

COVID-19



Workplace Violence Prevention for Nursing Homes: COACHING AND RESOURCE PACKAGE

What it is: Workplace violence is defined by the Occupational Safety Health Administration (OSHA) as any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.

Workplace violence ranges from threats and verbal abuse to physical assaults and even homicide.

Who it affects: It can affect and involve employees, clients, customers, and visitors. In the health care setting, clients and customers include patients, private duty caregivers, care partners, contracted services, vendors and others, depending on the facility and services provided.

What to do: Use this framework and resource guide to coach providers and nursing homes to begin or enhance existing workplace violence programs.

Additional resources can be found on Alliant Health Solution's [Emergency Preparedness Plans \(EPP\) A Guide To Resources And Templates For Nursing Homes](#).

STEP 1

To start, recommend providers complete the assessment to identify gaps and prioritize improvement opportunities. If providers express concern about the time it may take, break it into sections and gain commitment from the providers and their leadership team to complete all sections over time.

Use known information about potential hazards or assign sections to different workgroups to complete and then come back together to discuss. Be sure to document the rationale for your approach in the Safety Committee meeting minutes.



[Preventing Violence in Healthcare Gap Analysis \(state.mn.us\)](#)



STEP 2

Use the coaching tips and resources to guide your technical assistance following the agreed prioritization. Engage existing committee structures or workgroups like the Safety Committee, the QAPI Committee, or a time-limited new workgroup to define and implement strategies to address identified areas of opportunity.



Category	Coaching Tip(s)	Website/Links
Regulatory Requirements	<p>The OSHA Roadmap provides real-world examples of how health care facilities have put workplace violence policies and procedures into practice.</p> <p>The OSHA guidelines document introduces the five building blocks and offers recommendations on developing policies and procedures.</p> <p>While the Joint Commission standards are written for acute care and critical access hospitals, they provide a framework that can be applied in long-term care settings.</p> <p>Similarly, the CMS QSO on Hospitals Workforce Violence provides guidance primarily for hospitals.</p> <p>TIPS:</p> <ol style="list-style-type: none"> 1. Organizations such as LeadingAge have advised, “While the QSO memorandum focuses on the hospital requirements, nursing facilities have emergency preparedness requirements at 42 CFR §483.73 “Emergency Preparedness” that closely mirror those for hospitals.” 2. While workplace violence is not explicitly noted in the current State Operations Manual (SOM) Appendix PP, the SOM does speak to the need for a hazard vulnerability assessment that incorporates an all-hazards approach. Keep in mind that even a staff-to-staff incident would have a psychosocial impact on all residents. 	<p>Preventing Workplace Violence: A Roadmap for Healthcare Facilities</p> <p>Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers</p> <p>The Joint Commission: Workplace Violence Prevention Resources</p> <p>CMS QSO-23-04-Hospitals Workplace Violence</p> <p>LeadingAge December 22 statement on QSO</p> <p>42 CF 483.73 Emergency Preparedness</p>
Stakeholders and Leadership	<p>While the St. Cloud resource identifies key personnel in a hospital system, it can be used as a guide to determine who the key personnel might be in the nursing home environment.</p> <p>TIPS:</p> <ol style="list-style-type: none"> 1. An existing Safety or Quality Committee structure can function like a steering committee under the direction of the facility leaders. 2. Consider ad hoc representation from all shifts, departments, and staffing categories (e.g., f/t, p/t, per diem and weekend staff) to ensure the assessment and action plans are inclusive. 	<p>St. Cloud – Committee Structure and Purpose (PDF)</p>
Risk Assessment	<p>The hazard vulnerability assessment and risk assessment are the framework for the facility to identify risk levels for various types of workplace violence.</p> <p>TIPS:</p> <ol style="list-style-type: none"> 1. Use a Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis to prioritize action plans, training, and resource deployment. 2. While the three CDC Violence Risk Tools are practical tools to screen individual patients, use the STAMP approach to observe high-risk behavior and assess the risk of danger to personnel by an individual exhibiting potentially dangerous behavior. 	<p>ASHRM Workplace Violence Toolkit (PDF)</p> <p>Violence Risk Assessment Tools</p>

