AUA WORKPLACE VIOLENCE PREPAREDNESS TOOLKIT

2015

American
Urological
Association

Advancing Urology™

TABLE OF CONTENTS

American Urological Association

Advancing Urology™

PREFACE

This toolkit is dedicated to the memory of Ron Gilbert, M.D. and Charles G. Gholdoian, M.D., two urologists who lost their lives in workplace violence incidents. These events resulted in recommendations from the AUA Practice Management Committee to develop this toolkit and distribute to all urology practices free of charge in an effort to prevent such a terrible event from ever happening again.

The AUA wishes to thank the following for their contributions to this toolkit:

• Eugene Y. Rhee, M.D. – Department of Urology, Kaiser Permanente, San Diego, California

• Irene Heinemeier, FACMPE – Chief Operating Officer, Urology Nevada, Reno, Nevada

• AUA Leadership Class 2014-2015 – South Central Section -Team Lacy

  – Sushil S. Lacy, M.D., Lincoln, Nebraska - Mentor

  – John W. Davis, M.D., Houston, Texas

  – David Duchene, M.D., Kansas City, Kansas

  – Vitaly Margulis, M.D., Dallas, Texas

This toolkit is structured as a series of templates that your practice can modify to provide a basic format to initiate a workplace violence preparedness program. You may add your practice name to the documents and modify the language to fit your situation as you see fit. Many of the checklists and forms were modeled after documents graciously supplied by Urology Nevada and Kaiser Permanente.

This toolkit is of no value unless your practice leadership is committed to use it in educating and preparing your staff to carry out steps to facilitate the safety of your doctors, employees and patients in the event of a violent incident. A printed copy sitting on a shelf is of no value. Your staff should employ the Plan – Do – Check and Act (PDCA) cycle in order to get the most out of their efforts in this area.

If you have suggestions for improvements or useful forms you wish to share, feel free to send them to AUA Practice Management, 1000 Corporate Boulevard, Linthicum, MD 21090 or email it to pracman@auanet.org.

CHAPTER 1: STRATEGIC PLANNING GUIDE FOR A HEALTHCARE WORKPLACE VIOLENCE PROGRAM

Step 1:

Discussion Questions Regarding Management Commitment and Employee Involvement

– Is there demonstrated organizational concern for employee emotional and physical safety and health as well as that of the patients?

– Is there a written workplace violence prevention program in your facility?

– Did front-line workers as well as management participate in developing the plan?

– Is there someone clearly responsible for the violence prevention program to ensure that all managers, supervisors, and employees understand their obligations?

– Do those responsible have sufficient authority and resources to take all action necessary to ensure worker safety?

– Does the violence prevention program address the kinds of violent incidents that are occurring in your facility?

– Does the program provide for post-assault medical treatment and psychological counseling for healthcare workers who experience or witness assaults or violence incidents?

– Is there a system to notify employees promptly about specific workplace security hazards or threats that are made? Are employees aware of this system?

– Is there a system for employees to inform management about workplace security hazards or threats without fear of reprisal? Are employees aware of this system?

– Is there a system for employees to promptly report violent incidents, "near misses," threats, and verbal assaults without fear of reprisal?

– Is there tracking, trending, and regular reporting on violent incidents through the safety committee?

– Are front-line workers included as regular members and participants in the safety committee as well as violence tracking activities?

– Does the tracking and reporting capture all types of violence— fatalities, physical assaults, harassment, aggressive behavior, threats, verbal abuse, and sexual assaults?

– Does the tracking and reporting system use the latest categories of violence so data can be compared?

– Have the high-risk locations or jobs with the greatest risk of violence as well as the processes and procedures that put employees at risk been identified?

– Is there a root-cause analysis of the risk factors associated with individual violent incidents so that current response systems can be addressed and hazards can be eliminated and corrected?

– Are employees consulted about what corrective actions need to be taken for single incidents or surveyed about violence concerns in general?

– Is there follow-up of employees involved in or witnessing violent incidents to assure that appropriate medical treatment and counseling have been provided?

– Has a process for reporting violent incidents within the facility to the police or requesting police assistance been established?

