Section II: Questions for Section II-State Laws

The following questions are intended to solicit information on the topics covered in this section. In general, OSHA is interested in hearing about healthcare facilities' experiences with provisions of state laws that have been shown to be effective in some way.

Wherever possible, please indicate the title of the person completing the question and the type and the number of employees at your facility. OSHA is also interested in hearing from employers and managers in public sector facilities in New York State about their experiences with the Public Employees Safety and Health workplace violence prevention regulations.

> *These responses are provided by the **International Association for Healthcare Security and Safety (IAHSS)**. The IAHSS represents 2,200 members from more than 850 healthcare facilities in all 50 United States, 9 Canadian Provinces, and more than 15 other countries. In addition, IAHSS has developed security industry and design guidelines applicable to healthcare facilities, has educated, and certified tens of thousands of healthcare security professionals through its four levels of certification. As such, we are providing suggested input and resources developed by the association.*

Question II.1: What state are you employed in or where is your facility located? If your state has a workplace violence law, what has been your experience complying with these requirements? Are there any specific provisions included in your workplace violence law that you think should or should not be included in an OSHA standard? If so, what provisions and why?

> *Response: IAHSS members in California have suggested that from their experience it would be an improvement if this standard were to address consistency in reporting to OSHA and to law enforcement. Such consistency should include clear definitions, expectations and training programs for those that may be victimized, those that collect, assess and trend incident data, and those that respond to incidents.*

Question II.2: For employers and managers: If your state has a workplace violence prevention law, have you or are you conducting an evaluation of the effectiveness of its programs or policies? If you are conducting such an analysis, how are you doing it? Have you been able to demonstrate improved tracking of workplace violence incidents and/or a change in the frequency or severity of violent incidents? If you think it is effective, please explain why. If you think it is ineffective, please explain why.

> *Response: IAHSS members conduct risk assessments, train staff, respond to incidents, review those responses and develop corrective actions. Best practices are developed by IAHSS members appointed to a number of councils including*

the Council on Guidelines.

IAHSS Guideline 01.09 Violence in Healthcare states that workplace violence threatens the safety of staff, patients, visitors and others in hospitals and healthcare organizations. All threatening behavior should be reported, evaluated, and addressed based upon the assessed level of risk. Healthcare facility leadership should assign authority and provide support for plans and processes that address violence and intimidating behavior. The IAHSS Guideline further recommends:

- *Healthcare facilities implement a multi-disciplinary process to address workplace violence prevention and response. The protocol should elaborate on an effective safety and security program, whose five (5) main components also apply to preventing workplace violence:*
  - *Management commitment to support efforts to minimize violence*
  - *Employee involvement and training to engage staff in violence prevention and mitigation efforts*
  - *Risk assessment, identification, prevention, and mitigation*
  - *Worksite analysis and development of (workplace violence) response plans*
  - *Internal and external data gathering and management, record keeping, evaluation and reporting*
- *A multidisciplinary team that includes representatives from security, clinical, risk management, human resources, ancillary/support staff, executive leadership, and external responders as appropriate to develop and maintain the workplace violence program including prevention strategies*
- *Healthcare Facilities (HCFs) should require threats be reported and evaluated. Responses documented, reviewed, and assessed to determine lessons learned and opportunities for improvement*
- *An organizational response plan should be developed based on recognizing, understanding, reacting to and managing events, as they develop and escalate*
- *A specific organizational response team that is developed to evaluate and plan responses concerning all threats, and the degree and severity of each. All response team members should have clearly defined roles*
- *The violence response team should receive orientation and training in evaluating and responding to a variety of events of violence with the healthcare setting*
- *Protocols for response to domestic, targeted, patient-generated, or anticipated violence should be incorporated into the policy. The healthcare facility should address the prevention and response to intimidating and disruptive behaviors such as threats and bullying*

IAHSS Guideline 01.09.01 Targeted Violence states that healthcare facilities will provide responses to manage targeted violence (defined as a situation where an

individual, individuals, or groups are identified at risk of violence, usually from another specific individual such as in cases involving domestic violence).

Question II.3: If your state has workplace violence prevention laws, how many hours do you spend each year (month) complying with these laws?

Response: IAHSS members are tasked with ensuring a safe and secure environment designed and operated in the service of patients. Responsibilities typically include mitigating opportunities for violence and enforcing both policy and regulation. Mitigation efforts are based on site-specific risks and IAHSS provides members with tools to identify and mitigate those risks.

Question II.4: Please specify the number or percentage of staff participating in workplace violence prevention activities required under your state laws.

Response: IAHSS members are tasked with providing a reasonably safe and secure environment designed and operated in the service of patients. Responsibilities typically include mitigating opportunities for violence and enforcing both policy and regulation. Staffing and response plans are based on site-specific risks and IAHSS provides members with tools to identify and mitigate those risks.

Question II.5: Do you have experience implementing any of the workplace violence prevention practices recommended by the American Psychiatric Nurses Association (APNA), American Association of Occupational Health Nurses (AAOHN), or similar organizations? If so, please discuss the resources it took to implement the practice, and whether you think the practice was effective. Please provide any data you have to support your conclusions.

Response: IAHSS members have implemented a number of violence prevention practices at member institutions and worked with other associations in reviewing each other's publications and in the development of tools to assess and mitigate risk. IAHSS has presented to the American Hospital Association and the American Society for Healthcare Engineering on workplace violence in the past year, has participated in the development of Facilities Guidelines Institute guidelines on designing safe healthcare facility space and is currently working with the American Organization of Nurse Executives and the Emergency Nurses Association on the development of a toolkit for use by nursing and security personnel to address workplace violence.

Section III-Defining WPV

The following questions are intended to solicit information on the topics covered in this section. Wherever possible, please indicate the title of the person providing the information and the type and number of employees of your healthcare and/or social assistance facility or facilities.

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Question III.1: CDC/NIOSH defines workplace violence as ‘‘violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty’’ (CDC/NIOSH, 2002). Is this the most appropriate definition for OSHA to use if the Agency proceeds with a regulation?

> *Response: IAHSS considers workplace violence to be incidents that occur at work, related to work and may or may not occur while on duty. We recognize that violence in healthcare can be directed at, or perpetuated by, an employee, a visitor, a patient or someone else; that incidents related to the workplace can take place at work, outside of work, in person or through other means of communication; and that workplace violence can be physical, emotional or both.*

Question III. 2: Do employers encourage reporting and evaluation of verbal threats? If so, are verbal threats reported and evaluated? If evaluated, how do employers currently evaluate verbal threats (i.e., who conducts the evaluation, how long does such an evaluation take, what criteria are used to evaluate verbal threats, are such investigations/evaluations effective)?

> *Response: IAHSS and its members encourage reporting and evaluation of verbal threats; IAHSS has developed guidelines so that members and others can apply them to their facilities. All threats should be evaluated by a multidisciplinary team and should documented so that indicators of increasingly concerning behaviors are identified and addressed, hopefully, before physical violence occurs.*
>
> *IAHSS Guideline 01.09 Violence in Healthcare states that workplace violence threatens the safety of staff, patients, visitors and others in hospitals and healthcare organizations. All threatening behavior should be reported, evaluated, and addressed upon the assessed level of risk. Healthcare facility leadership should assign authority and provide support for plans and processes*

that address violence and intimidating behavior.

Question III.3: Though OSHA has no intention of including violence that is solely verbal in a potential regulation, what approach might the Agency take regarding those threats, which may include verbal, threatening body language, and written, that could reasonably be expected to result in violent acts?

Response: IAHSS and its members encourage reporting and evaluation of verbal threats; IAHSS has developed guidelines so that members and others can apply them to their facilities. All threats should be evaluated by a multidisciplinary team and should documented so that indicators of increasingly concerning behaviors are identified and addressed, hopefully, before physical violence occurs.

IAHSS Guideline 01.09 Violence in Healthcare states that workplace violence threatens the safety of staff, patients, visitors and others in hospitals and healthcare organizations. All threatening behavior should be reported, evaluated, and addressed upon the assessed level of risk. Healthcare facility leadership should assign authority and provide support for plans and processes that address violence and intimidating behavior.

Question III.4: Employers covered by OSHA's recordkeeping regulation must record each fatality, injury or illness that is work-related, that is a new case and not a continuation of an old case, and meets one or more of the general recording criteria in section 1904.7 or the additional criteria for specific cases found in section 1904.8 through 1904.11. A case meets the general recording criteria in section 1904.7 if it results in death, loss of consciousness, days away from work or restricted work or job transfer, or medical treatment beyond first aid. What types of injuries have occurred from workplace violence incidents? Do these types of injuries typically meet the OSHA criteria for recording the injury on the 300 Log?

Response: IAHSS believes that incidents of workplace violence meet the criteria for recording on the 300 Log but suggest that given the variety of types of workplace violence in healthcare it may be better to develop a log specific to this type of incident that will allow for more concise recording, investigation, evaluation and determination of corrective actions and mitigation measures. Workplace violence by a patient is very different from an incident involving a patient's family member or an employee and all are on the increase and addressing these incidents will require very different action plans.

Question III.5: Currently, a mental illness sustained as a result of an assault in the workplace, e.g., Posttraumatic Stress Disorder (PTSD), is not required to be recorded on the OSHA 300 Log ''unless the employee voluntarily provides the employer with an opinion from a physician or other licensed healthcare professional with appropriate training and experience (psychiatrist, psychologist, psychiatric nurse practitioner, etc.) stating that the employee has a mental illness that is work-related (1904.5(b)(2)(ix)).''

Although protecting the confidentiality of the victim is important, an unintended consequence of omitting these incidents from the 300 Log is that the extent of the problem is likely underestimated. In a workplace violence prevention standard, should this exclusion be maintained or be removed? Is there a way to capture the information about cases, while still protecting confidentiality?