Category	Coaching Tip(s)	Website/Links
Guides and Toolkits	<p>For facilities that need additional assistance with resources like signage, posters, law enforcement engagement, and electronic health record (point-click care) integration, use this toolkit as a resource.</p> <p>This toolkit provides nurse leaders with resources that support a six-step process in planning their workplace violence policy that can be taken to mitigate violence in the workplace.</p> <p>This is a helpful guide on where to get started for facilities that do not have a policy in place. It includes a checklist, safety talks and downloadable signage for facilities.</p>	<p>Alaska Hospital and Healthcare Association Toolkit (2022)</p> <p>Toolkit for Mitigating Violence in the Workplace (American Organization for Nursing Leadership and Emergency Nurses Association)</p> <p>Workplace Violence Implementation Guide (PDF)</p>
Drills and Exercises	<p>State Operations Manual Appendix Z - Emergency Preparedness for All Provider and Certified Supplier Types Interpretive Guidance Table of Contents (Rev. 204, Issued: 04-16-21) outlines requirements for drills and exercises.</p> <p>CMS E-tag 39. These resources include drills and exercises that can be used to meet drill and exercise requirements.</p> <p>TIPS:</p> <ol style="list-style-type: none"> 1. Consider a workplace violence topic or concern as a community, tabletop or mock drill. 	<p>Active Shooter Prevention</p> <p>Active Shooter Situation Manual</p> <p>Active Shooter Event Response: Interactive Tabletop Exercise - Emergency Preparedness</p> <p>Code Grey Exercise Templates</p>
Staff Education, Training and Courses	<p>Staff, resident, and visitor education is key to understanding workplace violence and how to respond to and report warning signs and events.</p> <p>TIPS:</p> <ol style="list-style-type: none"> 1. Guide the facility in a discussion of how to consider the environment and the risk levels for each staff category/shift. For example, a cook may have different training needs than a bedside nurse because they work in a closed environment with multiple sharp objects. Likewise, a night shift nurse supervisor bedside nurse may have a different risk level than a day-time nurse supervisor because they are the sole manager on duty. 2. Keep in mind that all violence is not internal and can come from external threats like a vendor or active shooter from outside the facility. Helping the team think through external and internal threats in their assessment, training, and drill planning. 	<p>Centers for Disease Control National Institute for Occupational Health and Safety (NIOSH)</p> <p>Workplace Violence Prevention</p> <p>TeamSTEPS Reducing Workplace Violence</p> <p>HealthEast Violence Prevention Staff Education (PDF)</p> <p>HealthEast Active Shooter Staff Education (PDF)</p>
Facility Culture and Accountability	<p>Clear communication for roles in violence prevention is essential. Assist facilities in (1) determining strategies toward having a violence-free workplace, (2) encouraging and empowering colleagues to speak up and report if risks are identified or violence occurs, and (3) demonstrating that the organization is taking action to address identified concerns.</p> <p>TIPS:</p> <ol style="list-style-type: none"> 1. Workplace violence policies should cross over with other departments and facilities' policies, such as human resources and visitor policies. As new workplace violence policies are developed, encourage the team to ask what other policies might need updates or revisions to align with the new policy. 2. Create scripts and language to support staff when they need to enforce policies. (For example, scripts or approaches to use when enforcing a no guns allowed policy with a visitor). 	<p>Parkwest Medical Center - Staff Alert Violent Behavior (PDF)</p> <p>Physical Assault Among Nursing Staff - Article (PDF)</p> <p>Policy - Support for Staff Involved in Violent Incidents (PDF)</p> <p>St. Cloud - Weapons Policy (PDF)</p> <p>Zero Tolerance Policy (PDF)</p>

Category	Coaching Tip(s)	Website/Links
Data and Reporting	<p>According to OSHA, many more cases of workplace violence occur than are reported. Creating a culture that prioritizes safety combined with education on how to report incidents and feedback on investigations and safety measures will help ensure that the data collected reflects all incidents or near-misses that occur or are identified.</p> <p>TIPS:</p> <ol style="list-style-type: none"> Analyze violent incident data for common factors, conduct root cause analysis, and determine if current prevention strategies and interventions are effective. Determine if the facility has a process for collecting data, analyzing data, and incorporating data into the facility QAPI process. 	<p>Reporting Incidents of Workplace Violence</p> <p>Development of a Data Collection Instrument Article (PDF)</p> <p>Injury Severity Levels (PDF)</p> <p>Incident Types (PDF)</p> <p>St. Cloud - Aggressive Incident Dashboard Template (Excel)</p> <p>Suggested Data Collection Elements (PDF)</p>
Patient Assessment Tools	<p>The Broset Violence Checklist is a six-item checklist to predict imminent violent behavior (24-hour perspective). It can be used on admission or when changes of mood or behaviors that can cause harm to self or others are observed in a patient.</p>	<p>The Broset Violence Checklist</p>
Trauma Informed Care	<p>Patients, residents, and staff are at risk for trauma when any violent event or near miss occurs.</p> <p>TIPS:</p> <ol style="list-style-type: none"> Encourage post-event analysis for near-miss events to include identification of key takeaways and adjustments, if needed, to workforce violence prevention policies. Post-event activities should include emotional support services, which can be provided through Employee Assistance Programs (EAP) or the SAMSHA Disaster Distress Helpline. Integrate trauma-informed care into facility orientation, training, and annual competency assessments. 	<p>Trauma Informed Care PPT with Pre and Post Learning Assessment Guide + Module - NQIC</p> <p>NH/CC LAN: Emergency Preparedness in Post-Acute and Long-Term Care held on 11/10/22 (Video)</p> <p>AMDA ON-THE-GO a podcast by Society for Post-Acute and Long-Term Care Medicine</p>
Webinars and Recordings	<p>These videos highlight different approaches facilities have taken to implement workplace violence prevention programs.</p>	<p>PATH: Workplace Violence — Addressing a Growing Problem in Health Care</p> <p>Addressing Violence in the Workplace</p> <p>HQIC LAN - Workplace Violence Prevention: Best Practices for Safer Care 1.23.24</p> <p>Creating and Implementing Your Workplace Violence Policy (Video)</p>