American
Urological
Association

Advancing Urology™

AUA WORKPLACE VIOLENCE PREPAREDNESS TOOLKIT

2015

Step 2:

Evaluating Risks for Violence by Unit/Work Area

Perform a step-by-step review of each work area to identify specific places and times that violent incidents are occurring (or could occur) and the risk factors that are present. To ensure multiple perspectives, it is best for a team to perform this worksite analysis. Key members of the analysis team should be front-line health care workers, including nurses from each specialty unit, as well as the facility's safety and security professionals.

Find Out What's Happening on Paper

The first step in this worksite analysis is to obtain and review data that tells the "who, what, when, where and why" about violent incidents. These sources include:

– Incident report forms

– Workers' compensation reports of injury

– OSHA 300 injury and illness logs

– Security logs

– Reports to police

– Safety committee reports

– Hazard inspection reports

– Staff termination records

– Union complaints

Using this information, attempt to answer the questions in Checklist 2.

Step 3:

Quantify Workplace Violence in Your Facility

– How many incidents occurred in the last 2 years?

– What kinds of incidents occurred most often (assault, threats, robbery, vandalism, etc.)?

– Where did incidents most often occur?

– When did incidents most often occur (day of week, shift, time, etc.)?

– What job task was usually being performed when an incident occurred?

– Which workers were victimized most often (gender, age, job classification, etc.)?

– What type of weapon was used most often?

– Are there any similarities among the assailants?

– What other incidents, if any, are you aware of that are not included in the records?

– Of those incidents you reviewed, which one or two were most serious?

Use the data collected to stimulate the following discussions:

– Are there any important patterns or trends among the incidents?

– What do you believe were the main factors contributing to violence in your workplace?

– What additional corrective measures would you recommend to reduce or eliminate the problems you identified?

Step 4:

Conduct a Site Inspection

It is important to keep in mind that injuries from violence are often not reported. One of the best ways to observe what is really going on is to conduct a workplace walkthrough.

A walkthrough, which is really a workplace inspection, is the first step in identifying violence risk factors and serves several important functions. While on a walkthrough, hazards can be recognized and often corrected before anyone's health and safety is affected.

While inspecting for workplace violence risk factors, review the physical facility and note the presence or

American
Urological
Association

Advancing Urology™

absence of security measures. Local police may also be able to assist in conducting a security audit or provide information about experience with crime in the area.

Step 5:

Ask the Workers

A simple survey can provide valuable information often not found in department walkthroughs and injury logs. Some staff may not report violent acts or threatening situations formally but will share the experiences and suggestions anonymously. This can provide information about previously unnoticed deficiencies or failures in work practices or administrative controls. It also can help increase employee awareness about dangerous conditions and encourage them to become involved in prevention activities.

Types of questions that employees should be asked include:

- What do they see as risk factors for violence?
  - The most important risk factors in their work areas
  - Aspects of the physical environment that contribute to violence
  - Dangerous situations or "near misses" experienced
  - Assault experiences—past year, entire time at facility
  - Staffing adequacy
- How are current control measures working?
  - Company practices for handling conflict among staff and patients
  - Effectiveness of response to violent incidents
  - How safe they feel in the current environment
- What ideas do employees have to protect workers?
  - Highest priorities in violence prevention
  - Ideas for improvements and prevention measures

- How satisfied are they in their jobs?
  - With managers/fellow workers
  - Adequacy of rewards and praise
  - Impact on health

Step 6:

Identifying Environmental Risk Factors for Violence

Use the following checklist to assist in your workplace walkthrough.

General questions about approach:

- Are safety and security issues specifically considered in the early stages of facility design, construction, and renovation?

- Does the current violence prevention program provide a way to select and implement controls based on the specific risks identified in the workplace security analysis? How does this process occur?

Specific questions about the environment:

- Do crime patterns in the neighborhood influence safety in the facility?

- Do workers feel safe walking to and from the workplace?

- Are entrances visible to security personnel and are they well lit and free of hiding places?

- Is there adequate security in parking or public transit waiting areas?

- Is public access to the building controlled, and is this system effective?

- Can exit doors be opened only from the inside to prevent unauthorized entry?

- Is there an internal phone system to activate emergency assistance?

- Have alarm systems or panic buttons been installed in high-risk areas?

