description:_____
_____
_____
_____

12. How has the incident been reported? (OSHA Log – if employee injury, Security reports, other?)

_____
_____
_____
_____

13. Additional Comments

_____
_____
_____
_____
_____
_____

Please complete and return to: _____

Appendix C
Suggested Event Response team
Members and their responsibilities:

1. Safety Officer or designee
   a) Set-up a meeting with the following: Employee (as appropriate), department manager, safety, security, human resources, risk management (if risk to patients/visitors), employee assistance program (EAP), counselor, and other consultants as appropriate.

   b) Department Manager
   c) Provides data about situation(s)
   d) Assists in the identification of department needs
   e) Participates in implementation of plan
   f) Communicates to staff as appropriate
   g) Reports on actions taken

2. Security
   a) Takes immediate steps to assure safety of environment and employees
   b) Identifies ongoing role of security
   c) Gives input regarding need for involvement of law enforcement
   d) Serves as resource and advisor to team

3. Human Resources
   a) May conduct threat assessment
   b) Provides input in regards to confidentiality
   c) Consults on appropriate interventions with employees
   d) Serves as consultant on applicable policies and procedures

4. Risk Management
   a) Advise on areas of patient/visitor risk
   b) Recommend appropriate action
   c) Advise when there is indication for legal counsel

5. Employee Assistance Program
   a) Participates in assessment of environment
   b) Advises department manager on staff needs such as fitness for duty, debriefing, counseling and referral
   c) Provides emotional support to staff as appropriate
   d) Access outside psychological consultation as needed

6. Other members might include, but are not limited to:

Senior management	Legal department	Clergy
Violence advocacy services	Union representatives	Communications
Patient representatives	Law enforcement	Unit Charge Nurse
Community resources	Administrative supervisor	

