Appendix C5: Healthcare Facility Workplace Violence Prevention Programs Home Healthcare Aide Survey

# HEALTHCARE FACILITY WORKPLACE VIOLENCE PREVENTION PROGRAMS Home Healthcare Aide Survey

BACKGROUND								
Age: years	S							
Sex: • Male	• Female							
☐ Asian				Hispar	nic / La	tino	dian or Alaskan	)
☐ High Schoo ☐ Some colleç ☐ Bachelor's I	ligh School Dip I Diploma / GE ge, including A	oloma ED ssociate Degr of study:		e; (Field	of stu	dy:	)	)
Job Type (check a	all that apply):	• Hom	ne Hea	Ith Prov	vider	• Hc	spice Care Prov	ider
<b>Employment Stat</b>	<b>us</b> (check one	): • Full-	time	• Part	-time			
Experience: Length of time as a		· · · · · · · · · · · · · · · · · · ·			ırs;		month	
Contract or Regis	stry Employee	(check one):	• Yes	• [	No			
Case Load: What is the averag	e number of h	ome visits you	ı make	per mo	onth? _		_ number per m	onth
Safety at Work: On a scale from 1- you generally feel							s feel safe, how s	afe do
1 Never feel s	2 3 safe	4 5	6	7	8	9 Alway	10 /s feel safe	

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0914).

#### **Health Promotion**

Does your home healthcare agency offer wellness classes for its employees?

Smoking Cessation • Yes • No
Diet and Nutrition • Yes • No
Physical Activity • Yes • No
Stress Management • Yes • No

Does your home healthcare agency offer exercise facilities for its employees? • Yes • No

## **Driving**

Has your employer ever given you any information about safe driving on the job? This may include training, safety talks, videos, or information about traffic laws or company policies.

- Yes
- No
- Don't know

In the past 12 months, have you been involved in a motor vehicle accident while on the job? Please include only accidents that took place during your work day (for example, while driving to visit a patient or crossing the street to attend a work meeting). **Do not include** accidents that took place while you were driving to or from work.

- Yes
- No
- Don't know

If YES:

What type of accident was it?

- My vehicle was involved in a collision with another vehicle.
- My vehicle was involved in a single-vehicle accident.
- I was struck by a motor vehicle.

What was the result of the accident?

- There was no damage to any vehicle involved, and no injuries.
- There was damage to one or more vehicles or to nearby property, but no one was injured.
- I was injured, but I did not need medical treatment.
- I was injured severely enough to need medical treatment or to miss work for more than 4 hours.

## **Experienced Violent Events**

In the last year while at work, did you experience the following?

	Experienced	
	at w	ork in
Type of Violence	las	t year
Verbal Assaults	Yes	No
being yelled at, shouted at, or sworn at		
Verbal Threats Without a Weapon	Yes	No
threat of physical harm without a weapon; threat to damage or steal personal or workplace property		
Verbal Threats With a Weapon	Yes	No
threat of physical harm with a weapon; threat to damage or steal personal or workplace property		
Physical Assaults	Yes	No
an attack or attempted attack with or without a weapon (including hands/fists) resulting in no injury or injury at any severity level		
Robberies & Muggings	Yes	No
taking or attempting to take personal (e.g. purse) or workplace (e.g., medicine, medical supplies) property by force or threat of force		
Property Thefts	Yes	No
taking of personal or workplace property without personal threat, attack, or bodily harm (e.g. stealing medical supplies out of worker's car)		
Vandalisms	Yes	No
damage or destruction to personal (e.g. graffiti on worker's car) or workplace property (e.g. breaking medical supplies)		
Sexual Harassments	Yes	No
Unwanted, offensive sexual behavior or comments (verbal or non-verbal)		
Sexual Assaults	Yes	No
Attacks of unwanted sexual contact, including rape, attempted rape, grabbing or fondling		
Exposure to Bodily Fluids	Yes	No
Exposed <i>on purpose</i> to another person's blood saliva, urine, or any other bodily fluid		

## VIOLENCE-BASED SAFETY PROGRAMS IN HEALTH CARE

- 1. Did you receive training about violence-based safety in your workplace?
  - Yes- Please answer questions 1a-1e
  - No- Please continue to question 2
  - Unknown- Please continue to question 2

### IF YES:

1a. Do you receive violence-based safety training:

1b. How long is the violence-based safety training?		
New Hire: (minutes)	Repeated: (m	inutes)
1c. Which of the following components are included in either at new hire or on a repeated basis?	n the violence-based safety tra	iining
(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	
<ul><li>(5) Obtaining a history on a patient with violent behavior</li><li>(6) Techniques for restraining violent patients</li></ul>		
(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		
(11)Resources for employee victims of violence		
(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	
1d. What, if anything, do you feel should be changed	about the training?	
1e. How good would you say your violence-based sa	fety training program is:	
<ul><li>Excellent</li><li>Very Good</li><li>Ade</li></ul>	quate • Not very good	ł
2. Do you consistently employ your facility's violence-based s	safety policies and procedures	?
<ul> <li>Always</li> <li>Most of the Time</li> <li>Rare</li> </ul>	ely • Never	
3. Have you heard about the New Jersey Violence Prevention	n in Health Care Facilities Act	?
<ul><li>Yes- If Yes, how did you hear about</li><li>No</li></ul>		
- INU		

• As a New Hire • Repeated • Both at New Hire and Repeated