Perception and Behavior for Underreporting Workplace Violence

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Perception and Behavior for Underreporting Workplace Violence

Marissa Payne

University of San Francisco

School of Nursing and Health Professions
Perception and Behavior for Underreporting Workplace Violence

According to a report by the U.S Bureau of Labor Statistics, workplace violence occurs more often in health care and social assistance industries, accounting for 60% of all non-fatal assaults; and because of its prevalence, the Emergency Nurses Association (ENA) presented a position statement that identifies workplace violence as a serious occupational hazard for emergency nurse. But true percentage of workplace violence in health care might be a skewed due to under-reporting. And unfortunately, the reasons behind healthcare providers’ underreporting violent or aggressive act have not been well examined and the magnitude is difficult to measure.

The microsystem that is involved in this project is a 28-bed emergency department, serving a diverse population, varying in acuity and illness. This microsystem is not unique from other emergency department in the perception of workplace violence and its behavior of underreporting these incidences. This project is aimed to create an awareness of the value of reporting all violent or aggressive behavior, and to negate the culture of acceptance of workplace violence.

Clinical Leadership Theme

The guiding force behind this project is focused on the Clinical Nurse Leader (CNL) essential to advocate improvement and/or enhancement of health care system and policies. It addresses the core CNL competencies and essential of Quality Improvement and Safety as well as Health Policy and Advocacy. The CNL will function as a member of a multi-disciplinary team to collaborate and promote a safe and healthy work environment for all healthcare members within the microsystem. The assessment and education utilized during this project will be in accordance to the health care organizations’ policy and procedure, current state and local
legislation as well as evidence based research to identify and alter the perception and behavior of the nurses and ancillary staff members with reporting workplace violence.

**Statement of the Problem**

As stated in the executive summary by the Emergency Nurse Association (2011), an estimated 1.7 million nonfatal assaults occur each year in the United States due to workplace violence. Furthermore, due to underreporting of the incidences by nurses and ancillary staff members, the magnitude of physical violence and verbal abuse perpetrated by patients and/or visitor still remains to be unknown (ENA, 2011). It is the perception that these occurrences are within the nature of the job; the belief that reporting would not change the circumstance; the assumption of being blamed for the occurrence; and the notion that management does not care for the well-being of their staff members are one of the many common reason for underreporting workplace violence (Arnetz et al., 2015). Additionally, the reporting system in place within the organization may be seen as cumbersome and/or some of the staff members may either be unaware or do not fully comprehend the current policies and procedure of workplace violence (Pich, Hazelton, Sundin, & Kable, 2010). In the pre-assessment survey conducted in the unit, of the 50 respondents, 53% have experience workplace violence while working in the department and the occurrence/incident was not formally reported. And the reason behind the underreporting was excessive paperwork, takes too much effort to complete, and a lack of time to complete or submit a report.

**Project Overview**

In September 29, 2014, California’s governor Jerry Brown approved the Senate Bill 1299 (SB 1299), which would require the division of Occupational Safety and Health to develop a workplace prevention plan to protect health care workers from aggressive and violent behavior,
no later than July 1, 2016. Because of the enactment of this regulation, hospitals are required to
develop a workplace violence prevention plan; to annually assess and improve upon factors that
may correlate to workplace violence; to provide training and education to all direct patient care
workers; to refrain from disallowing an employee from seeking assistance and intervention from
local emergency services or law enforcement; and maintain and provide specified information to
Cal/OSHA (SB 1299, 2014). In the light of the SB 1299, the aim of this project to; first,
determine the level of safety felt by the nursing staff and other healthcare providers in their
workplace environment. Second, to assess the health care providers perception of workplace
violence. Third, determine if the health care providers have experienced violent or aggressive
behavior in their current workplace; and last but more important, where the incidences formally
reported and if not, determine the reason for not reporting. A pre-assessment workplace violence
survey will be distributed to all staff members to complete; and depending on the feedback
received from the pre-assessment survey, the scheduled information sessions will be tailored to
fit the need of the unit/microsystem. The information sessions will focus on how the
organization as a whole will support a “zero tolerance” workplace violence policy; how incidents
of violence should be reported; what can be expected from the organization post-incident as well
as how the organization can help prevent future occurrences. The information sessions will be
intended to change the perception and the behavior of the staff members within the microsystem
in regards to reporting workplace violence incidences.