American Urological Association

Advancing Urology™

– Given the history of violence at the facility, is a metal detector appropriate in some entry areas? Closed-circuit TV in high-risk areas?

– Is there good lighting?

– Are fire exits and escape routes clearly marked?

– Are reception and work areas designed to prevent unauthorized entry? Do they provide staff good visibility of patients and visitors? If not, are there other provisions such as security cameras or mirrors?

– Are patient or client areas designed to minimize stress, including minimizing noise?

– Are drugs, equipment, and supplies adequately secured?

– Is there a secure place for employees to store their belongings?

– Are "safe rooms" available for staff use during emergencies?

– Are door locks in patient rooms appropriate? Can they be opened during an emergency?

– Do counseling or patient care rooms have two exits, and is furniture arranged to prevent employees from becoming trapped?

– Are lockable and secure bathrooms that are separate from patient-client and visitor facilities available for staff members?

Step 7:

Assessing the Influence of Day-to-Day Work Practices on Occurrences of Violence

– Are identification tags required for both employees and visitors to the building?

– Is there a way to identify patients with a history of violence? Are contingency plans put in place for these patients—such as restricting visitors and supervising their movement through the facility?

– Are emergency phone numbers and procedures post-

ed or readily available?

– Are there trained security personnel accessible to workers in a timely manner?

– Are waiting times for patients kept as short as possible to avoid frustration?

– Is there adequate and qualified staffing at all times, particularly during patient transfers, emergency responses, mealtimes, and at night?

– Are employees prohibited from entering seclusion rooms alone or working alone in emergency areas of walk-in clinics, particularly at night or when assistance is unavailable?

– Are broken windows, doors, locks, and lights replaced promptly?

– Are security alarms and devices tested regularly?

Step 8:

Assessing Employee and Supervisor Training

– Does the violence prevention program require training for all employees and supervisors when they are hired and when job responsibilities change?

– Do agency workers or contract physicians receive training?

– Are workers trained in how to handle difficult clients or patients?

– Does the security staff receive specialized training for the health-care environment?

– Is the training tailored to specific units, patient populations, and job tasks, including any tasks done in the field?

– Do employees learn progressive behavior control methods and safe methods to apply restraints?

– Do workers believe that the training is effective in handling escalating violence or violent incidents?

– Are drills conducted to test the response of health-care facility personnel?

American
Urological
Association

Advancing Urology™

– Are workers trained in how to report violent incidents, threats, or abuse and obtain medical care, counseling, workers' compensation, or legal assistance after a violent episode or injury?

– Are employees and supervisors trained to behave compassionately toward coworkers when an incident occurs?

– Does the training include instruction about the location and operation of safety devices such as alarm systems, along with the required maintenance schedules and procedures?

– Are drills conducted periodically to reinforce the procedures published?

Step 9:

Recordkeeping and Evaluation

Does the violence prevention program provide for:

– Records of all incidents involving assault, harassment, aggressive behavior, abuse, and verbal attack with attention to maintaining appropriate confidentiality of the records?

– Training records?

– Workplace walkthrough and security inspection records?

– Keeping records of control measures instituted in response to inspections, complaints, or violent incidents?

– A system for regular evaluation of engineering, administrative, and work practice controls to see if they are working well?

– A system for regular review of individual reports and trending and analysis of all incidents?

– Employee surveys regarding the effectiveness of control measures instituted?

– Discussions with employees who are involved in hostile situations to ask about the quality of post-incident treatment they received?

– A provision for an outside audit or consultation of the violence programs for recommendations on improving safety?

Step 10:

Post-Incident Response

Is comprehensive treatment provided to victimized employees as well as those who may be traumatized by witnessing a workplace violence incident? Required services may include trauma-crisis counseling, critical incident stress debriefing, psychological counseling services, peer counseling, and support groups.

American
Urological
Association

Advancing Urology™

AUA WORKPLACE VIOLENCE PREPAREDNESS TOOLKIT

2015

CHAPTER 2: PRACTICE POLICY TEMPLATE

Introduction

(Your Practice Name here) is committed to preventing workplace violence and maintaining a safe work environment. (Your Practice Name here) has adopted the following guidelines to deal with intimidation, harassment, threats or commission of violence that may occur at times when employees, physicians or patients are present on its premises.