Response: IAHSS believes that it is very important to understand the magnitude of the issue and that to do so all types of incidents and outcomes, including mental illnesses resulting from workplace violence should be reported. IAHSS suggests that a workplace violence prevention standard allow healthcare facilities to offer reporting employees and staff the ability to de-identify specific to entry in the log.

Question III.6: Are you aware of cases of PTSD or psychological trauma related to workplace violence in your facility? If so, was it captured in the recordkeeping system and how? Please provide examples, omitting personal data and information.

Response: IAHSS believes that it is very important to understand the magnitude of the issue and that to do so all impacts, including mental illnesses resulting from workplace violence should be reported but suggests that a workplace violence prevention standard allow healthcare facilities to offer reporting employees and staff the ability to de-identify specific to entry in the log.

Question III.7: Are there other indicators of the extent and severity of workplace violence in healthcare or social assistance that OSHA has not captured here? Please provide any additional data that you are aware of, or any indicators you have used in your workplace to address workplace violence.

Response: IAHSS has developed guidelines so that members and others can apply them to their facilities. All threats should be evaluated by a multidisciplinary team and should documented so that indicators of increasingly concerning behaviors are identified and addressed, hopefully, before physical violence occurs.

IAHSS Guideline 01.09 Violence in Healthcare states that workplace violence threatens the safety of staff, patients, visitors and others in hospitals and healthcare organizations. All threatening behavior should be reported, evaluated, and addressed upon the assessed level of risk. Healthcare facility leadership should assign authority and provide support for plans and processes that address violence and intimidating behavior.

Section IV-Scope of the Problem

The following questions are intended to solicit information on the topics covered in this section. Wherever possible, please indicate the title of the person completing the question and the type and employee size of your healthcare and/or social assistance facility.

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Question IV.1: Rates of workplace violence vary widely within the healthcare and social assistance sector, ranging from extremely high to below private industry averages. How would you suggest OSHA approach the issue of whom should be included in a possible standard? For example, should the criteria for consideration under the standard be certain occupations (e.g., nurses), regardless of where they work? Or is it more appropriate to include all healthcare and social assistance workers who work in certain types of facilities (e.g., in-patient hospitals and long-term care facilities)? Another approach could be to extend coverage to include all employees who provide direct patient care, without regard to occupation or type of facility. If OSHA were to take this approach, should home healthcare be covered?

> *Response: IAHSS considers workplace violence to be incidents that occur at work, related to work and may or may not occur while on duty. We recognize that violence in healthcare can be directed at, or perpetuated by, an employee, a visitor, a patient or someone else; that incidents related to the workplace can take place at work, outside of work, in person or through other means of communication; and that workplace violence can be physical, emotional or both.*
>
> *IAHSS believes coverage should include all healthcare employees without regard to occupation or type of facility. Direct care providers may be at the highest risk but others, including security officers, are frequently victims. Healthcare facilities provide care to behavioral / mental health and substance abuse patients and are frequently high-stress environments serving a variety of high risk patient populations. The risk IAHSS recommends be addressed is the risk to all employee populations.*
>
> *An example of approaches to define the scope of the problem is being addressed by IAHSS members who are engaged in an effort to reduce WPV through a series of actions in 2017. This initiative, in partnership with provincial authorities,*

introduces a series of inspections at 100 locations collecting information to be used in the development and distribution of best practices, resources, awareness training and to host a conference on the process and findings

Question IV.2: If OSHA issues a standard on workplace violence in healthcare, should it include all or portions of the Social Assistance subsector? Are the appropriate preventive measures in this subsector sufficiently similar to those appropriate to healthcare for a single standard addressing both to make sense?

Response: Healthcare organizations have expanded their services beyond the traditional hospital campus boundary and so to should a standard on workplace violence. The issues related to the delivery of care and other healthcare services must be given adequate consideration by a single workplace violence standard.

The social assistance subsector and other rapidly expanding healthcare settings such as stand-alone emergency departments, ambulatory surgery centers, long-term care facilities, urgent care centers, community health centers, primary care physician offices, home health and hospice and a host of many other settings in the healthcare delivery system are faced with the continued issues of workplace violence; most often violence that stems from a patient or persons accompanying a patient.

Question IV.3: The only comparative quantitative data provided by BLS is for lost workday injuries. OSHA is particularly interested in data that could help to quantitatively estimate the extent of all kinds of workplace violence problems and not just those caused by lost workday injuries. For that reason, OSHA requests information and data on both workplace violence incidents that resulted in days away from work needed to recover from the injury as well as those that did not require days away from work, but may have required only first aid treatment.

Response: IAHSS Guideline 01.09 Violence in Healthcare recommends that all threatening behavior should be reported, evaluated and addressed based on the assessed level of threat.

IAHSS Guideline 01.05.03 Security Metrics recommends that comparative metrics include such things as lost-time due to frequency of threats and violent acts (workplace violence) per number of visits or average daily census in addition to lost time employee claim frequency per 100 Full Time Equivalent (FTE) staff due to aggressive/assaultive behavior.

IAHSS recommends that violent incident logs, recordkeeping and hospital reporting of the use of physical force against an employee by a patient, or a person accompanying a patient that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.

Question IV.4: OSHA requests information on which occupations are at a higher risk of

workplace violence at your facility and what about these occupations cause them to be at higher risk. Please provide the job titles and duties of these occupations. Please provide estimates on how many of your workers are providing direct patient care and the proportion of your workforce this represents.

Response: The violent and negative behaviors healthcare workers are facing does not discriminate against the many roles that support patient care. These include direct patient care providers and other support staff within the healthcare environment:

- *All fields of nursing, nursing roles and different nursing specialties to include certified nursing assistants*
- *Physicians and surgeons*
- *Radiology technicians*
- *Sitters, mental / behavioral health counselors, clergy, and social workers*
- *Public-facing front desk / reception areas*
- *Cash handling / pharmacy dispensing areas*
- *Security officers and protection program leaders*

Question IV.5: The GAO Report relied on BLS SOII data, HHS NEISS data and DOJ NCVS data. Are there any other data sets or data sources OSHA should obtain for better estimating the extent of workplace violence?

Response: Data resources OSHA should review to obtain for better estimating the extent of workplace violence include:

- *The IAHSS Foundation Annual Crime Report and other related studies produced by the IAHSS Foundation and located at iahss.org*
- *IAHSS Data Warehouse (in process of being developed)*
- *The Joint Commission, summary data of sentinel events reviewed by The Joint Commission (click here)*
- *American Society for Healthcare Engineers (ASHE) 2016 healthcare security and safety survey (click here)*
- *Emergency Nurses Association (ENA) member survey on violence in healthcare (click here)*

Question IV.6: The data provided by BLS are for relatively aggregated industries. Instance of high risk of workplace violence can be found aggregated with industries with low average risk, and low risk of workplace violence within industries with high risk. Please describe if your establishment's experience with workplace violence is consistent with the relative risks reported by BLS in the tables found in this section? If you are in an industry with high rates, are there places within your industry where establishments or kinds of establishments have lower rates than the industry as a whole? If you are in an industry with relatively low rates, are there work stations within establishments or within the industry that have higher rates?

Response: Knowledge gleaned by the members of the IAHSS and related

healthcare security industry experts show that workers with the most direct patient contact are at the highest risk of workplace violence. This list includes workers in:

1) *Emergency Department*
2) *Security / Public Safety Department*
3) *General Medical-Surgical Units*
4) *Intensive Care Units*
5) *Mental / Behavioral Health Units*
6) *Public-facing front desk / reception areas / waiting rooms*
7) *Geriatric Care Units*
8) *Radiology Departments*
9) *Sitters / clergy / social workers*
10) *Home health care staff*

Question IV.7: Are there special circumstances in your industry or establishment that OSHA should take into account when considering a need for a workplace violence prevention standard?

Response: Security officer and protection program leaders are increasingly involved in patient care issues. The last twenty years has seen unprecedented utilization of security staff resources for the primary this purpose. This is primarily due in large part to the reduction of funding and subsequent lack of medical care resources available for the treatment of mental health patients.

IAHSS Guideline 02.02.04 De-escalation training recommends such training be provided to all security staff, clinical and other staff whose role may put them into situations in which disruptive behaviors are most prevalent. Areas should be identified through risk assessment and may include:

- *Public-facing front desk / reception areas*
- *Cash handling / pharmacy dispensing areas*
- *Human resources and administrative departments*
- *Emergency departments / urgent care areas / Intensive Care Units*
- *Behavioral / mental health departments or areas caring for the same*
- *Substance abuse / treatment units or areas caring for the same*
- *Areas in which forensic patients are frequently provided treatment*
- *Areas in which custody or child protective service interventions may be an issue*

Question IV.8: Please comment if the workplace violence prevention efforts put in place at your establishments are specific to certain settings or activities within the facility, and how they are triggered.

Response: IAHSS Guideline 01.02 Security Master Plan states that healthcare facilities should develop and maintain a security strategic master plan. The confidential document should be used to guide the development and direction of the organizational security plan. This would include delineating security

philosophies, risk, mitigation and preparedness strategies, goals, programs, and processes.

IAHSS Guideline 01.03 Security Administrator recommends that each healthcare facility identify an individual, designated by leadership, to be charged with primary responsibility for managing the security program.

IAHSS Guideline 01.04 Security Risk Assessment states that a security risk assessment must be conducted on a regular and on-going basis. The objective of the security risk assessment should be to identify and prioritize assets of the healthcare facilities primary mission and operations, identify threats to and vulnerabilities of those assets, and develop reasonable risk mitigation strategies to protect the assets.

IAHSS Guideline 01.09 Violence in Healthcare states that workplace violence threatens the safety of staff, patients, visitors and others in hospitals and healthcare organizations. All threatening behavior should be reported, evaluated, and addressed upon the assessed level of risk. Healthcare facility leadership should assign authority and provide support for plans and processes that address violence and intimidating behavior.

IAHSS Guideline 01.09.01 Targeted Violence states that healthcare facilities will provide responses to manage targeted violence (defined as a situation where an individual, individuals, or groups are identified at risk of violence, usually from another specific individual such as in cases involving domestic violence).

IAHSS Guideline 01.09.02 Management of Weapons states that weapons present a risk to the healthcare environment and should be controlled or restricted to the extent reasonably possible.

IAHSS Guideline 02.02 Security Officer Training recommends that training should not be treated as a one-time event. Security staff should receive on-going training to address changes in the environment, to learn, improve, and further develop their professional skills. Reinforced or refresher training in critical functions such as use of force; defensive equipment; prevention and management of aggressive behavior should be conducted to established standards.

IAHSS Guideline 02.02.04 De-escalation training recommends such training be provided to all security staff, clinical and other staff whose role may put them into situations in which disruptive behaviors are most prevalent. Areas should be identified through risk assessment and may include:

- *Public-facing front desk / reception areas*
- *Cash handling / pharmacy dispensing areas*
- *Human resources and administrative departments*

- *Emergency departments / urgent care areas / Intensive Care Units*
- *Behavioral / mental health departments or areas caring for the same*
- *Substance abuse / treatment units or areas caring for the same*
- *Areas in which forensic patients are frequently provided treatment*
- *Areas in which custody or child protective service interventions may be an issue*

IAHSS Guideline 05.02 Security Role in Patient Management states that Healthcare Facilities must develop policies and procedures that identify the responsibilities and scope of activities of security in performing patient intervention activities. Patient intervention activities include performing patient watches, holds, restraints and seclusions relative to the medical evaluation or treatment of patients.
Other direct and non-direct patient care risk factors that IAHSS are concerned with include:

- *Safer building design. IAHSS Security Design Guidelines for Healthcare Facilities available from IAHSS at iahss.org. were created for healthcare security and design professionals make use of the design guidelines for every renovation or new construction project. Healthcare facilities may also choose to develop guidelines for design based on these and the IAHSS Healthcare Security Industry Guidelines. We recommend that the security professional at each healthcare facility use these guidelines as a basis for discussion with their HCFs design staff and customer base. The Security Design Guidelines for Healthcare Facilities has been used to develop content related to security design in the Facilities Guidelines Institute 2014 Guidelines for Design and Construction of Health Care Facilities.*
- *Patients with a history of violence. IAHSS recommends that the electronic health record includes a defined process to flag care providers of any prior history of violence or disruptive behavior.*
- *Security in the emergency care setting. IAHSS Guideline 05.06 Security in the Emergency Care Setting states that healthcare facilities that provide emergency care have special security needs and should have a specific plan for that department. IAHSS Security Design Guidelines for Healthcare Facilities Guideline 02.02 Buildings and the Internal Environment – Emergency Departments states the physical design of the emergency department should promote an all-hazards approach to the safety and security of those working in, visiting, or seeking emergency from the healthcare facility. The security layout and design of the emergency department should be viewed as a secured area that serves as an added layer of protection between the healthcare facility, public areas, and treatment areas.*
- *Definition of At-risk / High-risk patients. A Denver, CO based health system defined patients to be at-risk if they have or are:*
    - *Been placed on a mental-health or alcohol hold in accordance with*

state law
    - *Acute drug/ETOH intoxication*
    - *Head-injured with altered mental status*
    - *Confused to time, place and/or person*
    - *At risk for elopement based on past history or current condition*
    - *Disruptive or violent (patient may lose control, threaten to lose control, or give others evidence of a deteriorating mental condition)*
    - *Indications of a weapon or other dangerous item.*
    - *Best practices associated with at-risk / high-risk patients. These should include:*
    - *Caring for behavioral / mental health patients with medical conditions requiring care in settings not primarily constructed for behavioral / mental health patients. IAHSS Guideline 05.07 Behavioral / Mental Health (General) states that these patients can pose risks relating to self-harm and violence towards others and consume considerable security resources.*
    - *Patient gown protocol. Removal of clothing and belongings from the patient or use of defined patient search procedure to include metal screening*
    - *High-risk admissions protocols to include minimizing wait times*
    - *Incident-driven security plan*
    - *Visitor management*
    - *Zero tolerance policy*
- *Structured staff training on understanding the physical space, managing the difficult patient, and hands-on patient control. This should include nursing guidance and training on how to evaluate patient behaviors, from the perspective of the security risk posed.*
- *Use of security resources for patient intervention. IAHSS Guideline 05.02 Security Role in Patient Management states that healthcare facilities must develop policies and procedures that identify the responsibilities and scope of activities of security in performing patient intervention activities. Patient intervention activities include performing patient watches, holds, restraints and seclusions relative to the medical evaluation or treatment of patients.*

Question IV.9: OSHA has focused on the Health Care and Social Assistance sectors in this RFI. However, workers who provide healthcare and social assistance are frequently found in other industries. Should a potential OSHA standard cover workers who provide healthcare or social assistance in whatever industries they work?

Response: IAHSS does not recommend that the intent of a potential OSHA standard should cover workers who provide healthcare or social assistance in other non-healthcare industries; e.g., school nurse, occupational health nurse in a manufacturing plant, etc.

Section V

OSHA is interested in hearing from employers and individuals in facilities that provide healthcare and social assistance about their experiences with the various components of workplace violence prevention programs that are currently being implemented by their facilities. Wherever possible, please indicate the title of the person completing the question and the type and employee size of your facility. In particular, the Agency appreciates respondents addressing the following:

Section V 1. Overall Program, Management Commitment and Employee Participation

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Question V.1: Does your facility have a workplace violence prevention program or policy? If so, what are the details of the program or policy? Please describe the requirements of your program, or submit a copy, if feasible. When and how did you implement the program or policy? How many hours did it take to develop the requirements? Did you consult your workers through union representatives?

> *Response: IAHSS Guideline 01.04 Security Risk Assessment states that a security risk assessment must be conducted on a regular and on-going basis. The objective of the security risk assessment should be to identify and prioritize assets of the healthcare facilities primary mission and operations, identify threats to and vulnerabilities of those assets, and develop reasonable risk mitigation strategies to protect the assets.*
>
> *IAHSS Guideline 01.09 Violence in Healthcare states that workplace violence threatens the safety of staff, patients, visitors and others in hospitals and healthcare organizations. All threatening behavior should be reported, evaluated, and addressed upon the assessed level of risk. Healthcare facility leadership should assign authority and provide support for plans and processes that address violence and intimidating behavior. The IAHSS Guideline further recommends:*
>
> - *Healthcare facilities implement a multi-disciplinary process to address workplace violence prevention and response. The protocol should elaborate on an effective safety and security program, whose five (5) main components also apply to preventing workplace violence:*
>   - *Management commitment to support efforts to minimize violence*

    - *Employee involvement and training to engage staff in violence prevention and mitigation efforts*
    - *Risk assessment, identification, prevention, and mitigation*
    - *Worksite analysis and development of (workplace violence) response plans*
    - *Internal and external data gathering and management, record keeping, evaluation and reporting*
- *A multidisciplinary team that includes representatives from security, clinical, risk management, human resources, ancillary/support staff, executive leadership, and external responders as appropriate to develop and maintain the workplace violence program including prevention strategies*
- *HCF should require threats be reported and evaluated. Responses documented, reviewed, and assessed to determine lessons learned and opportunities for improvement*
- *An organizational response plan developed based recognizing, understanding, reacting to and managing events, as they develop and escalate*
- *A specific organizational response team that is developed to evaluate and plan responses concerning all threats, and the degree and severity of each. All response team members should have clearly defined roles*
- *The violence response team should receive orientation and training in evaluating and responding to a variety of events of violence with the healthcare setting*
- *Protocols for response to domestic, targeted, patient-generated, or anticipated violence should be incorporated into the policy. The healthcare facility should address the prevention and response to intimidating and disruptive behaviors such as threats and bullying*

IAHSS Guideline 01.09.01 Targeted Violence states that healthcare facilities will provide responses to manage targeted violence (defined as a situation where an individual, individuals, or groups are identified at risk of violence, usually from another specific individual such as in cases involving domestic violence).

Question V.2: How is your program or policy communicated to workers? (e.g., Web site, employee meetings, signage, etc.) How are employees involved in the design or implementation of the program or policy?

Response: IAHSS Guideline 06.01.01 General Staff Security Orientation and Education states that healthcare facilities must identify the security orientation and education needs of general staff. "General staff" is defined as all personnel regularly serving the healthcare facility. Based on the orientation and education needs identified, the healthcare facility will implement a program to provide this information. The IAHSS Guideline further recommends:

- *Expectations of staff responsibilities contributing to a safe and secure*

environment should be explained, including preventing, intervening, reporting and resolving workplace violence issues

- *Security orientation and education should be presented to all healthcare facility staff within thirty (30) days of employment with periodic reviews and updates of information at least annually*
- *The healthcare facility should determine and continuously evaluate the method of presentation which best accommodates staff needs. Presentation may include classroom, video, newsletter, role playing, drills and electronic self-learning education modules*
- *Expectations related to the role of general staff in the security program should be reinforced and available with the healthcare facility policies, procedures, and employee handbooks*

Question V.3: In your experience, what are the important factors to consider when implementing a workplace violence prevention program or policy?

Response: IAHSS Guideline 01.04 Security Risk Assessment states that a security risk assessment must be conducted on a regular and on-going basis. The objective of the security risk assessment should be to identify and prioritize assets of the healthcare facilities primary mission and operations, identify threats to and vulnerabilities of those assets, and develop reasonable risk mitigation strategies to protect the assets.

IAHSS Guideline 01.09 Violence in Healthcare states that workplace violence threatens the safety of staff, patients, visitors and others in hospitals and healthcare organizations. All threatening behavior should be reported, evaluated, and addressed upon the assessed level of risk. Healthcare facility leadership should assign authority and provide support for plans and processes that address violence and intimidating behavior. The IAHSS Guideline further recommends:

- *Healthcare facilities implement a multi-disciplinary process to address workplace violence prevention and response. The protocol should elaborate on an effective safety and security program, whose five (5) main components also apply to preventing workplace violence:*
  - *Management commitment to support efforts to minimize violence*
  - *Employee involvement and training to engage staff in violence prevention and mitigation efforts*
  - *Risk assessment, identification, prevention, and mitigation*
  - *Worksite analysis and development of (workplace violence) response plans*
  - *Internal and external data gathering and management, record keeping, evaluation and reporting*
- *A multidisciplinary team that includes representatives from security, clinical, risk management, human resources, ancillary/support staff, executive leadership and external responders as appropriate to develop*

and maintain the workplace violence program including prevention strategies

- *HCF should require threats be reported and evaluated. Responses documented, reviewed, and assessed to determine lessons learned and opportunities for improvement*
- *An organizational response plan developed based recognizing, understanding, reacting to and managing events, as they develop and escalate*
- *A specific organizational response team that is developed to evaluate and plan responses concerning all threats, and the degree and severity of each. All response team members should have clearly defined roles*
- *The violence response team should receive orientation and training in evaluating and responding to a variety of events of violence with the healthcare setting*
- *Protocols for response to domestic, targeted, patient-generated, or anticipated violence should be incorporated into the policy. The healthcare facility should address the prevention and response to intimidating and disruptive behaviors such as threats and bullying*

IAHSS Guideline 05.10 Prisoner Patient Security states that the secure treatment of prisoner patients must be addressed by all healthcare facilities providing medical care for this high-risk patient population. A few highlighted recommendations from this Guideline include:

- *Establishing a specific prisoner patient policy and related security measures. This includes specific procedures for notifying affected departments upon arrival of a prisoner patient at the healthcare facility. Security staff should conduct an initial walk through the planned travel route for the escort party and facilitate the specific communication between clinical and custodial agency staff. Suspicious individuals or circumstances should be reported immediately.*
- *Guidance on the restraints used by the custodial agency that includes:*
    - *The type and number of devices to be used should be risk based and established and communicated prior to admissions (a 2011 IAHSS study of prisoner escape attempts from healthcare facilities revealed restraints were removed almost 70% of the time an escape was attempted)*
    - *Unless clinically contraindicated, restraints should be used at all times for all guarded patients*
    - *When treatment needs require removing or reducing a custodial agency restraint, the custodial agency should have input into this decision*
- *Methods to minimize the need to remove custodial agency restraints should be considered, such as portable commode chair at beside or plastic restraints in place of metal restraints when necessary for medical procedures such as MRI or inside operating rooms*

- *Establish communication protocols requiring the custodial agency to notify the healthcare facility designated representative of any change in security measures*

IAHSS Guideline 06.01.01 General Staff Security Orientation and Education states that healthcare facilities must identify the security orientation and education needs of general staff. "General staff" is defined as all personnel regularly serving the healthcare facility. Based on the orientation and education needs identified, the healthcare facility will implement a program to provide this information. The IAHSS Guideline further recommends:

- *Expectations of staff responsibilities contributing to a safe and secure environment should be explained, including preventing, intervening, reporting and resolving workplace violence issues*
- *Security orientation and education should be presented to all healthcare facility staff within thirty (30) days of employment with periodic reviews and updates of information at least annually*
- *The healthcare facility should determine and continuously evaluate the method of presentation which best accommodates staff needs. Presentation may include classroom, video, newsletter, role playing, drills and electronic self-learning education modules*
- *Expectations related to the role of general staff in the security program should be reinforced and available with the healthcare facility policies, procedures and employee handbooks*

Question V.4: At what level in your organization was the workplace violence prevention program or policy implemented? Who has responsibility for implementation? What are the qualifications of the person responsible for its implementation?

Response: IAHSS Guideline 01.09 Violence in Healthcare recommends a multidisciplinary team that includes representatives from security, clinical, risk management, human resources, ancillary/support staff, executive leadership and external responders as appropriate to develop and maintain the workplace violence program including prevention strategies

Question V.5: How well is your program or policy followed? Have you received sufficient support from management? Employees? The union, if there is one?

Response: IAHSS Guideline 01.09 Violence in Healthcare recommends healthcare facilities implement a multi-disciplinary process to address workplace violence prevention and response. The protocol should elaborate on an effective safety and security program, whose five (5) main components also apply to preventing workplace violence:

(1) Management commitment to support efforts to minimize violence
(2) Employee involvement and training to engage staff in violence prevention and mitigation efforts

(3) Risk assessment, identification, prevention, and mitigation
(4) Worksite analysis and development of (workplace violence) response plans
(5) Internal and external data gathering and management, record keeping, evaluation and reporting

Question V.6: How did you select the approach to workplace violence prevention outlined in your facility program or policy (e.g., triggered by an incident, following existing guidelines, listening to staff needs, complying with state laws)?

Response: IAHSS Guideline 01.09 Violence in Healthcare recommends healthcare facilities implement a multi-disciplinary process to address workplace violence prevention and response. The protocol should elaborate on an effective safety and security program, whose five (5) main components also apply to preventing workplace violence:

(1) Management commitment to support efforts to minimize violence
(2) Employee involvement and training to engage staff in violence prevention and mitigation efforts
(3) Risk assessment, identification, prevention, and mitigation
(4) Worksite analysis and development of (workplace violence) response plans
(5) Internal and external data gathering and management, record keeping, evaluation and reporting

Question V.7: Do you have a safety and health program in place in your facility? If so, what is the relationship between the workplace violence prevention program and the safety and health management system?

Response: IAHSS Guideline 01.02 Security Master Plan states that healthcare facilities should develop and maintain a security strategic master plan. The confidential document should be used to guide the development and direction of the organizational security plan. This would include delineating security philosophies, risk, mitigation and preparedness strategies, goals, programs, and processes. The Guideline further recommends that the (security) master plan outline the organization's protection philosophy and direction regarding:

- *Organizational alignment – reflect the needs of the healthcare facility regardless of size and complexity, reporting lines or department responsible for security services. Plan development should address and involve primary stakeholders; i.e., senior leadership, risk management, finance, information services/technology, facilities planning and construction, patient safety, human resources, and leaders in areas of higher risk*
- *Enterprise risk management and mitigation – reflect the organizational approach to risk management, use of security assessments and how vulnerabilities are identified and assessed to determine if mitigation is necessary*

IAHSS Guideline 01.05.01 Security Incident Reporting states that healthcare facilities must develop procedures for reporting and documenting security incidents. Reports serve many purposes including sharing of information in a timely fashion, and compiling facts and circumstances for later review, and providing data for trend analysis.

Question V.8: Does your facility subscribe to a management philosophy that encompasses quality measures, e.g., lean sigma, high reliability? If so, are metrics for worker safety included?

Response: IAHSS has developed a guideline (01.05 Program Measurement and Improvement) which provides more specific recommendations for implementing quality measures. IAHSS recommends that healthcare facilities formally evaluate the effectiveness of their security program on a regularly scheduled basis and should identify areas in which improvement is appropriate. Goals, process for improvement, and elements for measuring progress should be identified in the Security Management Plan or in a Security Performance Improvement Plan.

Question V.9: Does your facility have a safety and health committee? Does your facility also have a workplace violence committee? If so, what is the function of these committees? How are they held accountable? How is progress measured?

Response: IAHSS has developed guidelines which recommend collaboration and participation in multi-disciplined approaches to guide the organization's development of safety, security and workplace violence prevention and response plans (01.01, 01.02 and 01.09). IAHSS recommends that a multidisciplinary team oversee these initiatives and include representatives from security, clinical, risk management, human resources, ancillary/support staff, executive leadership and external responders as appropriate to develop and maintain a safe and secure environment as well as a workplace violence program including prevention strategies.

IAHSS recommends that the organization require threats be reported and evaluated. Responses should be documented, reviewed and assessed to determine lessons learned and opportunities for improvement.

IAHSS recommends that the facility develop and maintain a security strategic master plan. This overarching strategic document should be used to guide the development and direction of the comprehensive security management plan. The security management plan should address systems, people, processes and security technology focused on the preventive, protective, and response measures designed to provide a safe and secure environment. These plans should be evaluated annually, as well as modified as required as an ongoing activity. Security Risk Assessments will be conducted on a regular and on-going basis to identify and prioritize assets of the healthcare facility's primary mission

and operations, identify threats to and vulnerabilities of those assets, and develop reasonable risk mitigation strategies to protect the assets.

Threats should be identified, assessed and trended quantitatively and qualitatively as related to the prioritized list of the facility's identified assets. IAHSS recommends that the organization consider improvements of the organization's protection of assets in light of the threats to and vulnerabilities identified to determine security enhancements needed to mitigate risks. A cost-benefit analysis of options may be needed to select appropriate measures that reduce risk to an acceptable level and comply with applicable healthcare industry standards, guidelines, and regulatory agency requirements.
Results of formal risk assessments should be documented for on-going review and forwarded to appropriate leadership.

IAHSS recommends that threatening behavior be reported, evaluated and addressed based upon the assessed level of risk. Healthcare facility leadership should assign authority and provide support for plans and processes that address violence and intimidating behavior. IAHSS recommends that healthcare facilities implement a multi-disciplinary process to address workplace violence prevention and response. The protocol should elaborate on an effective safety and security program, whose five main components also apply to preventing workplace violence:

(1) Management commitment to support efforts to minimize violence.
(2) Employee involvement and training to engage staff in violence prevention and mitigation efforts.
(3) Risk assessment, identification, prevention and mitigation.
(4) Worksite analysis and development of response plans.
(5) Internal and external data gathering and management, record keeping, evaluation and reporting.

Question V.10: Does your facility have a workplace violence prevention committee that is separate from the general safety committee or part of it? If separate, how do the two committees communicate and share information? How many hours do they spend meeting or doing committee work? How many hours of employee time does this require per year?