The medical center is a non-profit health care center that has served the mid-Peninsula
community since 1954. The organizations mission is to enhance the well being of people in the
community through a not-for-profit commitment to compassion and excellence in health care
services, with the vision of leading the transformation of health care to achieve the highest levels
of quality, access and affordability. The focus of this project is the medical centers’ emergency department consisting of twenty-eight beds of which, two are considered critical/code rooms, fourteen high acuity rooms, seven low acuity rooms, three triage rooms and five rooms specifically designated for psychiatric patients. The department cares for a very diverse population, varying in age, health, socio-economic status, mentation and expectation on the delivery of care. At a given 24-hour period, the emergency department will care for about 150 to 200 patients, arriving either via ambulance or car. Some patients will present with minor complaints but others of more serious condition or acuity.

On every shift, the nurse to patient ratio is in accordance to the current mandate state regulation nurse to patient ratio of 1:4 for intermediate care and non-critical patient, 1:2 for critical patient, thus equate to six to 7 nurses, two to three break relief nurses, a designated triage nurse and a charge nurse. During each shift there are three emergency physicians are on duty, of which two are dedicated for the higher acuity patient and one for the lower acuity patients. Also, there are three emergency medical technicians to help support both the physicians and the staff nurses; one phlebotomist designated to help draw labs and a dedicated pharmacist to assist with administration of high alert medication and medication reconciliation. The number of core staff decreases during the night shift to five nursing staff, one charge nurse, one emergency physician and one emergency medical technician. During the course of a 24-hour day, there are five security personnel’s available to respond and assist staff members in any aggressive or violent incidence within the whole medical center.

Rationale

It has been stated in numerous studies and literature that the emergency room is considered to be a high-risk environment for workplace violence (Emergency Nurses
And within this context, nursing was identified as an occupation that is most at risk of patient-related violence, an estimated 60% to 90% of nurses reporting exposure to both verbal and physical violence (Pich, Hazelton, Sundin, & Kable, 2010). In the last several months, the notion of high-risk environment is ever so apparent in the department. There has been an increase in violent incidences, which included physical violence and verbal abuse. Of the eight known incidences that occurred in the department in the last six months only two were formally reported. One of the reported incidents was considered severe enough, that Risk management investigated the situation. The behavior of non-reporting cannot be conducive in promoting a safe and healthy work environment. Therefore, it is vital to determine how the current state in the department can be change.

**Cost Analysis**

Workplace violence has a direct and indirect financial impact on the organization. An estimated $120 billion a year direct cost to American businesses, all-inclusive not just in the health care industry, and with a subsequent $3.1 million per person per incident liability case where an employer failed to take proactive, preventive measures under OSHA guidelines (Papa & Venella, 2013). Furthermore, according to the U.S Department of Labor [DOL], Bureau of Labor Statistics (2014), in the health care and social assistance sector, 13% of days away from work was a result from workplace violence and it is believed that this rate has increase in recent years (American Nurses Association [ANA], 2015). It has been proposed that the indirect cost of workplace violence when caregivers leave the profession all together can range from $27,000 to $103,000. This includes separation, recruitment, hiring, orientation, and training; and some can account for lost of productivity during time of training the replacement (OSHA, 2015).
During the year of 2016, the organization had a total of 38 reported incidences with one resulting in injury. The total cost for medical treatment for the one incident was about $40,000. In addition, the employee had a total of 167 lost days of work. The cost for total lost days of work was not calculated, but when considering the average salary of a registered nurse and for a replacement nurse; the incident that occurred in 2016 is costing the organization much more than $40,000. Although, it might be difficult to determine if the one incident that cause harm would have been preventable.

