**Appendix C1:**

Nursing Home Administrator - Evaluation of Nursing Home Workplace Violence Prevention Program: Abstraction Form

Form Approved

OMB No. 0920-0914

Exp. Date xx/xx/20xx

**EVALUATION OF NURSING HOME WORKPLACE VIOLENCE PREVENTION PROGRAM: ABSTRACTION FORM**

Nursing home : # patients/year: \_\_\_\_\_\_\_

# beds: \_\_\_\_\_\_\_

## A. WORKPLACE VIOLENCE PREVENTION PROGRAM

1. Does the nursing home have a formal written workplace violence prevention plan?

01 Yes 02 No 99 Unknown

**If YES:**

2. Does the workplace violence prevention plan directly address?

|  |  |
| --- | --- |
| a. Establishment of a violence prevention committee | Yes No |
| b1. Worker-on-worker violence  b2. Patient/family violence against workers  b3. Domestic violence (where the victim is an employee) that enters the hospital  b4. Criminal activity in and around the hospital  b5. Violence against patients &/or visitors | Yes No  Yes No  Yes No  Yes No  Yes No |
| c. Recordkeeping process for tracking violent events | Yes No |
| d. Incident reporting, investigation, and evaluation methods | Yes No |
| e. Follow-up medical and psychological care | Yes No |
| f. Directions on how to access the facility’s post-incident response system | Yes No |

3. Is a violence risk assessment completed? 01 Yes 02 No 03 Not stated

**IF YES:**

Public reporting burden of this collection of information is estimated to average 60 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).

3a. How often are the assessments completed?

At least annually Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 03 Not stated

3b. Which of the following **job- or task-specific factors** are included in the risk assessment?

|  |  |
| --- | --- |
| Working with unstable or volatile persons | Yes No |
| Prevalence of weapons on site among patients, family, or visitors | Yes No |
| Presence of gang members | Yes No |
| Overcrowding and long waits for service that lead to client frustrations | Yes No |
| Isolated and/or solo work with patients and/or residents during examinations or treatment | Yes No |
| Lack of staff training | Yes No |
| Impact of staffing (including security personnel) as a factor that may increase the risk of violent events | Yes No |

3c. Which of the following factors are examined when conducting **walk through surveys for hazards in the physical environment**?

|  |  |
| --- | --- |
| Physical layout | Yes No |
| Unrestricted access points | Yes No |
| Crime rate in surrounding area | Yes No |
| Non-working alarm systems, communication devices, surveillance cameras and/or mirrors | Yes No |
| Poor lighting and visibility in facility | Yes No |
| Poor lighting and visibility in parking areas | Yes No |

3d. Trends and patterns of violent events are examined through the collection and review of data? 01 Yes 02 No 03 Not stated

4. How often are the violence prevention policies, procedures and responsibilities updated? Annually Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 03 Not stated

Additional Comments about Workplace Violence Prevention Program:

**B. TRAINING**

1. Do employees receive workplace violence prevention training?

01 Yes 02 No 03 Not stated

**IF YES:**

2. How frequently is the workplace violence prevention training offered?

At hire Quarterly Yearly

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 03 Not stated

3. Length and recipients of workplace violence prevention training:

|  |  |  |
| --- | --- | --- |
|  | New Hire | Recurring Training |
| a. How long is the workplace violence prevention training? (in minutes) |  |  |
| b. Which positions are included in the training? |  | |
| Nurses | Yes Not Stated | Yes Not Stated |
| Physicians | Yes Not Stated | Yes Not Stated |
| Unlicensed support staff | Yes Not Stated | Yes Not Stated |
| Managers | Yes Not Stated | Yes Not Stated |
| Clerical staff | Yes Not Stated | Yes Not Stated |
| Security | Yes Not Stated | Yes Not Stated |
| Volunteers | Yes Not Stated | Yes Not Stated |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| c. Are contract employees included in the training? | Yes Not Stated | Yes Not Stated |
| d. Are per diem employees included in the training? | Yes Not Stated | Yes Not Stated |
| e. Are temporary staff included in the training? | Yes Not Stated | Yes Not Stated |

4. Which formats are used for the training (check all that apply)?

Lecture format (presentations)

Reading prepared material/handouts in print

Interactive discussions

Role-playing

DVD

Computer-based training activities

Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

5. Who conducts the **new hire** training?

Contract with a company that provides training to all new hires

(what company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Contract with a company that provides Train-the-Trainer sessions

(what company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Department in facility (which department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Not stated

6. Who conducts the **recurring** training?

Contract with a company that provides training to all new hires

(what company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Contract with a company that provides Train-the-Trainer sessions