Statistics show that health care workers are at increased risk of violent attacks by patients or families. In the recent past, urologists and practice staff members have been attacked and even killed by patients. This policy and the remainder of this toolkit are intended to reduce the risks to everyone affiliated with this healthcare organization. Although the chances of a violent incident are small in any particular practice, the leadership of (Your Practice Name here) wants every staff member to feel secure. Awareness and preparation are key factors in ensuring your safety. In order to take care of our patients, we must never forget to take care of ourselves.

Foster an Atmosphere of Respect

Treat all employees with courtesy and respect at all times. Employees must refrain from fighting, "horseplay", or other conduct that may be dangerous to others. (Your Practice Name here) prohibits any action, statement, or other behavior by anyone that is, or is intended to be violent, threatening, intimidating or harassing. This policy is in effect at all times and applies to every person on our property or while conducting our business. (Your Practice Name here) employees are prohibited from engaging in violent conduct in the workplace, whether committed by supervisors, managers, non-supervisory employees, or non-employees. Conduct that threatens, intimidates, bullies, or coerces another employee, a patient, a visitor or a member of the public at any time, including conduct during off-duty periods, will not be tolerated. Nothing in this workplace violence policy is intended to contradict or supersede other

human resource policies such as sexual harassment, substance abuse, etc.

Cooperate in Enhancing Preparedness

Threats, threatening behavior, or acts of violence by non-employees against employees, members, visitors or other individuals by anyone in any form including, but not limited to, use of electronic mail for such purposes, will not be tolerated. Any (Your Practice Name here) employee or contractor with information about such an act is required to initiate the incident reporting procedures explained in this toolkit. As with reporting of other practice or employee problems, no retaliation by management is permitted.

Threat Management

(Your Practice Name here) will establish a threat management team (TMT). This team will be comprised of representatives from the following domains: administration, human resources and corporate compliance. In addition, consultations may be requested by the TMT from internal or outside sources in the domains of security and employee assistance. The roles of the key members of the team are well defined and intuitive within the team structure.

The TMT was formed to carry out the following tasks:

– Developing and updating policies, procedures, and practices to ensure a violent free environment, standards for managing a safe environment of care, and continuous compliance

– Establishing procedures for employees to report threats that protects the safety and anonymity of anyone who comes forward with concerns about a threat or act of violence

– Assessing the department's vulnerability for workplace violence (threat assessment)

– Training employees to recognize and respond appro-

priately to potentially violent situations in the work-place and providing resources and services available to them in response to workplace violence

– Establishing relationships with appropriate supportive services that may need to be contacted in response to workplace violence.

Employee Resources

This toolkit contains forms, checklists and training refer-ences. You will be directed by management in connec-tion with usage of these items.

Resources for post-incident/assault medical treatment and psychological counseling will be made available to employees who experience or witness assaults or violent incidents. These services may include trauma-crisis counseling, critical incident stress debriefing, psycholog-ical counseling services, peer- counseling, and support groups.

Emergency phone numbers are posted and procedures are readily available.

CHAPTER 3: PRACTICE THREAT ASSESSMENT

Addressing Threats and Threatening Behavior

Our workplace violence strategy includes measures to detect, assess, report and manage threats and threatening behavior. Many times, a violent act is preceded by a threat. The threat may have been explicit or veiled, spoken or unspoken, specific or vague, but it occurred. Dealing with threats and/or threatening behavior-detecting them, evaluating them, and finding a way to address them may be the single most important key to preventing violence.

What Constitutes a Threat?

A threat is any behavior which might suggest the potential for some type of violent act to occur. In some cases, the threat is overt and is observed by others who should immediately take action to reduce the possibility of ensuing violence. In other cases, it may be more subtle such as an off-handed remark or comment made to people close to the individual, which may suggest unresolved anger or other problematic behavior.

This document is designed to educate all physicians and employees of (Your Practice Name here) toward evaluating possible threats. It also serves as a guide to completing certain portions of an incident report concerning threats that require further action by management. Employees should always err on the side of caution when submitting incident reports. With many incidents of workplace violence, investigators find employees who say, "Looking back, I wish I had reported some weird behavior I observed by the perpetrator. Maybe this would never have happened." If employees perceive of any action as a threat, completion of an incident report is expected.