Upon reviewing the incident report, less than 10 incidences were reported from the emergency department. As indicated by the pre-assessment survey conducted in the unit, most if not all of the staff members had experienced one or more form of aggressive or violent act, thus questioning the validity of the incident report. The reason behind under-reporting of workplace violent incidences is reflect on the cause and effect diagram (See Appendix A).

In working with the Safety Officer and the IT manager, the current online reporting tool will require some minor adjustment to make it more concise, easy to use and easy to find. Since, there is an existing reporting tool the cost to the organization would be minimal – estimated about $2500 for 2 IT analyst to simplify the reporting tool, another $2500 to conduct trial and implement the reporting tool and $5000 for both the Safety officer and Security Director to conduct the informal session with the staff members. Furthermore, since the informal meeting sessions are held during change of shift report, there will be no additional cost for overtime incurred by staff members. But these changes will not only affect the emergency department – since workplace violence can occur anywhere within the organization, the change will include the whole macro system.
The root cause analysis clearly identifies the reason behind the underreporting of workplace violence in the microsystem.

- Environment that leads to high incidents of workplace violence: high stress environment, high patient volume, an open triage area, lack of visible security personnel, 24 hour accessibility, and the culture of acceptance of workplace violence.

- The people that contributes to underreporting workplace violence: Staff nurses perception of the incident, physicians are unaware of the reporting tool, inconsistent support or post incident feedback from management, ancillary staff members fear blame for the incident.

- The perceptions that propagate the perception of underreporting workplace violence: that violence is “part of the job”, no foreseen benefits in reporting workplace violence, staff members are embarrassed to admit needing help, there are lack of support from management, the violent behavior is due to the patients’ illness, the reporting tool is tedious and cumbersome, and if no physical harm then reporting would not be of benefit.

- The current practice within the microsystem that requires improvement in order to change the behavior of underreporting workplace violence: the workplace violence reporting system is unstructured, there is a lack of strict workplace violent reporting guidelines, there is no established debriefing tool or methods post incident, there is a lack of systematic post-incident response or feedback, and there are minimal workplace violence education and training.
Methodology

To determine the knowledge and perception of workplace violence, a voluntary pre-assessment questionnaire was distributed to all staff members in the emergency department to complete. The staff members who were asked to complete the questionnaire included nurses, ancillary staff members, ED physicians and unit secretaries. The questionnaire was taken from the Emergency Nursing Association Workplace Violence Toolkit but slightly modified for this project (see Appendix B). The questionnaire was designed to assess the perception, education received, the reporting behavior in relations to workplace violence. The pre-assessment result will be shared to both Safety and Security director for further discussion on how to improve the perception and knowledge of workplace violence.

Due to the new guidelines from Cal/OSHA and its requirement for a more thorough violence incident reporting system, an informal session will be held during all shift huddles to discuss the compliance of the new mandate. A “Know, Do, Share document would be provided during the non-formal session (see Appendix C). In addition to the “Know, Do, Share” document, a 2-page Frequently Asked Question (FAQ) regarding Cal/OSHA requirement for incident reporting will be provided as well as a one page document that outline the proper procedure of reporting workplace violence (see Appendix D). On April 1st, an online training module will be posted for all staff members to complete. This online module will contain the organizations’ policy and procedure regarding workplace violence, the reporting mandate and the post-incident follow up procedure. After the completion of the on-line module, a post-assessment questionnaire will be distributed to staff members to complete. This will gauge how the perception of workplace violence has change, if any. Depending on the result, either further
education will be conducted or supplemental training will be provided to solidify the newly acquired knowledge.

**Literature Review**

There are numerous literature and studies available in regards to workplace violence and for this project a systematic review was performed using the CINAHL, MEDLINE, and the Ovid Nursing Journal databases on specific phrases which included but not limited to *workplace violence, workplace aggression, violence in the emergency department, nurses perception of workplace violence, underreporting of violence, and workplace violence prevention program.*

The National Institute for Occupational Safety and Health defines workplace violence as “violent acts, which include physical assaults and threat of assault, directed toward persons at work or on duty” (OSHA, 2015). However, many researchers believe that it should also include verbal violence, threats, verbal abuse, hostility, harassment, in which can cause significant psychological trauma and stress, even if no physical harm takes place (OSHA). In the 2011 Emergency Department Violence Surveillance Study conducted by the Emergency Nurses Association (ENA), it highlighted that at least nine hundred deaths and 1.7 million nonfatal assaults occur each year in the United States; unfortunately, this number only represent the most serious physical violent incident in the workplace. In addition, the 2013 Bureau of Labor and Statistic’s Survey of Occupational Injuries and Illnesses data estimate the rate of nonfatal workplace violence against healthcare workers are five to twelve times higher than the estimated rates for other workers overall.

Workplace violence is identified as a serious concern in psychiatric units, nursing homes and the emergency departments. Many studies suggest that the emergency department is considered to be the most dangerous work setting in health care for nurses and other health care
providers (ENA, 2011). The ease of accessibility of the emergency department (ED) 24 hours a day; the lack of adequate trained, armed, or visible security personnel; and the high stressful environment are reason as to why the ED is especially susceptible to violent incidences (Gacki-Smith et al., 2009). Of the 7,169 emergency nurses who participated in the ENA’s study, one-fourth stated experiencing physical violence and approximately one-fifth reported being verbally abused at their workplace during the past three years (2011). Workplace violence in the healthcare environment is not limited to the United States and there is clear evidence that it has reached a global proportion. It is so widespread that the International Council of Nurses has issued a statement declaring, “The increasing incidents of abuse and violence in health care settings are interfering with the provision of quality care and jeopardizing the personal dignity and self-value of health personnel (Burchill, 2013, p. 62).”

The ENA found that majority of the participants reported that their facility had a policy in place for reporting workplace violence incidents; and more than half indicated a “zero-tolerance” policy. While the majority of respondent acknowledge the existence of a workplace violence policy, many did not file a formal report of either physical or verbal abuse experienced at their workplace. Wolf, Delao and Perhats (2014), theorized that there is a cultural acceptance of unsafe workplace by the nursing staff. And in some cases, denial of the impact of violence by the respondents, which stems from an expectation of violence in the environment and the acceptance of the risk of assault as simply an unpleasant “part of the job”. Moreover, most nurses reported empathy for the patients’ anger and the lack of injury or harm was the reasons for not reporting (Gacki-Smith et al., 2009). Unfortunately, almost three-quarters of the participants in the ENA study stated that when a formal incident report was filed, no response or feedback was given regarding the violence that they experienced; some reported being blamed
for the incident; and three of the respondents reported receiving punitive response, thus propagate the behavior of underreporting incidences. Another common perception is that management place patient satisfaction above all else, even the nurses’ safety (Christie, 2014). Underreporting is so widely acknowledged that it is commonly referred to as the “dark figure” of workplace violence (Pich, Hazelton, Sundin, & Kable, 2010). Due to the underestimation of the true extent of the problem, not only does underreporting hinder violence prevention program; education and training can only be curtailed to a limited point of view. The ENA believes that ongoing research is necessary to determine the extent of underreporting, the prevalence of workplace violence, and factors associated with the frequent occurrence of violence against emergency nurses. Further studies also conclude that a lack of a uniformly accepted definition of violence has contributed to underreporting. The term “violence”, can be perceived in various ways among nurses, therefore, nurses may judge the patients’ behavior in relation to their medical condition and thus some types of behavior is not regarded as “violence” and unintentional (Sato, Wakabayashi, Kiyoshi-Teo, & Fukahori, 2012).

It is emphasized that the overall commitment of the hospital administration to safety and reporting policy are associated with the rate of verbal or physical violence incidence (ENA, 2011). As stated by Papa & Venella, what is often underestimated is not the cost of action such as proactive steps to avoid violence, but rather the cost of inaction - the widespread financial consequences when an incident occurs (2013).

**Timeline**

The timeline for this project is aligned with the implementation of the new workplace violent reporting system. The pre-assessment survey was conducted prior to the role out of the reporting system. The post-assessment survey will be conducted one month after the
organizations’ planned on-line (HealthStream module) is completed. See Appendix E for more details.

