

**HEALTHCARE FACILITY WORKPLACE VIOLENCE PREVENTION PROGRAMS • OPT OUT  
Nurse Survey**

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**BACKGROUND**

1. What is your job title?   • RN                   • LPN                   • Other (Specify:  
\_\_\_\_\_)
2. How long have you been in your current position? \_\_\_\_\_(years)
3. In the past 12 months, what type of facility did you work the most time in? (check only one)
  - Acute care >300 beds                   • Acute care <300 beds
  - Trauma I or II                           • Trauma III or IV
  - Psychiatric                              • Nursing Home
  - Other (Specify: \_\_\_\_\_)
4. In the past 12 months, what type of department/unit/area did you work the most time in?  
(check only one)           • Medical/Surgical                   • Obstetric/Gynecologic
  - Operating/Recovery Room           • Emergency
  - Intensive Care                         • Occupational Health
  - Psychiatric/Behavioral              • Education/Research
  - Other (Specify: \_\_\_\_\_)
5. How long have you worked in the health care field? \_\_\_\_\_(years)
6. In the past 12 months, how many months did you work in patient care?  
\_\_\_\_\_(months)
7. In the past 12 months, what was the primary shift you worked? (check only one)
  - Day   • Evening   • Night   • Rotating   • 12-hour days 7a-7p   • 12-hr nights 7p-7a
8. What is your gender?   • Female   • Male

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VIOLENCE-BASED SAFETY PROGRAMS IN HEALTH CARE

1. Have you heard about the New Jersey Violence Prevention in Health Care Facilities Act?

- Yes- If Yes, how did you hear about it' \_\_\_\_\_
- No \_\_\_\_\_

2. Do you participate in your health care facility's safety or workplace violence prevention committees?

- Yes- If Yes, how often does the committee meet?  
\_\_\_\_\_
- No

3. Do you feel secure in your department / unit / area:

- Always
- Most of the time
- Sometimes
- Rarely
- Never

4. Did you receive training about violence-based safety in your workplace?

- Yes- Please answer questions 4a-4e
- No- Please continue to question 5
- Unknown- Please continue to question 5

**IF YES:**

4a. Do you receive violence-based safety training:

- As a New Hire
- Recurring
- Both at New Hire and Recurring

4b. How long is the violence-based safety training?

New Hire: \_\_\_\_\_ (minutes)      Recurring: \_\_\_\_\_ (minutes)

4c. Which of the following components are included in the violence-based safety training either at new hire or on a recurring basis?

(1) Review of the facility's violence-based safety policies	• Yes • No • Unknown
(2) Identification of predicting factors for aggression and violence	• Yes • No • Unknown
(3) Verbal methods to diffuse aggressive behavior	• Yes • No • Unknown

(4) Physical methods to diffuse or avoid aggressive behavior	• Yes • No • Unknown
(5) Obtaining a history on a patient with violent behavior	• Yes • No • Unknown
(6) Techniques for restraining violent patients	• Yes • No • Unknown
(7) Self-defense if preventive action does not work	• Yes • No • Unknown
(8) Appropriate use of medications to subdue aggressive patients	• Yes • No • Unknown
(9) Requirements and procedures for reporting a violent event	• Yes • No • Unknown
(10) Location and operation of safety devices	• Yes • No • Unknown
(11) Resources for employee victims of violence	• Yes • No • Unknown
(12) Worksite-specific summary of risk factors for violence and preventive actions taken in response	• Yes • No • Unknown
(13) Information on multicultural diversity to increase sensitivity to racial and ethnic issues and differences	• Yes • No • Unknown

4d. What, if anything, do you feel should be changed about the training?

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4e. How good would you say your violence-based safety training program is:

- Excellent
- Very Good
- Adequate
- Not very good

5. Do you consistently employ your facility's violence-based safety policies and procedures:

- Always
- Most of the Time
- Rarely
- Never

EXPERIENCES WITH VIOLENCE

**In the past 12 months, have you ever experienced work-related:**

<p><b>1. Threats</b></p> <p><i>A threat occurs when someone uses words, gestures, or actions with the intent of intimidating, frightening, or causing harm to you (physically or otherwise). Threats may also include theft or property damage.</i></p>	<p>• Yes   • No</p>	<p>If yes, how frequently did this occur?</p> <ul style="list-style-type: none"> <li>• 1 to 4 times</li> <li>• 5 to 9 times</li> <li>• 10 to 19 times</li> <li>• 20 times or more</li> </ul>
<p><b>2. Sexual harassment</b></p> <p><i>Sexual harassment occurs when you experience any type of unwelcome sexual behavior (words or actions) that create a hostile work environment.</i></p>	<p>• Yes   • No</p>	<p>If yes, how frequently did this occur?</p> <ul style="list-style-type: none"> <li>• 1 to 4 times</li> <li>• 5 to 9 times</li> <li>• 10 to 19 times</li> <li>• 20 times or more</li> </ul>
<p><b>3. Verbal Abuse</b></p> <p><i>Verbal abuse occurs when someone yells or swears at you, calls you names, or uses other words intended to control or hurt you.</i></p>	<p>• Yes   • No</p>	<p>If yes, how frequently did this occur?</p> <ul style="list-style-type: none"> <li>• 1 to 4 times</li> <li>• 5 to 9 times</li> <li>• 10 to 19 times</li> <li>• 20 times or more</li> </ul>
<p><b>4. Bullying</b></p> <p><i>Bullying occurs when one or more people tease, threaten, spread rumors about, hit, shove, or hurt you over and over again.</i></p>	<p>• Yes   • No</p>	<p>If yes, how frequently did this occur?</p> <ul style="list-style-type: none"> <li>• 1 to 4 times</li> <li>• 5 to 9 times</li> <li>• 10 to 19 times</li> <li>• 20 times or more</li> </ul>

1. Did you miss at least one day of work as a result of a violent event?

- Yes-            How many days total: \_\_\_\_\_
- No
- Did not experience any of the above events

2. Did you fill out an incident form to report the violent event?

- Yes
- No
- Did not experience any of the above events

3. In your opinion, what percentage of the following violent events goes unreported?

Threats: \_\_\_\_\_ %                      Sexual Harassment: \_\_\_\_\_ %

Verbal Abuse: \_\_\_\_\_ %                      Bullying: \_\_\_\_\_ %