

## HEALTHCARE FACILITY WORKPLACE VIOLENCE PREVENTION PROGRAMS Home Healthcare Aide Survey

Are you currently working as a home healthcare aide in New Jersey? • Yes • No  
 If Yes, please complete the survey and return it in the envelope provided.  
 If No, stop and return the survey in the envelope provided.

### Violence-Based Safety Programs in Health Care

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

- Yes. Go to question 1a-e.
- No. Go to question 2.
- Unknown. Go to question 2.

#### IF YES:

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

- As a New Hire
- Refresher (e.g. annual)
- Both at New Hire and Refresher

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

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

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

Review of the agency's violence-based safety policies	• Yes • No • Unknown
Identification of predicting factors for violence	• Yes • No • Unknown
Verbal methods to stop aggressive behavior	• Yes • No • Unknown
Physical methods to stop or avoid aggressive behavior	• Yes • No • Unknown
Obtaining a history on a patient with violent behavior	• Yes • No • Unknown
Techniques for restraining violent patients	• Yes • No • Unknown
Self-defense if preventive action does not work	• Yes • No • Unknown
Requirements and procedures for reporting violence	• Yes • No • Unknown
Location and operation of safety devices	• Yes • No • Unknown
Resources for employee victims of violence	• Yes • No • Unknown
Other (please describe):	

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

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

- Excellent
- Very Good
- Adequate
- Not very good

2. Do you consistently use your employer’s violence-based safety policies and procedures?

- Always
- Most of the Time
- Rarely
- Never
- My employer does not have violence-based safety policies or procedures

**Experienced Violent Events**

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

Type of Violence ( <i>For patient committing the violence, this is regardless of their state of being, such as dementia or substance use.</i> )	From patient or family member	From coworker or boss
Verbal Assaults, With or Without a Weapon being yelled at, shouted at, or sworn at; threat of physical harm with or without a weapon; threat to damage or steal personal or workplace property	• Yes   • No	• Yes   • No
Physical Assaults an attack or attempted attack with or without a weapon (including hands/fists) with or without an injury	• Yes   • No	• 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	• 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	• Yes   • No
Vandalisms damage or destruction to personal (e.g. graffiti on worker’s car) or workplace (e.g. breaking medical supplies) property	• Yes   • No	• Yes   • No
Sexual Harassments/Assaults unwanted, offensive sexual behavior or comments (verbal or non-verbal); attacks of unwanted sexual contact, including rape, attempted rape, grabbing or fondling	• Yes   • No	• 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	• Yes   • No
Bullying/Intimidation Less desirable assignments	• Yes   • No	• Yes   • No
Other types of violence. Please describe:		

**Health Promotion**

Does your home healthcare agency offer wellness classes for its employees, and if so, have you ever participated in a class?

Wellness class	Wellness classes offered by agency?	Participated in wellness classes offered by agency?
Stop Smoking	• Yes • No • Don't Know	• Yes • No • N/A (not a smoker)
Diet and Nutrition	• Yes • No • Don't Know	• Yes • No
Physical Activity	• Yes • No • Don't Know	• Yes • No
Stress Management	• Yes • No • Don't Know	• Yes • No

Does your home healthcare agency offer exercise facilities for its employees?

- Yes
- No
- Don't Know

### 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 commuting from your home to your agency's work site and vice versa. (Check all that apply.)*

- Yes- My vehicle was involved in an accident with another vehicle.
- Yes- Only my vehicle was involved (e.g., hit a tree).
- Yes- I was struck as a pedestrian by a motor vehicle (e.g., crossing the street to visit a patient).
- No

**IF YES to any of the above:** What was the result of the accident (check all that apply)?

- 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.

## Background

**Age:** • 19 or less • 20-29 • 30-39 • 40-49 • 50-59 • 60 and over

**Sex:** • Male • Female

**Race / Ethnicity** (check all that apply):

- White or Caucasian
- Black or African American
- Asian
- Native Hawaiian / Pacific Islander
  
- Native American Indian or Alaskan
- Hispanic / Latino