**Expected Results**

The expected result from the project is increased awareness and a change in perception regarding to workplace violence. Although, the global goal is to ultimately decrease workplace violent incidents, this global aim would require a longer period of in-depth study and observation. At the pre-assessment survey, only 64% of the respondents had knowledge of the organizations’ workplace violent incident policy and procedure and only 46% stated using the established incident report tool. More than half of the respondents stated that the reporting to is too cumbersome and time consuming, and most felt that nothing would change. And 62% of the respondents felt that workplace violence was simply “part of the job.” See Appendix A for the root cause analysis.

After the online training modules and guidelines on reporting violent incidences, the expected result from the post-assessment survey would be: 100% of respondents to have knowledge of workplace violence policies and procedure; at least 95% of respondents will use the reporting tool should a violent incident occur; and 0% will feel that workplace violence is simply “part of the job.” To achieve the expected result, several posters were created and posted in the staff lounge and on the educational poster board as a reminder of how to report incidences as well as a copy of the “Know, Do, Share” document that was distributed during the information session. In addition, during the daily shift huddles for the next month after April 1st, the nurse educator will continue to remind the staff members of the importance to maintain a healthy workplace environment, therefore safety for all staff members as well as the patients must be a priority. Moreover, educational materials related to workplace violence will be included in the
yearly mandated competency skills day for nurses and ancillary staff members in addition to the bi-yearly Crisis Prevention Intervention training.

**Nursing Relevance**

Workplace violence is not only detrimental to the health care provider who experienced the event, but to the patients that they are caring for and the organization as a whole. Besides the apparent effect of violent incident such as physical injuries that could potentially lead to permanent disability, the victim of assault or aggression can experience short-term and long-term psychological reaction, which may manifest as anger, sadness, frustration, anxiety, irritability, apathy, self-blame, and helplessness (Gates, Gillespie, & Succop, 2011). Further studies conclude that victims of violence have noted decrease in work productivity, impaired job performance and a reduced confidence on the job (Shaw, 2015). Victims have reported fear toward their patients as well as lost of pleasure and interest in working with their patients (Lanctot & Guay, 2014), it therefore compromise health care delivery and efficiency, and for this matter prevention is the essential in creating a safe and therapeutic environment for all patients and health care providers.

It is believed that exposure to physical or verbal threats or violence create a negative associate with job satisfaction and job retention. As stated in the ENA study, 26% of emergency nurses have considered leaving their department for another or considered leaving the hospital setting all together due to the prevalence of workplace violence (ENA, 2011). Therefore, it would behoove the nurses to mindful of the scope of the financial burden of workplace violence. In addition, the nurses must be willing to communicate their concerns in a collaborate manner with administration to assess and mitigate risk factors and to develop the appropriate policies and procedure (Papa & Venella, 2013). In accordance to the American Nurses Association’s *Code of*
Ethics for Nurses with Interpretive Statements, it states that nurses are required to “create an ethical environment and culture of civility and kindness, treating colleagues, coworkers, employees, students, and others with dignity and respect” (American Nurses Association [ANA], 2015). Accordingly, nurses must be afforded equal amount of respect and dignity as others and thus nurses should not longer tolerate such acts.

Therefore, solution to this ever-growing global problem may be difficult to identify and the reduction of aggression and violence in the workplace will require innovative intervention and a strong commitment and collaboration from administration and healthcare providers. First, and foremost, in order to create a safer working environment, the health organization must foster a philosophy that any form of violence and aggression are unacceptable and that the well being and safety of the employee in the workplace is of value to the organization. It is vital to change the cultural perception that workplace violence is a “norm”. In addition, hospital administration must convey to all patients and visitors that any form of violent or aggressive behavior will not be tolerated. The a culture of acceptance for reporting violent incidences must be promoted and the procedure for reporting incidences should be clear, concise and easily accessible to use.