Types of Threats

Threats can be classed in four categories: *direct, indirect, veiled,* or *conditional*.

A direct threat identifies a specific act against a specif-ic target and is delivered in a straightforward, clear, and explicit manner: "I am going to bomb your office."

An indirect threat tends to be vague, unclear, and ambiguous. The plan, the intended victim, the motivation, and other aspects of the threat are masked or equivocal: "If I wanted to, I could kill everyone at this place!" While violence is implied, the threat is phrased tentatively — "If I wanted to" — and suggests that a violent act COULD occur, not that it WILL occur.

A veiled threat is one that strongly implies but does not explicitly threaten violence. "We would be better off without you around anymore" clearly hints at a possible violent act, but leaves it to the potential victim to interpret the message and give a definite meaning to the threat.

A conditional threat is the type of threat often seen in extortion/hostage cases. It warns that a violent act will happen unless certain demands or terms are met: "If you don't pay me one million dollars, I will blow up your office."

Levels of Risk: Low, Medium, High

Low Level of Threat: A threat which poses a minimal risk to the victim and public safety.

– Threat is vague and indirect.

– Information contained within the threat is inconsistent, implausible or lacks detail.

– Threat lacks realism.

– Content of the threat suggests person is unlikely to carry it out.

Medium Level of Threat: A threat which could be carried out, although it may not appear entirely realistic.

– Threat is more direct and more concrete than a low level threat.

– Wording in the threat suggests that the threatener has

AUA WORKPLACE VIOLENCE PREPAREDNESS TOOLKIT

2015

American
Urological
Association

Advancing Urology™

given some thought to how the act will be carried out.

– There may be a general indication of a possible place and time (though these signs still fall well short of a detailed plan).

– There is no strong indication that the threatener has taken preparatory steps, although there may be some veiled reference or ambiguous or inconclusive evidence pointing to that possibility -- an allusion to a book or movie that shows the planning of a violent act or a vague, general statement about the availability of weapons.

– There may be a specific statement seeking to convey that the threat is not empty: "I'm serious!" or "I really mean this!"

High Level of Threat: A threat that appears to pose an imminent and serious danger to the safety of others.

– Threat is direct, specific and plausible.

– Threat suggests concrete steps have been taken toward carrying it out, for example, statements indicating that the threatener has acquired or practiced with a weapon or has had the victim under surveillance.

Example: "At eight o'clock tomorrow morning, I intend to shoot the principal. That's when he is in the office by himself. I have a 9mm. Believe me, I know what I am doing. I am sick and tired of the way he runs this school." This threat is direct, specific as to the victim, motivation, weapon, place, and time, and indicates that the threatener knows his target's schedule and has made preparations to act on the threat.

In general, the more direct and detailed a threat is, the more serious the risk of its being acted on. A threat that is assessed as high level will almost always require immediate law enforcement intervention.

In some cases, the distinction between the levels of threat may not be as obvious, and there will be overlap between the categories. Generally, obtaining additional information about, either the threat or the threatener will help in clarifying any confusion. What is important is that employees are able to recognize, report, and act on threats, and management can address all threats appro-

priately and in a standardized and timely fashion.

Factors in Threat Assessment

Specific, plausible details are a critical factor in evaluating a threat. Details can include the identity of the victim or victims; the reason for making the threat; the means, weapon, and method by which it is to be carried out; the date, time, and place where the threatened act will occur; and concrete information about plans or preparations that have already been made.

Specific details can indicate that substantial thought, planning, and preparatory steps have already been taken, suggesting a higher risk that the threatener will follow through on his threat.

Similarly, a lack of detail suggests the threatener may not have thought through all of the contingencies, has not actually taken steps to carry out the threat, and may not seriously intend violence but is "blowing off steam" over some frustration or seeking to frighten or intimidate a particular victim or disrupt a school's events or routine.

Details that are specific but not logical or plausible may indicate a less serious threat. For example, a high school student writes that he intends to detonate hundreds of pounds of plutonium in the school's auditorium the following day at lunch time. The threat is detailed, stating a specific time, place, and weapon. But the details are unpersuasive. Plutonium is almost impossible to obtain, legally or on the black market. It is expensive, hard to transport, and very dangerous to handle, and a complex high explosive detonation is required to set off a nuclear reaction. No high school student is likely to have any plutonium at all, much less hundreds of pounds, nor would he have the knowledge or complex equipment to detonate it. A threat this unrealistic is obviously unlikely to be carried out.

