

Appendix C5:

Healthcare Facility Workplace Violence Prevention Programs Home Healthcare Aide Survey

Is your home healthcare agency associated with a hospital? • Yes • No

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?

Type of Violence	Experienced at work in last year
Verbal Assaults being yelled at, shouted at, or sworn at	Yes No
Verbal Threats Without a Weapon threat of physical harm without a weapon; threat to damage or steal personal or workplace property	Yes No
Verbal Threats With a Weapon threat of physical harm with a weapon; threat to damage or steal personal or workplace property	Yes No
Physical Assaults an attack or attempted attack with or without a weapon (including hands/fists) resulting in no injury or injury at any severity level	Yes No
Robberies & Muggings taking or attempting to take personal (e.g. purse) or workplace (e.g., medicine, medical supplies) property by force or threat of force	Yes No
Property Thefts taking of personal or workplace property without personal threat, attack, or bodily harm (e.g. stealing medical supplies out of worker's car)	Yes No
Vandalisms damage or destruction to personal (e.g. graffiti on worker's car) or workplace property (e.g. breaking medical supplies)	Yes No
Sexual Harassments Unwanted, offensive sexual behavior or comments (verbal or non-verbal)	Yes No
Sexual Assaults Attacks of unwanted sexual contact, including rape, attempted rape, grabbing or fondling	Yes No
Exposure to Bodily Fluids Exposed <i>on purpose</i> to another person's blood saliva, urine, or any other bodily fluid	Yes No

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:

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

1b. How long is the violence-based safety training?

New Hire: _____ (minutes)

Repeated: _____ (minutes)

1c. Which of the following components are included in the violence-based safety training either at new hire or on a repeated 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

1d. What, if anything, do you feel should be changed about the training?

1e. How good would you say your violence-based safety training program is:

- Excellent
- Very Good
- Adequate
- Not very good

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

- Always
- Most of the Time
- Rarely
- Never

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

- Yes- If Yes, how did you hear about _____
- No _____