Response: Please see our response to Question V. 9. IAHSS does not prescribe that there be two separate committees IAHSS does not specify the number of hours that should be dedicated to these processes. IAHSS does propose that recommendations and activity be documented for on-going review and forwarded to appropriate leadership.

IAHSS recommends that a multidisciplinary team oversee these initiatives and include representatives from security, clinical, risk management, human resources, ancillary/support staff, executive leadership and external responders

as appropriate to develop and maintain a safe and secure environment as well as a workplace violence program including prevention strategies.

IAHSS recommends that the organization require threats be reported and evaluated. Responses should be documented, reviewed and assessed to determine lessons learned and opportunities for improvement.

Question V.11: If the facility does not have a committee, are there reasons for that?

Response: IAHSS recommends that a multidisciplinary team oversee these initiatives and include representatives from security, clinical, risk management, human resources, ancillary/support staff, executive leadership and external responders as appropriate to develop and maintain a safe and secure environment as well as a workplace violence program including prevention strategies. IAHSS understands that each HCF operates under different circumstances and that the responsibilities of this group may be addressed within an existing safety committee, through a human resources operation or by another group and is only concerned by the involvement of the appropriate team members as listed above. .

Question V.12: What is the make-up of the committee? How are the committee members selected? What is the highest level of management that participates? Are worker/union representatives included in a committee? Is there a rotation for the committee members?

Response: Please see our response to Question V.10. IAHSS recommends that a multidisciplinary team oversee these initiatives and include representatives from security, clinical, risk management, human resources, ancillary/support staff, executive leadership and external responders as appropriate to develop and maintain a safe and secure environment as well as a workplace violence program including prevention strategies. IAHSS does not prescribe how the members are selected, the level of management or staff participation or the rotation for the committee members.

Question V.13: What does the decision making process look like? Do the committee members play an equal role in the decision making? Is there a meeting agenda? Does the committee keep minutes and records of decisions made?

Response: IAHSS recommends that a multidisciplinary team oversee these initiatives and include representatives from security, clinical, risk management, human resources, ancillary/support staff, executive leadership and external responders as appropriate to develop and maintain a safe and secure environment as well as a workplace violence program including prevention strategies. IAHSS does not prescribe the decision making process, the agenda, minutes and records of decisions made by the multidisciplinary team.

However, in IAHSS Guideline 01.05.03 (Program Measurement and Improvement – Security Metrics), it is recommended that healthcare facilities identify and analyze performance metrics that measure, compare and trend security risks and program outcomes. Security metrics should support the value proposition of the organization's security operation to include opportunities for improvement and addressing potential vulnerabilities and program gaps. Performance improvement goals should align with measureable outcomes and HCF organizational goals. Metric results should assist the healthcare facility in making evidence-based decisions that reduce the number and mitigate the impact of security incidents while providing guidance for instituting protective measures.

Question V.14: How are the workplace violence prevention committee's decisions disseminated to the staff and management? Does the committee address employees' safety concerns in a timely manner?

Response: IAHSS recommends that the organization require threats be reported and evaluated. Responses should be documented, reviewed and assessed to determine lessons learned and opportunities for improvement. IAHSS does propose that recommendations and activity be documented for on-going review by the multi-disciplinary team and forwarded to appropriate leadership.

IAHSS does not prescribe the process for leadership to disseminate the information to staff and other management. As mentioned in Question V.9, IAHSS recommends that healthcare facilities implement a multi-disciplinary process to address workplace violence prevention and response. The protocol should elaborate on an effective safety and security program, whose five main components also apply to preventing workplace violence:

(1) Management commitment to support efforts to minimize violence.
(2) Employee involvement and training to engage staff in violence prevention and mitigation efforts.
(3) Risk assessment, identification, prevention and mitigation.
(4) Worksite analysis and development of response plans.
(5) Internal and external data gathering and management, record keeping, evaluation and reporting.

IAHSS does not prescribe a "timely process" for addressing employees' safety concerns. However, IAHSS does recognize the importance of timely responses in mitigating a safe and secure environment.

Question V.15: If OSHA were to require management commitment, how should the Agency determine compliance?

Response: IAHSS Guideline 01.05 (Program Measurement and Improvement)

recommends that healthcare facilities formally evaluate the effectiveness of their security program on a regularly scheduled basis and should identify areas in which improvement is appropriate. Goals, process for improvement, and elements for measuring progress should be identified in the Security Management Plan or in a Security Performance Improvement Plan. IAHSS Guideline 01.09 (Program Administration – Violence in Healthcare) recommends that five main components apply to preventing workplace violence:

(1) Management commitment to support efforts to minimize violence.
(2) Employee involvement and training to engage staff in violence prevention and mitigation efforts.
(3) Risk assessment, identification, prevention and mitigation.
(4) Worksite analysis and development of response plans.
(5) Internal and external data gathering and management, record keeping, evaluation and reporting.

**We have confidence that "timely" auditing and assessments of these programs and processes will determine management compliance.*

IAHSS recommends that performance measurements be in place to evaluate the security program. Security performance improvement goals should be consistent with the organizational goals. Improvement of security performance and achievement of improvement goals should be approached as an ongoing process.

Question V.16: If OSHA were to issue a standard that included a requirement for employee participation, how might compliance be determined?

Response: IAHSS Guideline 01.05 (Program Measurement and Improvement) recommends that healthcare facilities formally evaluate the effectiveness of their security program on a regularly scheduled basis and should identify areas in which improvement is appropriate. Goals, process for improvement, and elements for measuring progress should be identified in the Security Management Plan or in a Security Performance Improvement Plan. IAHSS Guideline 01.09 (Program Administration – Violence in Healthcare) recommends that five main components apply to preventing workplace violence:

(1) Management commitment to support efforts to minimize violence.
(2) Employee involvement and training to engage staff in violence prevention and mitigation efforts.
(3) Risk assessment, identification, prevention and mitigation.
(4) Worksite analysis and development of response plans.
(5) Internal and external data gathering and management, record keeping, evaluation and reporting.

**We have confidence that "timely" auditing and assessments of these programs and processes will determine employee participation and organization*

compliance.

IAHSS recommends that performance measurements be in place to evaluate the security program. Security performance improvement goals should be consistent with the organizational goals. Improvement of security performance and achievement of improvement goals should be approached as an ongoing process.

Section V 2. Worksite Analysis and Hazard Identification

*These responses are provided by the **International Association for Healthcare Security and Safety (IAHSS).** The IAHSS represents 2,200 members from more than 850 healthcare facilities in all 50 United States, 9 Canadian Provinces, and more than 15 other countries. In addition, IAHSS has developed security industry and design guidelines applicable to healthcare facilities, has educated, and certified tens of thousands of healthcare security professionals through its four levels of certification. As such, we are providing suggested input and resources developed by the association.*

Question V.17: Are workplace analysis and hazard identification performed regularly? If so, what is the frequency or triggers for these activities? Are there any assessment tools or overall approaches that you have found to be successful and would recommend? Please describe the types of successes or problems your facility encountered with reviewing records, administering employee surveys to identify violence- related risk factors, and conducting regular walkthrough assessments.

Response: IAHSS Guideline 01.04 Program Administration – Security Risk Assessments) and IAHSS Guideline 01.05 (Program Measurement and Improvement) embody the overarching principles IAHSS has developed and recommended to our members. Additionally, IAHSS provides templates and toolkits to our members to assist with a hazard and vulnerability analysis.

It is recommended that assessments be conducted on a regular and on-going basis. An annual assessment may include a hazard vulnerability assessment to assist in prioritizing specific training, drills and emergency plans. Tools to gain information should be reliable and consistently used from one point of measurement time to the next. Charts, graphs, heat maps and other visual enhancements may be useful in presenting the data in a concise and clear manner.

IAHSS recommends that the healthcare facility may develop an inventory of identified risks and mitigations that may include policies, procedures, practices, physical/electronic security equipment, systems, and security personnel. The inventory process should include a review of all available security documentation such as security plans, security officer deployment, training, and post orders.

Threats should be identified, assessed and trended quantitatively and qualitatively related to the prioritized inventory. Meaningful data should be gathered from several sources, including:

(1) Internal data from security incidents, facility statistics, and staff interviews
(2) Local police crime statistics
(3) IAHSS Healthcare Security Design and Basic Guidelines
(4) Exchange of information with similar organizations

(5) Other security and law enforcement sources
(6) Industry publications and news clipping sources

IAHSS suggests that a cost- benefit analysis of options may be needed to select appropriate measures that reduce risk to an acceptable level and comply with applicable healthcare industry standards, guidelines, and regulatory agency requirements.

Trending of performance improvement data is a common methodology for benchmarking security performance or analyzing elements of activity and incidents. A security program should track security incidents and a statistical summary of those incidents, by category, and should maintain that information on a monthly basis. This summary should reflect the number of incidents and should compare the current and previous months allowing for comparison of specific months within the current and previous years for a more in depth incident trend analysis. Results of formal risk assessments should be documented for on-going review and forwarded to appropriate leadership.

Question V.18: Who is involved in workplace analysis? How are the individuals selected and trained to conduct the workplace analysis and hazard identification? How long does it take to perform the workplace analysis?

Response: IAHSS Guideline 01.04 (Program Administration – Security Risk Assessments) recommends that the assessments be conducted by a qualified professional who has training and experience in healthcare security. It is recommended that assessments be conducted on a regular and on-going basis. IAHSS recommends that a security program track security incidents and a statistical summary of those incidents, by category, and should maintain that information on a monthly basis. This summary should reflect the number of incidents and should compare the current and previous months allowing for comparison of specific months within the current and previous years for a more in depth incident trend analysis. Results of formal risk assessments should be documented for on-going review and forwarded to appropriate leadership.

Question V.19: What areas of the facility are covered during the routine workplace assessment? Please specify why these areas are included in the assessment and how many of these areas are part of the assessment.