(what company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Department in facility (which department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Not stated

# 7. Which of the following components are included in the violence prevention training?

|  |  |  |
| --- | --- | --- |
|  | New Hire Training | Recurring Training |
| a. Requirements of workplace violence administrative rules | Yes Not Stated | Yes Not Stated |
| b. Review of the facility’s relevant policies | Yes Not Stated | Yes Not Stated |
| c. Verbal methods to diffuse aggressive behavior | Yes Not Stated | Yes Not Stated |
| d. Physical maneuvers to diffuse or avoid aggressive behavior | Yes Not Stated | Yes Not Stated |
| e. Appropriate responses to workplace violence, including use of restraining techniques | Yes Not Stated | Yes Not Stated |
| f. Reporting requirements and procedures | Yes Not Stated | Yes Not Stated |
| g. Location and operation of safety devices | Yes Not Stated | Yes Not Stated |
| h. Resources for coping with violence | Yes Not Stated | Yes Not Stated |
| i. Summary and analysis of facility’s risk factors identified in the worksite analysis & preventive actions taken in response to the risk factors identified | Yes Not Stated | Yes Not Stated |
| j. Information on multicultural diversity to increase staff sensitivity to racial & ethnic issues & differences | Yes Not Stated | Yes Not Stated |
| k. Other violence-related topics  (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |

8. Does nursing home staff receive specific training and demonstrations on the security equipment (e.g. alarms and cameras) and how to use it?

01 Yes 02 No 03 Not stated

9. How often is the training content reviewed?

Annually Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 03 Not stated

Additional Comments about Workplace Violence Prevention Training:

# C. RECORD KEEPING OF VIOLENT EVENTS AND INCIDENT INVESTIGATION

1. Does the facility keep records of all reported violent events?

01 Yes 02 No 03 Not stated

**IF YES:**

1a. Which department tracks the workplace violence reports?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1b. What type of data are recorded on the incident reports? (check all that apply)

Incident date / time / location (circle all that apply)

Job title of victim

Activity at the time of the violent event

Perpetrator

Type of violent event

Weapons used

Description of any physical injuries

Number of employees in the vicinity

Employee actions in response to event

Facility actions in response to event

Recommendations

Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1c. Are reports tracked electronically?

01 Yes 02 No 03 Not stated

2. Are incident investigations conducted? 01 Yes 02 No 03 Not stated

**IF YES:**

2a. Who fills out the incident investigation reports? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2b. What is collected in the incident investigation reports? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments about Workplace Violence Reporting and Investigation:

### D. POST-INCIDENT RESPONSE

1. What types of services are available for employees who have been injured during a violent event?

Critical incident debriefing (by whom:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Employee health (medical care) Psychological care/counseling

Employee Assistance Programs Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E. EQUIPMENT**

1. What type(s) of equipment does the facility utilize?

|  |  |
| --- | --- |
| a. Alarm Systems | Yes Not Stated |
| b. Cell phones | Yes Not Stated |
| c. Personal alarm devices | Yes Not Stated |
| d. Panic alarms | Yes Not Stated |
| e. Audio surveillance systems | Yes Not Stated |
| f. Video surveillance systems: | Yes Not Stated |
| g. Other: |  |

2. Are appropriate personnel trained to respond to each alarm system in use?

01 Yes 02 No 03 Not stated

Additional Comments about Security Services:

# H. VIOLENCE PREVENTION COMMITTEE

1. Does the facility have a violence prevention committee?

01 Yes 02 No 03 Not stated

**IF YES:**

1a. Which job titles serve on the committee? (Check all that apply.)

Nursing Home Administrators Risk Manager

Security Director Nurse Managers

Staff Nurses Staff Physicians

Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1b. What percentage of the committee engages in direct patient contact? \_\_\_\_ 03 Not stated

1c. How often does the committee meet?

Quarterly Yearly Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

03 Not stated

1d. Is the violence prevention committee responsible for the following?

|  |  |
| --- | --- |
| Completion of annual violence risk assessment | Yes No Not stated |
| Development of a written violence prevention plan | Yes No Not stated |
| Recommendations to the facility to reduce identified risks based on findings of the violence risk assessment | Yes No Not stated |
| Review of the design & layout of the facility as it relates to providing work areas safe from violence | Yes No Not stated |
| Development and maintenance of violence prevention training content and methods | Yes No Not stated |
| Development of strategies for encouraging the reporting of all incidents of workplace violence | Yes No Not stated |
| Development of procedures for reporting violent events | Yes No Not stated |
| Review data from post-incident reports in order to identify trends & make recommendations to prevent similar incidents | Yes No Not stated |

Additional Comments about the Violence Prevention Committee: