



## Workplace Violence Prevention Program Checklist

An overview of what a comprehensive workplace violence prevention program should include. See the Site Assessment Checklist for a complete list for physical inspections in acute care facilities.

Functions of the Joint Committee	Yes	No	In process	Notes
<b>Risk assessment</b> <ul style="list-style-type: none"> <li>• Analyzes injury records, reviews records for changes over time.</li> <li>• Conducts site assessments, all parts of the facility inspected at least annually.</li> <li>• Conducts root cause analysis after incidents causing significant injury and near misses.</li> <li>• Obtains input from frontline staff thru surveys, interviews, or focus groups.</li> </ul>				
<b>Program implementation</b> <ul style="list-style-type: none"> <li>• Develops or improves the incident reporting system.</li> <li>• Recommends/installs site-specific controls for each location based on the risk assessment, including:               <ul style="list-style-type: none"> <li>○ Equipment</li> <li>○ Protocols</li> <li>○ Training</li> </ul> </li> </ul>				
<b>Ongoing program evaluation</b> <ul style="list-style-type: none"> <li>• Continuous review of records and the impact of interventions.</li> </ul>				
Training Needs	Yes	No	In process	Notes
All staff receive baseline training <i>(including non-direct care staff who come into contact with patients and visitors)</i> . <ul style="list-style-type: none"> <li>• Upon hire.</li> <li>• Annually thereafter and when additional training is needed.</li> <li>• In person, with opportunities to ask questions.</li> <li>• In the worker’s own language.</li> </ul>				

<p><b>Baseline training covers:</b></p> <ul style="list-style-type: none"> <li>• The written WPV program itself.</li> <li>• When and how to report incidents.</li> <li>• Risk identification for job area and job title.</li> <li>• Identifying hazards, including escalating behavior and flagging systems.</li> <li>• De-escalation skills.</li> <li>• When and how to notify security.</li> <li>• Personal safety strategies.</li> <li>• The location of and how to use panic buttons, emergency communications systems, safe rooms, alarmed doors, escape routes.</li> <li>• Incident response protocol.</li> <li>• Actions and resources for victims.</li> </ul>				
<p><b>Clinical staff</b></p> <p>All clinical staff receive additional training, including practice and role playing. Training needs are based on assessed risk for the job area and job title. Staff receive additional training upon request. Clinical staff learn:</p> <ul style="list-style-type: none"> <li>• Assessing patients for violent behavior.</li> <li>• Use of the flagging system.</li> <li>• Recognizing and documenting patient triggers.</li> <li>• Enhanced training on communications, patient management, and de-escalation, including patient centered care, Gentle Persuasive Approach, etc.</li> <li>• Response protocols.</li> <li>• Communicating and collaborating with security staff.</li> <li>• Personal safety strategies.</li> <li>• Appropriate holds, restraints, and releases.</li> </ul>				
<p><b>Security staff</b></p> <p>Security staff receive ongoing training to enhance their skill sets, including developing their skills to:</p> <ul style="list-style-type: none"> <li>• Recognize signs of escalation and behaviors of people in mental health or substance use crisis.</li> <li>• Deescalate situations, defuse conflict.</li> <li>• Communicate with clinical staff, patients, visitors, and police.</li> <li>• Intervene and implement physical holds appropriately.</li> <li>• Remove weapons and protect themselves.</li> <li>• Consider International Association for Healthcare Security &amp; Safety (IAHSS) training and certification</li> </ul>				

Response protocols	Yes	No	In progress	Notes
<p>Protocols and practice drills are developed to respond to violent incidents.</p> <ul style="list-style-type: none"> <li>• This includes active shooter events and incidents that could impact multiple units.</li> <li>• Clinical and security staff have opportunities to communicate so all parties know how to respond.</li> <li>• Communication is established between the facility and local police to improve information sharing and protect the rights of victims to press charges against perpetrators.</li> <li>• The workplace violence prevention program includes strategies to protect staff in domestic violence situations, including alerts to security staff at the entrances and enhanced monitoring and communications where the staff person works.</li> </ul>				
<p>A post-incident protocol is established, including:</p> <ul style="list-style-type: none"> <li>• Immediate medical treatment for victims.</li> <li>• Post-incident debriefing with victims and witnesses.</li> <li>• Psychological assistance—therapy, peer support, etc. is offered to all victims.</li> <li>• Support to victims applying for workers compensation and for those pressing charges against perpetrators.</li> </ul>				
General union requirements for labor-management committees	Yes	No	In progress	Notes
<p><b>Representation issues</b></p> <ul style="list-style-type: none"> <li>• Equal representation between union and management representatives on the committee.</li> <li>• The union chooses their own representatives.</li> <li>• Frontline workers on the committee represent different units and different shifts as much as is feasible.</li> <li>• Workers have release time to participate in meetings.</li> <li>• Workers' positions are backfilled so that their meeting attendance does not adversely impact staffing in their units.</li> <li>• The management chair is in senior management or has the decision-making ability to affect changes recommended by the committee.</li> <li>• Management consistently sends managers or staff with the relevant expertise to address concerns.</li> </ul>				
<p><b>Chairing and Scheduling</b></p> <ul style="list-style-type: none"> <li>• Meetings are co-chaired by the union and management or there is rotating chairing.</li> <li>• Meetings are scheduled for the year or have a regular meeting schedule.</li> <li>• There is a plan in place for rescheduling meetings if they are cancelled.</li> <li>• Meetings are held frequently enough to meet health and safety needs.</li> </ul>				

<p><b>Agendas and Minutes</b></p> <ul style="list-style-type: none"> <li>• Agendas and reports are sent in advance.</li> <li>• The union can add new items to the agenda.</li> <li>• There is space in the agenda for last minute concerns.</li> <li>• The union keeps notes in addition to the official minutes.</li> <li>• The official minutes from the previous meeting are sent in advance so that you have time to review them before the meeting.</li> <li>• The union challenges management over inaccuracies in the official minutes.</li> <li>• Reports are organized to provide meaningful information—they are not just data dumps</li> <li>• Responsibility for action items is assigned, with deadlines for completion.</li> <li>• The union keeps a chart or spreadsheet tracking progress that includes when issues are brought to the committee and if or when they are addressed.</li> </ul>				
<p><b>Union Strategy and Strength</b></p> <ul style="list-style-type: none"> <li>• The union meets in advance of the joint committee to prepare and plan.</li> <li>• The union makes information requests regularly for OSHA 300 logs, COVID-19 logs, OSHA 301 forms/incident reports, or other needed documentation.</li> <li>• The union conducts root cause analysis on incidents/issues and/or insists on root cause analysis during the joint committee meeting.</li> <li>• The union makes a strategic plan for safety and health that considers strengths, weaknesses, opportunities, and barriers or threats.</li> <li>• The union communicates health and safety efforts regularly to members.</li> <li>• The union has an escalation plan for health and safety tactics.</li> </ul>				