Response: IAHSS Guideline O1.04 (Program Administration – Security Risk Assessments) recommends that the healthcare facility identify assets by broad categories, such as:

- *People assets to include employees, patients, visitors, family, and non-employed support personnel*
- *Property assets both physical and tangible such as buildings, equipment, medical gases, medical equipment, utilities and cash, as well as intangible*

assets, business records, information assets and the organization's reputation.

IAHSS Guideline 07.01 (Security Sensitive Areas) recommends that healthcare facilities identify security sensitive areas during risk assessments and develop reasonable measures to minimize vulnerabilities and mitigate risk. These areas may include:

- *Areas housing at-risk populations, controlled and dangerous materials, or sensitive equipment and information.*
- *Operations with significant potential for injury, abduction or loss.*

The healthcare facility should develop a plan for each security sensitive area that where appropriate, include the following information:

- *Identification of risks unique to the area*
- *Access control plan of entry to and exit from the area for visitors, patients, staff and others*
- *Security technology (video surveillance, alarm monitoring, keying systems, emergency notification systems, etc.)*
- *Preventive maintenance procedures for reducing the potential for security system failure (including regular and ongoing testing procedures)*
- *Security training for staff members and, as appropriate, patients and their families*
- *A defined response plan delineating roles and responsibilities for security, clinicians and ancillary staff*
- *A review and corrective action process of security activity and event*

Question V.20: What records do you find most useful for identifying trends and risk factors with regards to workplace violence? How many of these records are collected per year?

Response: As mentioned in Question V.17 and IAHSS Guideline 01.05 (Program Measurement and Improvement), trending of performance improvement data is a common methodology for benchmarking security performance or analyzing elements of activity and incidents. A security program should track security incidents and a statistical summary of those incidents, by category, and should maintain that information on a monthly basis. This summary should reflect the number of incidents and should compare the current and previous months allowing for comparison of specific months within the current and previous years for a more in depth incident trend analysis. Results of formal risk assessments should be documented for on-going review and forwarded to appropriate leadership.

Workplace violence threats should be identified, assessed and trended quantitatively and qualitatively related to the prioritized inventory. Meaningful data should be gathered from several sources, including:

(1) Internal data from security incidents, facility statistics, and staff interviews

(2) Local police crime statistics
(3) IAHSS Healthcare Security Design and Basic Guidelines
(4) Exchange of information with similar organizations
(5) Other security and law enforcement sources
(6) Industry publications and news clipping sources

Question V.21: What screening tools do you use for the worksite analysis? Are these screening tools designed specifically to meet your facility's needs? Are questionnaires and surveys an effective way to collect information about the potential and existing workplace violence hazards? Why or why not?

Response: The IAHSS Foundation produces an annual crime survey that is available at iahss.net and includes data on workplace violence in healthcare. IAHSS Industry Guidelines promote multidisciplinary risk assessments related to construction and operations in order to identify and mitigate risk including those that may be difficult to foresee such as workplace violence. IAHSS Guidelines are developed to be used at any healthcare facility and to provide guidance on how to assess and address security safety and emergency management issues.

Question V.22: Who provides post- assessment feedback? Is it shared with other employees and if so, how is it shared with the other employees?

> *Response: IAHSS Guideline 01.09 Violence in Healthcare recommends a multidisciplinary team that includes representatives from security, clinical, risk management, human resources, ancillary/support staff, executive leadership and external responders as appropriate to develop and maintain the workplace violence program including prevention strategies.*
>
> *IAHSS recommends that the multidisciplinary team described above be charged with the development, monitoring and ongoing adjustment of workplace violence prevention, response, assessment, corrective action and communication strategies.*

Question V.23: Does your facility use patient threat assessment? If so, do you use an existing tool or did you develop your own? If you develop your own, what criteria do you use?

> *Response: IAHSS member facilities do not use a standardized method of assessing patient threats. Assessments that are used include the Brøset Violence Checklist (BVC)*

Question V.24: Does your facility conduct accident/incident investigations? If so, who conducts them? How are follow-ups conducted and changes implemented?

> *Response: IAHSS member facilities do not use a standardized method of*

assessing patient threats. Processes depend on specific incidents but are generally conducted by security, risk management and management personnel of the department in which the incident occurred. Software incident reporting tools are frequently used to manage investigations to completion and incidents, investigations and mitigation strategies may be summarized for in committee review.

Question V.25: How much time is required to conduct your patient assessments? What is the occupational background of persons who do these assessments?

Response: Guideline 01.09 Violence in Healthcare recommends a multidisciplinary team that includes representatives from security, clinical, risk management, human resources, ancillary/support staff, executive leadership and external responders as appropriate to develop and maintain the workplace violence program including prevention strategies.

IAHSS develops its guidelines with consideration for smaller facilities that may not have the depth of expertise in house and may rely upon these types of written materials or external consultants able to bring more than one of the areas or expertise to the process.

Question V.26: If OSHA were to implement a standard with a requirement for hazard identification and worksite analysis, how might compliance be determined?

Response: IAHSS Guideline 01.04 Security Risk Assessment states that a security risk assessment must be conducted on a regular and on-going basis. The objective of the security risk assessment should be to identify and prioritize assets of the healthcare facilities primary mission and operations, identify threats to and vulnerabilities of those assets, and develop reasonable risk mitigation strategies to protect the assets.

IAHSS Guideline 01.09 Violence in Healthcare states that workplace violence threatens the safety of staff, patients, visitors and others in hospitals and healthcare organizations. All threatening behavior should be reported, evaluated, and addressed upon the assessed level of risk. Healthcare facility leadership should assign authority and provide support for plans and processes that address violence and intimidating behavior. The IAHSS Guideline further recommends:

- *Healthcare facilities implement a multi-disciplinary process to address workplace violence prevention and response. The protocol should elaborate on an effective safety and security program, whose five (5) main components also apply to preventing workplace violence:*
    - *Management commitment to support efforts to minimize violence*
    - *Employee involvement and training to engage staff in violence prevention and mitigation efforts*

    - *Risk assessment, identification, prevention, and mitigation*
    - *Worksite analysis and development of (workplace violence) response plans*
    - *Internal and external data gathering and management, record keeping, evaluation and reporting*
- *A multidisciplinary team that includes representatives from security, clinical, risk management, human resources, ancillary/support staff, executive leadership and external responders as appropriate to develop and maintain the workplace violence program including prevention strategies*
- *HCF should require threats be reported and evaluated. Responses documented, reviewed, and assessed to determine lessons learned and opportunities for improvement*
- *An organizational response plan developed based recognizing, understanding, reacting to and managing events, as they develop and escalate*
- *A specific organizational response team that is developed to evaluate and plan responses concerning all threats, and the degree and severity of each. All response team members should have clearly defined roles*
- *The violence response team should receive orientation and training in evaluating and responding to a variety of events of violence with the healthcare setting*
- *Protocols for response to domestic, targeted, patient-generated, or anticipated violence should be incorporated into the policy. The healthcare facility should address the prevention and response to intimidating and disruptive behaviors such as threats and bullying*

Question V.27: What do you know or perceive to be risk factors for violence in the facilities you are familiar with?

Response: IAHSS Guideline O1.04 (Program Administration – Security Risk Assessments) recommends that the healthcare facility identify assets by broad categories, such as:

- *People assets to include employees, patients, visitors, family, and non-employed support personnel*
- *Property assets both physical and tangible such as buildings, equipment, medical gases, medical equipment, utilities and cash, as well as intangible assets, business records, information assets and the organization's reputation.*

IAHSS Guideline 07.01 (Security Sensitive Areas) recommends that healthcare facilities identify security sensitive areas during risk assessments and develop reasonable measures to minimize vulnerabilities and mitigate risk. These areas may include:

- *Areas housing at-risk populations, controlled and dangerous materials, or*

sensitive equipment and information.

- *Operations with significant potential for injury, abduction or loss.*

The healthcare facility should develop a plan for each security sensitive area that where appropriate, include the following information:

- *Identification of risks unique to the area*
- *Access control plan of entry to and exit from the area for visitors, patients, staff and others*
- *Security technology (video surveillance, alarm monitoring, keying systems, emergency notification systems, etc.)*
- *Preventive maintenance procedures for reducing the potential for security system failure (including regular and ongoing testing procedures)*
- *Security training for staff members and, as appropriate, patients and families*
- *A defined response plan delineating roles and responsibilities for security, clinicians and ancillary staff*
- *A review and corrective action process of security activity and event*

Section V 3. Hazard Prevention and Controls

*These responses are provided by the **International Association for Healthcare Security and Safety (IAHSS)**. The IAHSS represents 2,200 members from more than 850 healthcare facilities in all 50 United States, 9 Canadian Provinces, and more than 15 other countries. In addition, IAHSS has developed security industry and design guidelines applicable to healthcare facilities, has educated, and certified tens of thousands of healthcare security professionals through its four levels of certification. As such, we are providing suggested input and resources developed by the association.*

Question V.28: Are you aware of any specific controls or interventions that have been found to be effective in reducing workplace violence in an ED environment? How was effectiveness determined? If so, can you provide cost information?

Response: IAHSS members have implemented a number of programs including the posting off duty police officers in emergency departments, the screening patients, the provision of medical treatment in a timely clinically consistent manner, the development of de-escalation teams to manage aggressive situations and enhanced access control of visitors. Costs are specific to the institution providing the service.

Question V.29: Are you aware of any specific controls or interventions that have been found to be effective in reducing workplace violence in a behavioral health, psychiatric or forensic mental health setting? How was effectiveness determined? If so, can you provide cost information?

Response: IAHSS members have developed behavior emergency response teams (BERT) to respond to aggressive situations resulting in a reduction in injury to patients or staff, have seen an increase in the number of situations de-escalated and have implemented access control of visitors and provided lockers to store visitor bags

Question V.30: Are you aware of any specific controls or interventions that have been found to be effective in reducing workplace violence in a nursing home or long-term care environment? How was effectiveness determined? If so, can you provide cost information?