The emotional content of a threat can be an important clue to the threatener's mental state. Emotions are conveyed by melodramatic words and unusual punctuation -- "I hate you!!!!!" "You have ruined my life!!!!" "May God have mercy on your soul!!!!" -- or in excited,

Advancing Urology™

incoherent passages that may refer to God or other religious beings or deliver an ultimatum.

Though emotionally charged threats can tell the assessor something about the temperament of the threatener, they are not a measure of danger. They may sound frightening, but no correlation has been established between the emotional intensity in a threat and the risk that it will be carried out.

Precipitating stressors are incidents, circumstances, reactions, or situations which can trigger a threat. The precipitating event may seem insignificant and have no direct relevance to the threat, but nonetheless becomes a catalyst. For example, an employee has a fight with his wife before going to work. The argument may have been a minor one over an issue that had nothing to do with work, but it sets off an emotional chain reaction leading the employee to threaten another person at work that day -- possibly something he has thought about in the past.

The impact of a precipitating event will obviously depend on "pre-disposing factors": underlying personality traits, characteristics, and temperament that predispose a person to fantasize about violence or act violently. Accordingly, information about a temporary "trigger" must be considered together with broader information about these underlying factors, such as an employee's vulnerability to loss and depression.

American
Urological
Association

Advancing Urology™

CHAPTER4: WORKPLACE VIOLENCE PROCEDURES TEMPLATE

PROCEDURE

Any act of violence and all threats of violence, both direct and indirect, must be reported as soon as possible to your immediate manager or to the Chief Operating Officer. This includes threats by employees, as well as threats by patients, clients, vendors, solicitors, or other members of the public. We ask employees to be on the lookout for warning signs including, but not limited to the following:

• Direct or veiled threats of harm;

• Harassment;

• Stalking;

• Physical or verbal intimidation;

• Extreme depression over personal problems or social withdrawal;

• Bizarre or paranoid behavior regarding work;

• Obsessing about weapons or workplace violence; or

• A history of or recent incidents of violence.

Anyone who observes any of these warning signs or have cause to believe violence may occur shall report it their supervisor, manager or the Chief Operating Officer and complete an incident report. When reporting a threat of violence, be as specific and detailed as possible. **Information reported is treated with confidentiality to the fullest extent possible.**

(Your Practice Name here) will promptly and thoroughly investigate all reports of threatened or actual violence and of suspicious individuals or activities. The identity of the individual making a report will be protected as much as is practical. Threats or acts of retaliation or retribution against employees who make use of these procedures or who assist in the investigation of such complaints will not be tolerated. To maintain workplace safety with the integrity of its investigation, (Your Practice Name here) may suspend employees, either with or without pay, pending investigation.

Once the threat/incidence is reported to the Manager/Safety Officer or Chief Operating Officer it shall be:

• Promptly evaluated following the guidelines entailed in the Threat Assessment tool; and

• Thoroughly investigated using the Confidential Incident Report form, included in this policy.

• Logged on the Workplace Violence Incident Report Spreadsheet. This shall be shared with all practice providers and staff each time a new incident is added

• Logged on the Workplace Violence Incident Report Log which will be reviewed annually by the Safety Committee to target the frequency and severity of incident types to establish a baseline for understanding and measuring improvement. Incidents are categorized using the following Table 1, below.

Table 1. Typology of workplace violence

	TYPE	DESCRIPTION
I.	Criminal intent	The perpetrator has no legitimate relationship to the business or its employee, and is usually committing a crime in conjunction with the violence. These crimes can include robbery, shop-lifting, trespassing, and terrorism. The vast majority of workplace homicides (85%) fall into this category.
II.	Customer/ client	The perpetrator has a legitimate relationship with the business and becomes violent while being served by the business. This category includes customers, clients, patients, students, inmates, and any other group for which the business provides services. It is believed that a large portion of customer/client incidents occur in the health care industry, in settings such as nursing homes or psychiatric facilities; the victims are often patient caregivers. Police officers, prison staff, flight attendants, and teachers are some other examples of workers who may be exposed to this kind of workplace violence, which accounts for approximately 3% of all workplace homicides
III.	Worker-on-worker	The perpetrator is an employee or past employee of the business who attacks or threatens another employee(s) or past employee(s) in the workplace. Worker–on–worker fatalities account for approximately 7% of all workplace homicides.
IV.	Personal relationship	The perpetrator usually does not have a relationship with the business but has a personal rela-tionship with the intended victim. This category includes victims of domestic violence assaulted or threatened while at work, and accounts for about 5% of all workplace homicides.

Sources: CAL/OSHA 1995; Howard 1996; IPRC 2001.

Once level of risk has been determined (low, medium, or high) the following actions will be taken:

Low:

– Alert all staff and providers who may be exposed to the assailant;

– If assailant is a patient or person who is of relation to a patient, flag incident type and risk level on patient's record in PM and EHR systems using appropriately confidential memo technology.

– Logged on the Workplace Violence Incident Report Log

– Add incident to Workplace Violence Incident Report Log and Workplace Violence Incident Report – for Providers

Medium:

– Alert all staff and providers who may be exposed to the assailant;

– If assailant is a patient or person who is of relation to a patient, flag incident type and risk level on patient's record in PM and EHR systems using appropriately confidential memo technology.

– Report the incident to local Police Department. Maintain a copy of the report summary.

– Notify Chief Operating Officer.

– Add incident to Workplace Violence Incident Report Log and Workplace Violence Incident Report – for Providers

American
Urological
Association

Advancing Urology™

AUA WORKPLACE VIOLENCE PREPAREDNESS TOOLKIT

2015

High:

– Immediate law enforcement intervention: will almost always be required for high risk threat.

– Alert all staff and providers who may be exposed to the assailant.

– If assailant is a patient or person who is of relation to a patient, flag incident type and risk level on patient's record in PM and EHR systems using appropriately confidential memo technology.

– Notify Chief Operating Officer.

– Add incident to Workplace Violence Incident Report Log and Workplace Violence Incident Report – for Providers

TRAINING

In addition to reading and acknowledging this policy, upon hire, specific training on the subject of Workplace Violence Awareness and Prevention is provided periodically (or when job responsibilities change) through live training sessions, videos, and exercises recommended and/or administered by local law enforcement, NIOSH, OSHA, and the Department of Homeland Security. This training is mandatory and all supervisors should track their direct reports to ensure updated training has been completed.

CHAPTER 5: MANAGERS INVESTIGATION TEMPLATE

Management Investigation Checklist

Incident Date: _____ Practice Location: _____

Manager: _____

Employees affected: _____

_____

Once the threat/incidence is reported to the Manager/Safety Officer or Chief Operating Officer it shall be:

– Promptly evaluated following the guidelines entailed in the Threat Assessment tool; and

– Thoroughly investigated using the Confidential Incident Report form, included in this policy.

– Logged on the Workplace Violence Incident Report Log which will be reviewed annually by the Safety Committee to target the frequency and severity of incident types to establish a baseline for understanding and measuring improvement. Incidents are categorized using the following Table 1, below.

Table 1. Typology of workplace violence

	TYPE	DESCRIPTION
I.	Criminal intent	The perpetrator has no legitimate relationship to the business or its employee, and is usually committing a crime in conjunction with the violence. These crimes can include robbery, shoplifting, trespassing, and terrorism. The vast majority of workplace homicides (85%) fall into this category.
II.	Customer/ client	The perpetrator has a legitimate relationship with the business and becomes violent while being served by the business. This category includes customers, clients, patients, students, inmates, and any other group for which the business provides services. It is believed that a large portion of customer/client incidents occur in the health care industry, in settings such as nursing homes or psychiatric facilities; the victims are often patient caregivers. Police officers, prison staff, flight attendants, and teachers are some other examples of workers who may be exposed to this kind of workplace violence, which accounts for approximately 3% of all workplace homicides
III.	Worker-on-worker	The perpetrator is an employee or past employee of the business who attacks or threatens another employee(s) or past employee(s) in the workplace. Worker–on–worker fatalities account for approximately 7% of all workplace homicides.
IV.	Personal relationship	The perpetrator usually does not have a relationship with the business but has a personal relationship with the intended victim. This category includes victims of domestic violence assaulted or threatened while at work, and accounts for about 5% of all workplace homicides.