In addition to policies and procedure on reporting violent incidents, training and educational content should be customized and aligned with the culture and the need of the specific department. Health organization, must also establish strategies to address the aftermath of a violent incident. Debriefing session should be conducted and counseling services should be offered to all employees affected by the incident. And to ensure that all implemented preventative measures to combat workplace violence are effective, it is crucial that continuous feedback is solicited from all health care providers, managers and administrations.
Conclusion

To ensure the viability of this project, it will require the continuous effort from all involved participants, the right leadership and management of policies and procedures that would guide and motivate human resources that are willing to commit to the healthcare institutes’ vision and objectives. In addition, factors such as support from management, human resource management, employees training and empowerment, and teamwork are important determinant to sustainability (Goh & Marimuthu, 2016).

This project is consistent with the following factors of sustainability:

- The current reporting system in placed has been modified by implementing an easy to access, user-friendly workplace violence online reporting tool; Cal/OSHA requirement to report any incidences within 24 hours, if injury occurs and 72 hours for non-injury related incident; initiation of an event investigation by Safety, Risk and Security within 24 hours of incident
- The designated champion of the project includes the Safety Officer, Risk Management, Nursing Administration and Security Director; and they are committed to provide all health care providers with a safe workplace environment
- The project fits the organization’s mission and vision of a “zero tolerance” workplace violence policy
- Furthermore, the stakeholder which include Administration, Safety Officer, Risk Management, Nursing Administration, Nurse Educator and Security Director will be conducting a monthly safety meeting to discuss any reported incidences; and collaborate on identifying measure and methods for any necessary improvements
Workplace violence cannot be completely eliminated or mitigated, especially in a high risk environment such as the emergency department, but if all of the staff members have the necessary tools and support to report the violent incidents; continue to negate the culture of acceptance of workplace violence by administration and management; and continually assess the current state and perception of unit, workplace can no longer be viewed as “part of the job”.
References


http://dx.doi.org/10.1016/j.jen.2013.11.006


https://www.osha.gov/Publications/OSHA3826.pdf
Appendix A

Cause and Effect Analysis – Fish Bone Diagram
Appendix B

“Workplace violence pre-assessment survey”

Workplace violence staff pre-assessment survey

• Rate how safe you feel from workplace violence in the ED overall, as well as in each area of the ED.

<table>
<thead>
<tr>
<th>Overall level of safety in the ED</th>
<th>Not at all Safe</th>
<th>Some what safe</th>
<th>Extremely Safe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triage</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Patient room</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

• How long ago did you receive training on preventing and/or mitigating ED workplace violence?
  - Never
  - 3-12 months
  - More than 12 months

• Did the training you received prepare you to manage aggressive or violent behavior?

<table>
<thead>
<tr>
<th>Not at all Prepared</th>
<th>Somewhat Prepared</th>
<th>Completely Prepared</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

• In your opinion, what is the most and/or least effective method in controlling violence in the ED (e.g., de-escalation, physical restraints, medication, security stand-by)?

Most effective: __________________________

Least effective: __________________________

• How can we improve the handling of “high risk” patients (e.g., as suicidal, violent, or altered mental status patients)?

________________________________________

• Are you aware of the policy on reporting physical or verbal abuse/violence regardless of the level of severity or harm?
  - Yes
  - No

• Have you experienced workplace violence while working in this department, and was the occurrence/incidents formally reported? If no, why not?
  - Yes
  - No
Appendix B

“Workplace violence pre-assessment survey - Page 2”

Workplace violence staff pre-assessment survey

- If yes, did you receive follow up and briefly state how your concern was addressed?

- Why do you think ED staff members do not report workplace violence?

- From the actions listed below, indicate which of the following items constitute workplace violence. Additionally, indicate whether you have personally experienced any of the items.