Response: IAHSS members have developed behavior emergency response teams (BERT) to respond to aggressive situations resulting in a reduction in injury to patients or staff.

IAHSS Guideline 07.07.10 Long Term Care Facilities recommends LTCFs develop a security management plan. The plan should include preventative, protective, and response measures designed to provide a safe environment.

Question V.31: Are you aware of any specific controls or interventions that have been found to be effective in reducing workplace violence in a hospital environment? How was effectiveness determined? If so, can you provide cost information?

Response: IAHSS members have developed behavior emergency response teams (BERT) to respond to aggressive situations resulting in a reduction in injury to patients or staff and have utilized off duty police officers as needed in areas of concern for violence.

Question V.32: Are you aware of any specific controls or interventions that have been found to be effective in reducing workplace violence in a home health environment? How was effectiveness determined? If so, can you provide cost information?

Response: IAHSS members have developed behavior emergency response teams (BERT) to respond to aggressive situations resulting in a reduction in injury to patients or staff, have provided de-escalation training and have increased access controls including the securing of personal possession prior to being allowed visitation in sensitive patient care areas.

Question V.33: Are you aware of any specific controls or interventions that have been found to be effective in reducing workplace violence of any other environments where healthcare and/or social assistance workers are employed? How was effectiveness determined? If so, can you provide cost information?

Response: IAHSS members have developed behavior emergency response teams (BERT) to respond to aggressive situations resulting in a reduction in injury to patients or staff, have provided de-escalation training and have increased access controls including the securing of personal possession prior to being allowed visitation in sensitive patient care areas.

Question V.34: Are you aware of any existing or modified infrastructure and work practices, or cross-disciplinary tools and strategies that have been found to be effective in reducing violence?

Response: IAHSS members have developed behavior emergency response teams (BERT) to respond to aggressive situations resulting and have provided de-escalation training to all who may be involved in a situation requiring de-escalation.

Question V.35: Have you made modifications of your facility to reduce risks of workplace violence? If so, what were they and how effective have those modifications been? Please provide cost for each modification made. Please specify the type of impact the modification made and whether the modification resulted in a safer workplace.

Response: The IAHSS Security Design Guidelines for Healthcare Facilities were created for healthcare security and design professionals make use of the design guidelines for every renovation or new construction project. Healthcare facilities may also choose to develop guidelines for design based on these and the IAHSS Healthcare Security Industry Guidelines. We recommend that the security professional at each healthcare facility use these guidelines as a basis for discussion with their HCFs design staff and customer base. The Security Design Guidelines for Healthcare Facilities have been used to develop content related to security design in the Facilities Guidelines Institute 2014 Guidelines for Design and Construction of Health Care Facilities.

IAHSS members have used the guidelines to add access control at high risk locations, lockers to store personal belongings of visitors into high risk units, metal detectors and associated labor, posting off duty police officers in ED, BERT deployment / training, etc. Outcomes have included an improvement in de-escalation outcomes, and a reduction in calls to police or activation of security codes

Question V.36: Does your facility have controls for workplace violence prevention (security equipment, alarms, or other devices)? If so, what kind of equipment does your facility use to prevent workplace violence? Where is the equipment located? Are there any barriers that prevent using the equipment? What labor requirements or other operating costs does this equipment have (e.g., have you hired security guards to monitor video cameras)?

Response: The IAHSS Security Design Guidelines for Healthcare Facilities were created for healthcare security and design professionals make use of the design guidelines for every renovation or new construction project. Healthcare facilities may also choose to develop guidelines for design based on these and the IAHSS Healthcare Security Industry Guidelines. We recommend that the security professional at each healthcare facility use these guidelines as a basis for discussion with their HCFs design staff and customer base. The Security Design Guidelines for Healthcare Facilities have been used to develop content related to security design in the Facilities Guidelines Institute 2014 Guidelines for Design and Construction of Health Care Facilities.

IAHSS members have used the guidelines to add access control at high risk locations, lockers to store personal belongings of visitors into high risk units, metal detectors and associated labor, posting off duty police officers in ED, BERT deployment / training, etc. Outcomes have included an improvement in de-escalation outcomes, and a reduction in calls to police or activation of security codes

IAHSS Industry Guidelines include recommendations for administrative

processes such as governance (incident reporting, management commitment/ employee engagement). Training, policy and engineering controls. Examples of engineering controls include Duress alarms, CCTV, access control, emergency call boxes are placed in high risk locations.

Question V.37: Who is usually involved in selecting the equipment? If a committee, please list the titles of the committee members. Is new equipment tested before purchase, and if so, by whom? Are there any pieces of equipment purchased that are rarely used? If so, why?

Response: IAHSS Guideline 01.09 Violence in Healthcare recommends a multidisciplinary team that includes representatives from security, clinical, risk management, human resources, ancillary/support staff, executive leadership and external responders as appropriate to develop and maintain the workplace violence program including prevention strategies.

IAHSS Security Design Guideline – General Guideline describes the use of a multidisciplinary group to assess the risk and, during the early stages of construction / renovation design concept work, the identifying of security technologies to be included into the project and the monitoring of successful installation to include commissioning the equipment to verify it performs as designed.

IAHSS is not aware of specific types of equipment that are rarely used but recommends that the selection, installation, replacement and upgrade of security systems be based on the mitigation it provides to identified risks and be managed by a facilty representative with security expertise to minimize the chance of purchasing equipment that is not needed or may not be used. .
Note: It is very important equipment be properly maintained and staff receive appropriate initial and regular training on use of security devices.

Question V.38: Is there a process for evaluating the effectiveness of controls once they are implemented? What are the evaluation criteria?

Response: IAHSS Guideline 01.09 Violence in Healthcare recommends that all threatening behavior should be reported, evaluated and addressed based on the assessed level of threat.

IAHSS Guideline 01.05.03 Security Metrics recommends that comparative metrics include such things as lost-time due to frequency of threats and violent acts (workplace violence) per number of visits or average daily census in addition to lost time employee claim frequency per 100 Full Time Equivalent (FTE) staff due to aggressive/assaultive behavior.

IAHSS recommends that violent incident logs, recordkeeping and hospital reporting of the use of physical force against an employee by a patient, or a person accompanying a patient that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.

IAHSS recommends that once controls have been implemented they are tracked to provide insight as to how effective the controls were at reducing incidents by comparing prior months/years incidents to number of incidents post implementation of control measures.

Question V.39: What best practices are in use in your facility for workplace violence prevention?

Response: Best practices are based on OSHA and IAHSS guidelines. IAHSS recommends that employees receive initial education upon hire and annually afterwards on workplace violence response and reporting as well as de-escalation training for staff in areas or with work assignments that are at risk for such incidents. Typically, Emergency Department and Security staff receive the highest level of training.

Question V.40: How do you assure that the program is followed and controls are used? What are the ramifications for not following the program or using the equipment? If OSHA were to issue a standard, how might compliance with hazard prevention and control be determined?

Response: The IAHSS Security Design Guidelines for Healthcare Facilities were created for healthcare security and design professionals make use of the design guidelines for every renovation or new construction project. Healthcare facilities may also choose to develop guidelines for design based on these and the IAHSS Healthcare Security Industry Guidelines. We recommend that the security professional at each healthcare facility use these guidelines as a basis for discussion with their HCFs design staff and customer base. The Security Design Guidelines for Healthcare Facilities have been used to develop content related to security design in the Facilities Guidelines Institute 2014 Guidelines for Design and Construction of Health Care Facilities.

IAHSS members have used the guidelines to add access control at high risk locations, lockers to store personal belongings of visitors into high risk units, metal detectors and associated labor, posting off duty police officers in ED, BERT deployment / training, etc. Outcomes have included an improvement in de-escalation outcomes, and a reduction in calls to police or activation of security codes

IAHSS Industry Guidelines include recommendations for administrative

processes such as governance (incident reporting, management commitment/ employee engagement). Training, policy and engineering controls. Examples of engineering controls include Duress alarms, CCTV, access control, emergency call boxes are placed in high risk locations.

IAHSS believes that an OSHA standard would likely be adopted by accrediting agencies and become part of the organizations accreditation survey. Organizations should utilize risk assessments to determine which control measures best fit their needs.

Question V.41: Do you have information on changes in work practices or administrative controls (other than engineering controls and devices) that have been shown to reduce or prevent workplace violence either in your facility or elsewhere?

Response: IAHSS training and certifications for Security staff help them better deal with the various situations that arise in Healthcare Facilities.

IAHSS Guideline 02.02.04 De-escalation training recommends such training be provided to all security staff, clinical and other staff whose role may put them into situations in which disruptive behaviors are most prevalent. Areas should be identified through risk assessment and may include:

- *Public-facing front desk / reception areas*
- *Cash handling / pharmacy dispensing areas*
- *Human resources and administrative departments*
- *Emergency departments / urgent care areas / Intensive Care Units*
- *Behavioral / mental health departments or areas caring for the same*
- *Substance abuse / treatment units or areas caring for the same*
- *Areas in which forensic patients are frequently provided treatment*
- *Areas in which custody or child protective service interventions may be an issue*

Question V.42: Do you have a zero tolerance policy? If so please share it. Do you think it has been successful in reducing workplace violence incidents? Why or why not?