Appendix D

Domestic Violence Assessment

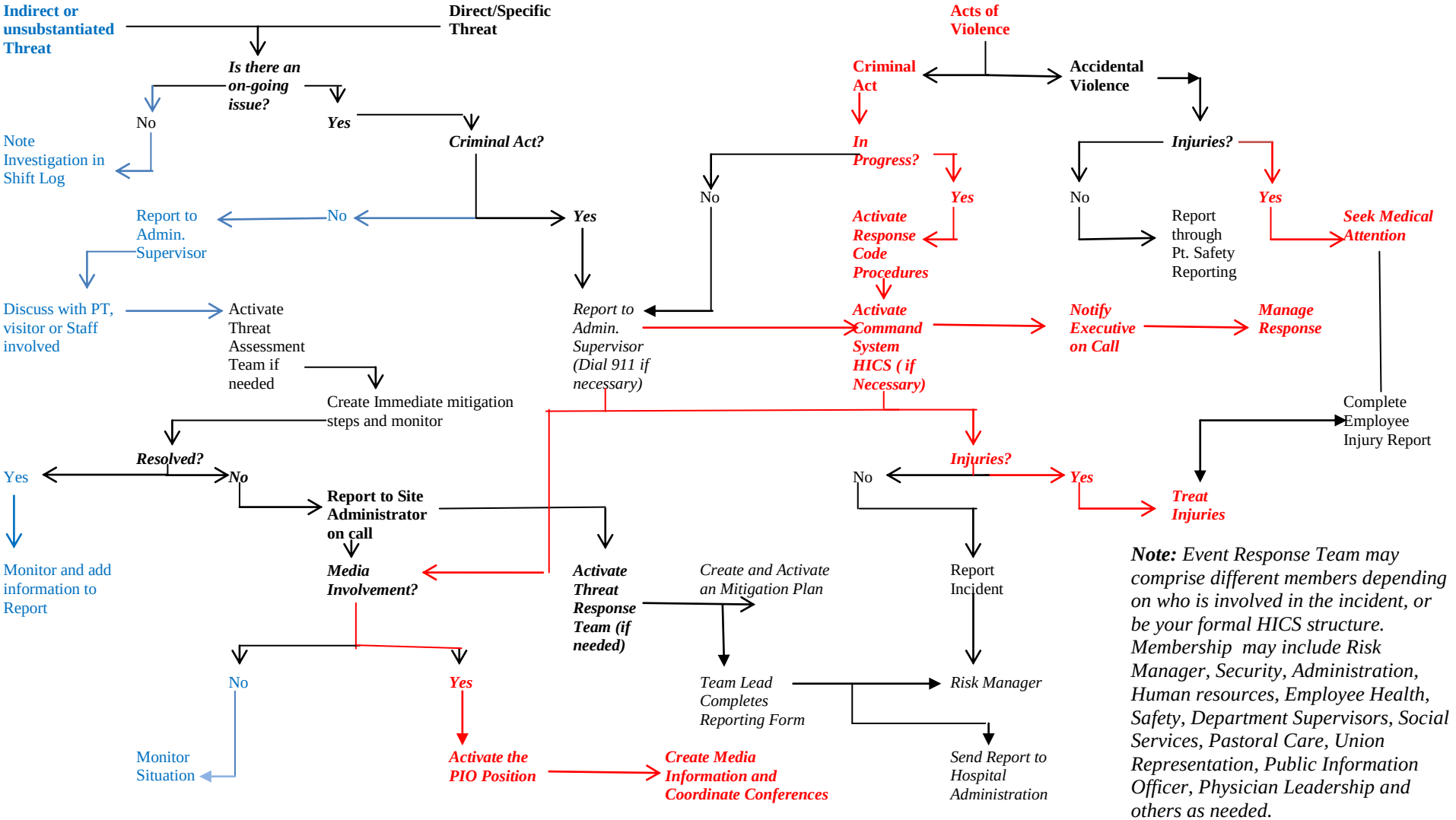
Date: **Time:** **Completed by:**

Situation:					
Issue	**Yes**	**No**	**N/A**	**Response**	**Action**
How long has there been a problem?					
Has the abuse increased in frequency and/or intensity recently?					
Have there been specific threats made?					
What is the nature of the threats?					
How are threats being communicated?					
Has the partner made threats in the past?					
Does the partner know where the employee currently lives?					
Does the partner know the employees work schedule?					
Does the partner know the employees work location?					
Has the partner appeared at work recently, been observed watching the					

work site or attempted contact or entrance to the work site?					
Has the partner recently vandalized any property at or near the workplace to let the victim know where he/she is? (I.E. Car damage)					
Is the partner angry, upset, or suspicious of any other employees? Have threatening comments been made about other employees?					
Does the partner have a history of violence?					
Has the partner been abusing or killing animals or family pets?					
Does the partner have access to guns/weapons? Was there a recent purchase of a gun? Has the employee been threatened with a gun or weapon?					
Has the partner ever made the employee fear for his or her life?					
Is the partner showing signs of depression or other mental health issues?					
Is the partner experiencing other forms of stress such as recent job loss, legal or financial problems?					
Does the partner abuse drugs or alcohol?					

Appendix E:
Violence in the Work Place Response Algorithm

Reporting Work Place Violence: Because work place violence comes in so many forms and magnitudes, how it is reported and where it is reported to will vary with each incident. Reports may go to many sources such as; Occupational Health, Security, Department Supervisors, Human Resources, Administration, local police, or the Emergency Department. These reports or complaints may come through direct physical violence (either intentional or unintended patient physical response) or come as a threat in mail, e-mail, phone calls, texts, etc. In all cases it is important to report this to your shift supervisor, security, or to the police as necessary.



Note: *Event Response Team may comprise different members depending on who is involved in the incident, or be your formal HICS structure. Membership may include Risk Manager, Security, Administration, Human resources, Employee Health, Safety, Department Supervisors, Social Services, Pastoral Care, Union Representation, Public Information Officer, Physician Leadership and others as needed.*

Appendix F:
Hospital Violence Data Tracking
Facility Name
Month and Year:

Event Date	**Violence** Indirect Threat Specific Threat Violent Act			**Type of Violence** Intentional Accidental		**Injuries** Patient Visitor Staff			**Unit Location**	**Police Involvement?** Was 911 called?	**Critical Event Review?**	**Event Description**	**Optional Employee name/ID #**
	Indirect Threat	**Specific Threat**	**Violent Act**	**Intentional**	**Accidental**	**Pt.**	**Vis.**	**Staff**					
Totals													

Appendix G:

Code Silver Policy (Active Shooter)

SCOPE:

Sites, Facilities, Business Units	Departments, Divisions, Operational Areas	People applicable to (MD, NP, Administration, Contractors etc.)
All *Facility Name* business units with security coverage	All Departments, Divisions and Operational Areas.	All Staff

POLICY STATEMENT:

All staff will initiate a Code Silver when they are witness to an individual brandishing a weapon or actively shooting within the facility or on the facility grounds. This policy does not apply to an individual who is witnessed to be in possession of a firearm but not brandishing the firearm.

DEFINITIONS:

Active Shooting: Individual is discharging a firearm in attempt to kill or injure people in a confined or populated area. Active shooting will also include the discharge of a firearm with the malicious intent of damaging property or intimidation.

Brandishing: An individual flourishing or waving a deadly weapon in a menacing or threatening manner.

Deadly Weapon: An item that has the ability to inflict serious bodily harm or death.

Vicinity: The floor of the announced code silver to include one floor above and below.

PROCEDURES:

I. NOTIFICATION AND COMMUNICATION OF A CODE SILVER

A. Witness to the incident will dial the security emergency line or 911 from a hospital phone and advise that they have witnessed a Code Silver situation. The following information should be provided:

1. Name and current location

2. Contact phone number, cell preferred whenever possible.
3. Location and situation (building, floor, unit, etc)
4. Description and number of perpetrators
5. Type of weapon (firearm, knife, etc)

B. The Security Emergency Operations Center will announce the Code Silver via an overhead page indicating the location, this page will repeat three times. (e.g., Your attention please, Code Silver, station XXXX.)

C. The Security Emergency Operations Center will contact the police and provide them with all of the information provided thus far.

D. The Security Emergency Operations Center will also contact the following departments that a Code Sliver has been called:

1. Executive on call
2. House Supervisor
3. Media Relations
4. Security Leadership

II. SECURITY RESPONSE

A. Security will respond to the vicinity of the area, assess and ensure all patients, visitors, and staff is kept away from the area.
B. Security will initiate a perimeter lockdown- and restrict all access at the ED and main entrance points.
C. Secure internal doors to necessary to provide barriers against the threat
D. Security will meet with law enforcement, at the designated entrance, upon and direct them to the current location of the threat.
E. Security will also direct law enforcement to the active command center.
F. After determining the circumstance of the Code Silver, the security manager or security supervisor will inform the house supervisor, incident commander and/or administrator on call.
G. Security staff will assist law enforcement with incident resolution to include providing direction, assisting with crowd control, and initial evacuation.

III. STAFF RESPONSE DURING A CODE SILVER

Quickly determine the most reasonable way to protect your own life. Remember that visitors and patients are likely to follow the lead of staff during an active shooter situation.

A. Evacuate

If there is an accessible escape path, attempt to evacuate the premises. Be sure to:

- Have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow

- To evacuate through locked doors the blue emergency door release can be used.
- Leave your belongings behind
- Help others escape, if possible.
- Prevent individuals from entering an area where the active shooter may be.
- Keep your hands visible
- Follow the instructions of any police officers
- Do not attempt to move wounded people
- Call 911 when you are safe
- Do not open doors for strangers. Wait for the 'All Clear.'

B. HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

- Do not approach the area of a Code Silver.
- Immediately clear all hallways and public areas of patients and visitors.
- Seek Shelter out of public view and behind locked or barricaded doors.
- Silence your cell phone and/or pager
- Turn off any source of noise (i.e., radios, televisions)
- Hide behind large items (i.e., cabinets, desks)
- Remain quiet If evacuation and hiding out are not possible:
- Remain calm
- Dial 911, if possible, to alert police to the active shooter's location
- If you cannot speak, leave the line open and allow the dispatcher to listen
- Remain out of public view completely until the code silver has been paged all clear.

C. Take action against the active shooter. As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling
- Committing to your actions

IV. STAFF RESPONSE IN ALL OTHER AREAS OF THE FACILITY

A. Staff should control all entrances and exits into their departments/units by closing locking and barricading doors if possible, cover windows and close curtains.

B. Stay out of public view until code silver has been paged all clear.

V. ADMINISTRATOR ON-CALL

A. Institute Hospital Incident Command System (HICS).

B. Have communication sent out to all leaders to assume control of their departments and ensure all patients and staff are accounted for and if possible report into the command center via telephone.

VI. HICS (HOSPITAL INCIDENT COMMAND SYSTEM)

In most instance of an Active Shooter situation, the event will be over before a Hospital Command Center (HCC) can be mobilized or it may be in the command of local law enforcement. However there will be a large post-event response that will require an HCC to be established. The following lists the potential areas of response that may need to be managed.

A. Potential HICS Positions (meant to be expanded and contracted as necessary):

Incident Commander	Liaison Officer	Safety Officer
Public Info. Officer	Operations Sec. Chief	Tech. Specialists
Medical Care Br.	Infrastructure Br.	Risk and Legal
Security Br.	Behavioral Health Br.	Trauma Dr.
Planning Sec. Chief	Logistics Sec. Chief	Human Resources
Finance Sec. Chief.		