<table>
<thead>
<tr>
<th>I consider this to be workplace violence</th>
<th>Personally experienced while at work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bitten</td>
<td>☐</td>
</tr>
<tr>
<td>Hair pulled</td>
<td>☐</td>
</tr>
<tr>
<td>Hit (e.g., punched, slapped, kicked)</td>
<td>☐</td>
</tr>
<tr>
<td>Hit by thrown objects</td>
<td>☐</td>
</tr>
<tr>
<td>Pushed/shoved</td>
<td>☐</td>
</tr>
<tr>
<td>Sexually assaulted</td>
<td>☐</td>
</tr>
<tr>
<td>Spit on/at</td>
<td>☐</td>
</tr>
<tr>
<td>Sworn/cursed at</td>
<td>☐</td>
</tr>
<tr>
<td>Threatened with physical harm</td>
<td>☐</td>
</tr>
<tr>
<td>Verbally intimidated</td>
<td>☐</td>
</tr>
<tr>
<td>Voided on/at</td>
<td>☐</td>
</tr>
<tr>
<td>Yelled/shouted at</td>
<td>☐</td>
</tr>
<tr>
<td>Staff member conflict</td>
<td>☐</td>
</tr>
</tbody>
</table>

- Do you feel that workplace violence from patients, visitors and/or other staff members simply “part of the job” in the ED?
  - Yes ☐
  - No ☐

- Do you feel that workplace violence has increased, remained the same or decreased over the past year?
  - Increased ☐
  - Remained the same ☐
  - Decreased ☐

- Please rate how effective our security personnel are in preventing violence against ED staff.

<table>
<thead>
<tr>
<th>Not at all effective</th>
<th>Somewhat effective</th>
<th>Extremely effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Appendix B

“Workplace violence pre-assessment survey – Page. 3”

Workplace violence staff pre-assessment survey

- Please rate how adequate the amount of time security personnel is present in the ED in preventing violence against ED staff:

<table>
<thead>
<tr>
<th>Not at all Adequate</th>
<th>Somewhat adequate</th>
<th>Completely Adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Are there ways to improve on how workplace violence is handled in this emergency department (before, during, and after the incident occurs)?

Appendix C

“Know, Do, Share – Reporting workplace violence incidents”

Reporting Workplace Violence Incidents per Senate Bill 1299

Know

Effective April 1, 2017, employees working in inpatient and outpatient settings and clinics on hospital licenses are required to report workplace violence incidents into the Midas Workplace Violence Incident Report.

Adopted on October 20, 2016, certain healthcare facilities as defined by the new Cal/OSHA Workplace Violence Prevention Plan standards, Section 3342, California Code of Regulations Title 8, are required to maintain a log of all incidents of workplace violence by April 1, 2017.

The purpose of the new standard is to protect employees, physicians, volunteers, and contracted personnel from aggressive and violent behavior. For example, physical and/or verbal assault, sexual assault, threats, and violation of a restraining order.

In addition, if an employee is injured in a workplace violence incident they must complete an Electronic Report of Injury (eROI) Form AND a Workplace Violence Incident Report.

If a patient is injured, the employee must go to the Hospital Midas Tools Page and complete a patient injury form and a link to this page is included.

A post incident investigation will be coordinated by safety, security, human resources, risk management, and operations management.

Do

• Learn how to use the Workplace Violence Incident Report form by going to the Safety webpage.  
  Here’s how: MyXXX > Resources > Safety > Workplace Violence Incident Report  
  o See Fact Sheet and/or Frequently Asked Questions.

• Round with your employees to inform them of the new requirements and reporting process.

• Be prepared to answer employee questions.

• Help your employees complete a Workplace Violence Incident Report, if needed.

• Participate in workplace violence investigation process as needed.

• Contact the Workplace Violence Prevention Program Administrator for you Affiliate if you have questions. To find your Affiliate Workplace Violence Prevention Program Administrator click here.

Share

• FAQ and Fact Sheet on the Workplace Violence Incident Report webpage.

• Starting April 1, 2017, a Workplace Violence Incident Report must be completed after every incident.

• An Electronic Report of Injury (eROI) Form must be completed, if an employee is injured.

• Go to the Hospital Midas Tools Page and complete a patient injury form, if a patient is injured.