Sources: CAL/OSHA 1995; Howard 1996; IPRC 2001.

American
Urological
Association

Advancing Urology™

Management Investigation Checklist

Once level of risk has been determined (low, medium, or high) the following actions will be taken:

Low

– Alert all staff and providers who may be exposed to the assailant;

– If assailant is a patient or person who is of relation to a patient, flag incident type and risk level on patient's record in PM and EHR systems using appropriately confidential memo technology.

Medium

– Alert all staff and providers who may be exposed to the assailant.

– If assailant is a patient or person who is of relation to a patient, flag incident type and risk level on patient's record in PM and EHR systems using appropriately confidential memo technology.

– Report the incident to local Police Department at (Enter Phone Number Here). Maintain a copy of the report summary.

– Notify Chief Operating Officer.

High

– Immediate law enforcement intervention: will almost always be required for high risk threat.

– Alert all staff and providers who may be exposed to the assailant.

– If assailant is a patient or person who is of relation to a patient, flag incident type and risk level on patient's record in PM and EHR systems using appropriately confidential memo technology.

– Notify Chief Operating Officer.

Follow-up steps:

– Make available necessary resources for post-incident/assault medical treatment and psychological counseling who experience or witness assaults or violent incidents. This may include trauma-crisis counseling, critical incident stress debriefing, psychological counseling services, peer counseling, and support groups.

– Have discussion with employees who are involved in hostile situations to ask about the quality of their post-incident treatment.

American
Urological
Association

Advancing Urology™

AUA WORKPLACE VIOLENCE PREPAREDNESS TOOLKIT

2015

CHAPTER 6: WORKPLACE VIOLENCE TRAINING TIPS

Possible Training Materials

– Active Shooter Training Video-US Homeland Security
   http://www.youtube.com/watch?v=oI5EoWBRYmo

– RUN! HIDE! FIGHT! DHS Offers Tips to Survive A Shooting
   http://www.youtube.com/watch?v=p4IJA5Zpzz4

Conducting Drills

Like fire drills, workplace violence drills prepare employees for emergencies. Have several codes that tell employees whether they should evacuate or shelter in place. Tell workers there will be a workplace violence drill on a specific day, but not what time. This will allow you to maintain some element of surprise, without causing unnecessary fear.

Contact your local police department about assistance with designing a workplace violence drill that enhances training in a safe mode.

Based on the assessments done by management, consider a variety of possible scenarios (e.g. active shooter, angered patient/ resident, rioting, unhappy family member).

– Drills can vary from simple "table-top" drills to more elaborate active drills. The type of drill depends a lot on the amount of available time and your ability to prep in your facility. Table-top drill discussions may be effective under some scenarios. In other sessions, find a training room or an isolated area of your facility and provide participants with "acting roles" for the selected scenario. All of these can be enlightening experiences for all participants.

– Conduct individual employee spot drills. If employees know that a safety committee member may approach them with a scenario and discuss their reactions, workplace violence prevention will always be on their minds.

– Promptly critique all drills. Identify what went right and what needs improvement. Committee members should be transparent in their findings and solicit employee suggestions for improvement.

REFERENCES

1   Urology Nevada – Workplace Violence Protection Program

2   Active Shooter Training Video-US Homeland Security
http://www.youtube.com/watch?v=oI5EoWBRYmo

3   "RUN! HIDE! FIGHT!" DHS Offers Tips to Survive A Shooting
http://www.youtube.com/watch?v=p4IJA5Zpzz4

4   Increased Violent Acts Against Urologists - A 2014-2015 AUA Leadership Program Group Service Project - South Central Section

5   Joint presentation at 2014 Urology Practice Management Conference – AUA Annual Meeting – Irene Heinemeier, FACMPE, Chief Operations Officer, Urology of Nevada; Eugene Rhee, MD, Chief, Department of Urological Surgery, Chief, Department of Urologic Surgery, The Southern California Permanente Medical Group

6   Occupational Safety and Health Administration – Healthcare Wide Hazards – Workplace Violence