B. Potential Command Objectives:

- Restoration of Services
- Safety of patients, staff, visitors (and the deceased)
- Restoration of facility infrastructure
- Communication plans which include not only media elements, but also information to staff, patients, visitors, family of the injured or deceased, etc.

C. Potential Strategies:

- Conduct damage assessment – involve outside contractors as needed
- Determine the need for discharge planning
- Conduct Access Control Planning
- Determine Staff Needs
- Establishment of response centers;
    - Family Centers
    - Call Centers
    - Crisis intervention and Behavioral Health Centers
    - Media Centers

D. Potential Tactics:

- Assemble and ready medical response and/or triage teams and provide updates to team leaders as necessary.
- Designate TRIAGE locations and coordinate with all external medical responders.
- Evacuation
- Security and law enforcement to determine and secure all perimeters.
- Identify media staging locations
    - Staff with designated media personnel.
- Assess internal transport needs
- Report all staffing needs to the employee labor pool for further assistance.
- Assess damage, prioritize beginning with life safety.
- Assess cleanup needs
- Assess food for responders and response centers
- Identify CSID debrief process and other spiritual care needs for patients, visitors and families.

VII. NOTIFICATION OF ALL CLEAR

A. When law enforcement has deemed the situation to be all clear, the Security Manager or Security Supervisor will contact the SEOC and authorize an “All Clear” to be paged. This contact must be made in person; the SEOC will not accept an all clear via telephone nor radio.

Appendix H:

Workplace Violence, After Care Checklist

Employee:

Name_____

1. Notify Charge Nurse
2. Call Nurse Care Line:
3. Fill out Employee Injury Report Form

Charge Nurse:

☐ Employee Called Care Line

☐ Employee completed Injury Report Form

☐ Supervisor & Manager Notified (email if no injury, phone call if injury)

☐ Security Notified

☐ Debriefing Held (victim, witnesses, other involved staff)

☐ Follow up Packet Given

☐ Peer Advocate Called

Once the above steps have been completed please put form in mailbox of (ED Supervisor)

Supervisor/Manager:

☐ Employee Health Notified

☐ Employee Contacted within 48 hours

☐ Employee Contacted at 2 weeks

☐ Employee Contacted at 60 days

Appendix I:

Violence in Healthcare
Prevention and Mitigation Recommendations

1**. Clearly Disseminated Zero Tolerance Policy Toward any Form of Violence (signage and patient education).**
(Emergency Nurses Association Institute for Emergency Nursing Research, 2010); (Department of Justice, Critical Incident Response Group, National Center for the Analysis of Violent Crime, FBI Academy, 2002).

2. **Flagging of Patient Charts, for patients who have a History of Violence in the Healthcare Setting.**
(Department of Justice, Critical Incident Response Group, National Center for the Analysis of Violent Crime, FBI Academy, 2002); (Occupational Safety and Health Administration, 2004); (Joint Programme on Workplace Violence in the Health Sector, International Labour Office, International Council of Nurses, World Health Organization, Public Services International, 2002).

3. **Training of Staff in Recognizing and Managing Potential and Actual Violence.**
(Department of Justice, Critical Incident Response Group, National Center for the Analysis of Violent Crime, FBI Academy, 2002); (Occupational Safety and Health Administration, 2004).

4. **Management Commitment and Staff Involvement** in prevention activities such that employees feel that staff safety is as important as patient safety.
(Occupational Safety and Health Administration, 2004).

5. **Streamlining and Simplifying the Violence Reporting Process-** (Emergency Nurses Association Institute for Emergency Nursing Research, 2010); (Occupational Safety and Health Administration, 2004).

6. **Comprehensive Follow up Care for Staff Members who have been assaulted.**
(Department of Justice, Critical Incident Response Group, National Center for the Analysis of Violent Crime, FBI Academy, 2002); (Occupational Safety and Health Administration, 2004); (Joint Programme on Workplace Violence in the Health Sector, International Labour Office, International Council of Nurses, World Health Organization, Public Services International, 2002).

Additional Recommendations

Security Presence
Visitors must sign in
Badge in to Department
Locked Triage Space
Locked Psych Area
Visitor Tags
Secured Staff Areas
Decreasing Wait Times
Work Site Analysis
Cameras
Panic Button
Law Officer on site
Special Code for Violence
Clearer Communication to patients about wait times, and causes for delay.
Self-Analysis
Survey of Staff

References and Resources

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Institute for Emergency Nursing Research. (2011, November). *Emergency department violence surveillance study*. Retrieved from http://www.ena.org/IENR/Pages/WorkplaceViolence.aspx

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