• Upon initial submission, an investigation will be coordinated by safety, security, human resources, risk management, and your supervisor.
Appendix D

“Frequently Asked Questions – Cal/OSHA Requirements”

Cal/OSHA Requirements for Workplace Violence Incident Reporting

Effective April 1, 2017

Frequently Asked Questions

This is intended to assist the workforce to comply with the reporting process of any workplace violence incidents. It is not intended to address all questions regarding the new Cal/OSHA Workplace Violence Prevention Plan standards.

Background

Effective April 1, 2017, all General Acute Care Hospitals, Acute Psychiatric Hospitals, and Special Hospitals along with any services on their license are required to maintain a log of all incidents of workplace violence per the Cal/OSHA Workplace Violence Prevention Plan standards, Section 3342, California Code of Regulations Title 8.

FAQS

1. **How is workplace violence defined by the Cal/OSHA?**
   “Workplace violence” means any act of violence or threat of violence that occurs at the workplace. The term workplace violence shall not include lawful acts of self-defense or defense of others. Workplace violence includes the following:
   (A) 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;
   (B) 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.

2. **When do we need to start reporting these incidents to Cal/OSHA?**
   April 1, 2017.

3. **Where do I report workplace violence incidents?**
   • To your supervisor immediately
   • Complete a Workplace Violence Incident Report

4. **What should I do if I experience a workplace violence event?**
   • First, make sure you are safe
   • Report the incident to your supervisor immediately
   • Complete a Workplace Violence Incident Report

5. **What are examples of incidents I should report?**
   • Any time someone harasses, threatens, or assaults anyone in the workplace, including employees, physicians, volunteers, visitors and/or patients
   • If a restraining order is violated
   • If you or someone in the workplace is, or has been, stalked
Appendix D

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6. How should I report telephone threats?
   • Inform management and Security, if available, or call law enforcement
   • Note the time, date, and phone number if you can, and as many details as possible
   • If the caller threatens an act of violence, such as a bomb threat, report it to Security immediately
   • Activate the facility internal emergency code or designated alert

7. What should I do if I am injured as a result of a workplace violence event?
   1. Obtain first aid or medical care as quickly as possible
   2. Complete an Electronic Report of Injury (eROI) Form
   3. Complete a Workplace Violence Incident Report

8. If a patient/visitor is injured on hospital grounds as a result of a violent event, where do I report?
   Complete a Workplace Violence Incident Report. Additionally, patient/visitor injuries must be reported via the Midas+ Patient Safety Event online reporting system located on your Affiliate’s Intranet portal.

9. What if several workforce members are involved in an incident? Do we each need to file a report?
   You may file a single report. There is a drop-down menu in the Workplace Violence Incident Report to choose the number of people involved. Note that any employee who is injured as a result of the incident must complete an Electronic Report of Injury (eROI) Form.

10. Sometimes we have an aggressive patient on our unit that is violent more than one time during the day. Do I need to make a report for every separate violent incident?
    No. You may submit just one Workplace Violence Incident Report per calendar day when a patient commits multiple instances of physical force throughout a day, and the behavior is a symptom of their disease. Select the Repeated Instances from the Time of Day Drop-down Menu. List all assaults that occurred, all employees injured, and all injuries sustained.

11. What services are available for any workforce member who experiences a workplace violence incident?
    XXX Health provides medical treatment and offers individual trauma counseling to all employees affected by an incident.

12. If I report a violent incident can it be used against me in the future?
    No. Punitive or retaliatory action is forbidden against any employee who requests intervention from local emergency services or law enforcement for a violent incident.

13. How do you determine which reports are sent to Cal/OSHA?
    A post incident investigation will be coordinated by safety, security, human resources, risk management, and operations management.
    Cal/OSHA has implemented detailed requirements on what types and kinds of incidents we must report to them.

14. I don’t usually use the Midas system. Who can help me?
    You can start with the Workplace Violence Incident Report Fact Sheet. Contact your manager for assistance.

15. I work in an area that does not have access to Midas. How can I report an incident?
    Facilities and worksites without Midas access will have an alternative paper process. Watch for more information on this.
Appendix E

Gantt Chart