SCHA/Antum Workplace Violence Collaborative Organizational Assessment

The South Carolina Hospital Association (SCHA) and Antum Risk have partnered to address workplace violence in South Carolina's healthcare facilities. The South Carolina-based Antum Risk, which offers a host of risk management services, will allow SCHA members to use their data management system to monitor and track incidents of violence in the workplace. This will provide South Carolina's hospitals and health systems with actionable data to implement strategies to advance workplace safety and prevent acts of violence.

The program includes this organizational assessment which allows healthcare facilities to evaluate their current landscape of incidents and benchmark their data against other hospitals to better understand trends and best practices to reduce acts of violence.

1. Please provide your contact information:
   Name:
   Job Title:
   Organization Name:
   Location Name (if different from above):
   Zip code:
   Email:
   Phone:

2. Are you the person primarily responsible for the workplace violence program at your facility?
   ○ Yes
   ○ No

3. What were the total number of hours worked within your organization last year?
   (Please refer to your OSHA 300A or request from payroll/HR department of your organization)

Written Program

4. Is there a written, comprehensive workplace violence program in place?

○ Yes

○ No

5. What Department is responsible for drafting and maintaining your workplace violence prevention program.

○ Administration

○ Human Resources

○ Security

○ Corporate

○ Emergency Response

○ Employee Health

○ Other (please specify)

6. Is the assignment of oversight or responsibility specified for the workplace violence prevention program?

○ Yes

○ No

7. Is the program reviewed at least annually, when there is a change in conditions, and when there is a change to the response process?

○ Yes

○ No

8. Does the written program include criteria for inclusion of an after-action review for incidents?

○ Yes

○ No

9. Are all contractors educated on their role/responsibility under the workplace violence program?

○ Yes

○ No

10. Are visitors/patients made aware of their responsibilities in the workplace violence program?

○ Yes

○ No

Program Oversight/Responsibility

11. Do the person/persons with oversight responsibility for the workplace violence program have budget authority for the program?

○ Yes
○ No

12. Are workplace violence incidents tracked?

○ Yes
○ No

13. Are after action reports shared with those responsible for program oversight?

○ Yes
○ No

14. Are outstanding items in the after-action report tracked to completion?

○ Yes
○ No

15. Is a hazard/vulnerability assessment conducted at least biennially (every two years)?

○ Yes
○ No

Workplace Evaluation/Assessment

16. Does the hazard/vulnerability assessment include a review of outdoor spaces and their illumination?

○ Yes
○ No

17. Who conducts the hazard/vulnerability assessments for your organization

○ Security
○ Administration
○ Human Resources
○ External Resource
○ None of the above

18. Is a review of all applicable safe rooms and escape routes for each distinct area conducted at least annually?

○ Yes
○ No

19. Select all patient/public contact areas assessed:

☐ Reception area
☐ Waiting room
☐ Service/treatment area
☐ Other (please specify)
☐ None of the above

20. Did the assessment of patient/public contact areas include a review of the following (select all that apply):

☐ Controlled access
☐ Line of sight by the receptionist
☐ Communication of wait times
☐ Comfort of area
☐ Minimization of unsecured furniture
☐ Method for visitors to sign-in to specific areas
☐ Other (please specify)
☐ None of the above

21. Has a review of all medication areas (including disposal) been completed to make sure they are properly secured and access is controlled?

○ Yes
○ No

22. Has a review of all cash handling areas been completed to ensure each is properly secured, access is controlled, and work practices are in place to minimize the amount of cash on hand?

○ Yes
○ No

23. Has a review of security and surveillance systems/equipment been completed to ensure security personnel can be notified and assist in a workplace violence incident?

○ Yes
○ No

24. Are working security cameras available for monitoring the external facility grounds and internal high-risk areas?

○ Yes
○ No

25. What controls do you have in place to help protect lone workers from violence?

☐ Mechanism to call rapid response
☐ Panic button/alarm in the room/area
☐ Panic button/alarm on ID badge
☐ Self-defense training
☐ Scheduled check ins
☐ Gun
☐ Taser
☐ Eye irritant (Mace, pepper spray, etc.)
☐ On demand radio contact
☐ Other (please specify)
☐ None of the above

Patient Evaluation/Assessment

26. Is information regarding history of staff assault prominently displayed in the patient's EMR?

○ Yes
○ No

27. Are all patients assessed for agitation level?

○ Yes
○ No

28. Have protocols been established for the application of restraints (chemical, manual, and device)?

Coordination with Outside Resources

29. Have you consulted local law enforcement or other subject matter experts in the development of this program?

○ Yes
○ No

30. Were subject matter experts or law enforcement involved in the security vulnerability assessment?

○ Yes
○ No

31. Has local law enforcement been provided a copy of the program, including access to floor plans?

○ Yes
○ No

32. Is local law enforcement invited to participate in workplace violence drills at least annually?

○ Yes
○ No

33. Local law enforcement is contacted when violent incidents occur?

○ Always
○ Sometimes
○ Never

34. Is the local prosecutor made aware of all violent incidents at the facility that involve physical/psychological injury?

○ Yes
○ No

Incident Response

35. Have workplace violence controls, including implementation of engineering and administrative controls/methods used to prevent potential workplace violence incidents, been developed?

○ Yes
○ No

36. Are systems in place that allow for the isolation/separation of events from the remainder of the facility?

○ Yes
○ No

37. Is additional security support provided to identified high risk areas on a continual basis?

○ Yes

○ No

38. Is there a designated group of staff members who would respond to a potential or actual violent situation with the intent of resolving the situation?

○ Yes

○ No

39. Is there a designated group of staff who respond in person after a violent situation to provide medical treatment and information/counseling resources for affected staff?

○ Yes

○ No

40. Are all affected staff members debriefed upon the conclusion of an incident?

○ Yes

○ No

41. Do you provide continuing support (time off, counseling, legal advice) for affected staff to aid in prosecution when applicable?

○ Yes

○ No

42. Is an after-action review conducted for all violent incidents with responding staff members?

○ Yes

○ No

Training

43. Are all staff educated on the institution's workplace violence program and their responsibilities within the same during onboarding and at least annually thereafter?

○ Yes

○ No

44. Are all staff trained on how to recognize potentially violent situations?
○ Yes
○ No

45. Do staff in high-risk areas receive additional workplace violence training annually above what general employees receive?
○ Yes
○ No

46. Which types of training are provided for employees providing patient care?

☐ Verbal De-escalation
☐ Physical Holds
☐ Restraint device
☐ Chemical restraint
☐ Active Shooter
☐ Other (please specify)
☐ Training is not provided

47. Which types of training are provided for employees who do not providing direct patient care?
☐ Verbal de-escalation
☐ Physical holds
☐ Restraint device
☐ Chemical restraint
☐ Active Shooter
☐ Other (please specify)
☐ Training is not provided

48. Are there staff members trained in restraint techniques (chemical, manual and device) available on all shifts?
○ Yes
○ No

49. Are workplace violence drills conducted annually that involve staff from all levels of the organization?
○ Yes
○ No