Response: IAHSS Guideline 01.09 Violence in Healthcare states that workplace violence threatens the safety of staff, patients, visitors and others in hospitals and healthcare organizations. All threatening behavior should be reported, evaluated, and addressed upon the assessed level of risk. Healthcare facility leadership should assign authority and provide support for plans and processes that address violence and intimidating behavior. The IAHSS Guideline further recommends:

- *Healthcare facilities implement a multi-disciplinary process to address workplace violence prevention and response. The protocol should elaborate on an effective safety and security program, whose five (5) main components also apply to preventing workplace violence:*
    - *Management commitment to support efforts to minimize violence*

    - *Employee involvement and training to engage staff in violence prevention and mitigation efforts*
    - *Risk assessment, identification, prevention, and mitigation*
    - *Worksite analysis and development of (workplace violence) response plans*
    - *Internal and external data gathering and management, record keeping, evaluation and reporting*
- *A multidisciplinary team that includes representatives from security, clinical, risk management, human resources, ancillary/support staff, executive leadership and external responders as appropriate to develop and maintain the workplace violence program including prevention strategies*
- *HCF should require threats be reported and evaluated. Responses documented, reviewed, and assessed to determine lessons learned and opportunities for improvement*
- *An organizational response plan developed based recognizing, understanding, reacting to and managing events, as they develop and escalate*
- *A specific organizational response team that is developed to evaluate and plan responses concerning all threats, and the degree and severity of each. All response team members should have clearly defined roles*
- *The violence response team should receive orientation and training in evaluating and responding to a variety of events of violence with the healthcare setting*
- *Protocols for response to domestic, targeted, patient-generated, or anticipated violence should be incorporated into the policy. The healthcare facility should address the prevention and response to intimidating and disruptive behaviors such as threats and bullying*

Question V.43: If you have a policy for reporting workplace violence incidents, what steps have you taken to assure that all incidents are reported? What requirements do you have to ensure that adequate information about the incident is shared with coworkers? Do you think these policies have been effective in improving the reporting and communication about workplace violence incidents? Why or why not?

Response: IAHSS Guideline 01.09 Violence in Healthcare states that workplace violence threatens the safety of staff, patients, visitors and others in hospitals and healthcare organizations. All threatening behavior should be reported, evaluated, and addressed upon the assessed level of risk. Healthcare facility leadership should assign authority and provide support for plans and processes that address violence and intimidating behavior. The IAHSS Guideline further recommends:

- *Healthcare facilities implement a multi-disciplinary process to address workplace violence prevention and response. The protocol should elaborate on an effective safety and security program, whose five (5) main components also apply to preventing workplace violence:*
    - *Management commitment to support efforts to minimize violence*

    - *Employee involvement and training to engage staff in violence prevention and mitigation efforts*
    - *Risk assessment, identification, prevention, and mitigation*
    - *Worksite analysis and development of (workplace violence) response plans*
    - *Internal and external data gathering and management, record keeping, evaluation and reporting*
- *A multidisciplinary team that includes representatives from security, clinical, risk management, human resources, ancillary/support staff, executive leadership and external responders as appropriate to develop and maintain the workplace violence program including prevention strategies*
- *HCF should require threats be reported and evaluated. Responses documented, reviewed, and assessed to determine lessons learned and opportunities for improvement*
- *An organizational response plan developed based recognizing, understanding, reacting to and managing events, as they develop and escalate*
- *A specific organizational response team that is developed to evaluate and plan responses concerning all threats, and the degree and severity of each. All response team members should have clearly defined roles*
- *The violence response team should receive orientation and training in evaluating and responding to a variety of events of violence with the healthcare setting*
- *Protocols for response to domestic, targeted, patient-generated, or anticipated violence should be incorporated into the policy. The healthcare facility should address the prevention and response to intimidating and disruptive behaviors such as threats and bullying.*

Security leadership must partner with clinical leadership and meet with staff to show genuine concern for staff safety. Assisting staff in situations where an assault has taken place with the process of making a police report, obtaining a warrant for the suspect and even accompanying them to court, helps encourage staff to report all incidents.

Question V.44: What factors do you consider in staffing your security department? What are the responsibilities of your security staff?

Response: IAHSS Guideline 02.01 Security Staffing and Deployment states that several factors affect the staffing model required to provide reasonable protection for Healthcare Facilities (HCFs), and its patients, visitors and staff. No single formula determines an appropriate staffing level for a given HCF. Staffing must provide for inspection, response and service capabilities. IAHSS believes that Staffing levels are best determined after conducting a security risk assessment by a competent security professional or security administrator. Factors contributing to staffing level needs include:

(1) Crime Analysis
(2) Incident Activity, History, and Environmental Conditions
(3) Changing trends outside of the immediate HCF and its neighborhood
(4) Duties and Expectations of the Security Staff
(5) Patrol Frequency
(6) Use of physical and electronic security measures
(7) Response Capabilities of Police and Fire Services
(8) Response Services
(9) Training Time
(10) Total Campus Area
(11) Patient Volume, Mix & Acuity Level
(12) HCF General Staffing Levels

Question V.45: Have you instituted policies or procedures to identify patients with a history of violence, either before they are admitted or upon admission? If so, what costs are associated with this? How is this information used and conveyed to staff? Whose responsibility is it and what is the process? Has it been effective?

Response: IAHSS develops guidelines to assist healthcare facilities with the development of site specific polices. Responses to V43 included reference to IAHSS Guideline 01.09 Violence in Healthcare and the response to V44 included reference to IAHSS Guideline 02.01 Security Staffing and Deployment. Both are relevant to this question as the risk needs to be identified and then appropriate mitigations / responses designed and implemented – including staffing when needed.

IAHSS believes that any incident involving a patient or visitor who has engaged in inappropriate behavior, verbal abuse or physical assault should be documented as it would be with employees, staff and others. Reports of such behavior should be shared with a multidisciplinary group including nursing and if the offender is a patient, an ALERT is placed in the medical record with details of the behavior to reduce the likelihood of such behavior causing harm in the future.

Section V 4. Safety and Health Training

*These responses are provided by the **International Association for Healthcare Security and Safety (IAHSS)**. The IAHSS represents 2,200 members from more than 850 healthcare facilities in all 50 United States, 9 Canadian Provinces, and more than 15 other countries. In addition, IAHSS has developed security industry and design guidelines applicable to healthcare facilities, has educated, and certified tens of thousands of healthcare security professionals through its four levels of certification. As such, we are providing suggested input and resources developed by the association.*

Question V.46: What kind of training on workplace violence prevention is provided to the healthcare and/or social assistance workers at your facility? If this is copyrighted/branded training, please provide the name.

Response: IAHSS Guideline 02.02.04 De-escalation training recommends such training be provided to all security staff, clinical and other staff whose role may put them into situations in which disruptive behaviors are most prevalent. Areas should be identified through risk assessment and may include:

- *Public-facing front desk / reception areas*
- *Cash handling / pharmacy dispensing areas*
- *Human resources and administrative departments*
- *Emergency departments / urgent care areas / Intensive Care Units*
- *Behavioral / mental health departments or areas caring for the same*
- *Substance abuse / treatment units or areas caring for the same*
- *Areas in which forensic patients are frequently provided treatment*
- *Areas in which custody or child protective service interventions may be an issue*

IAHSS member organizations utilize a number of types of education and training related to recognizing escalation, de-escalation techniques and training on how to avoid being injured and how to protect one's self.

Question V.47: What is the scope and format of the training, and how often is workplace violence prevention training conducted?

Response: IAHSS Guideline 02.02.04 De-escalation training recommends such training be provided to all security staff, clinical and other staff whose role may put them into situations in which disruptive behaviors are most prevalent. Areas should be identified through risk assessment and may include:

- *Public-facing front desk / reception areas*
- *Cash handling / pharmacy dispensing areas*
- *Human resources and administrative departments*
- *Emergency departments / urgent care areas / Intensive Care Units*
- *Behavioral / mental health departments or areas caring for the same*

- *Substance abuse / treatment units or areas caring for the same*
- *Areas in which forensic patients are frequently provided treatment*
- *Areas in which custody or child protective service interventions may be an issue*

IAHSS recommends that training be conducted at hire and annually thereafter unless events require more frequent or adjusted training content.

Question V.48: What occupations (e.g., registered nurses, nursing assistants, etc.) attend the training sessions? Are the staff members required to attend the training sessions or is attendance voluntary? Are staff paid for the time they spend in training? Who administers the training sessions? Are they in-house training staff or a contractor? How is the effectiveness of the training measured? What is the duration of the training sessions or cost of the contractor?

Response: IAHSS Guideline 02.02.04 De-escalation training recommends such training be provided to all security staff, clinical and other staff whose role may put them into situations in which disruptive behaviors are most prevalent. Areas should be identified through risk assessment and may include:

- *Public-facing front desk / reception areas*
- *Cash handling / pharmacy dispensing areas*
- *Human resources and administrative departments*
- *Emergency departments / urgent care areas / Intensive Care Units*
- *Behavioral / mental health departments or areas caring for the same*
- *Substance abuse / treatment units or areas caring for the same*
- *Areas in which forensic patients are frequently provided treatment*
- *Areas in which custody or child protective service interventions may be an issue*

IAHSS Guideline 06.01.01 General Staff Security Orientation and Education states that healthcare facilities must identify the security orientation and education needs of general staff. "General staff" is defined as all personnel regularly serving the healthcare facility. Based on the orientation and education needs identified, the healthcare facility will implement a program to provide this information. The IAHSS Guideline further recommends:

- *Expectations of staff responsibilities contributing to a safe and secure environment should be explained, including preventing, intervening, reporting and resolving workplace violence issues*
- *Security orientation and education should be presented to all healthcare facility staff within thirty (30) days of employment with periodic reviews and updates of information at least annually*
- *The healthcare facility should determine and continuously evaluate the method of presentation which best accommodates staff needs. Presentation may include classroom, video, newsletter, role playing, drills and electronic self-learning education modules*

- *Expectations related to the role of general staff in the security program should be reinforced and available with the healthcare facility policies, procedures, and employee handbooks*

Ideally, ALL staff that have direct patient contact should attend this training. The training should be mandatory for ALL Emergency Department staff and Security staff. IAHSS member institutions typically pay staff to attend the training which is provided by either in house "Instructors" who have been certified to teach the chosen training or by a third party instructor. Training may be delivered in different levels and may be delivered in require 2,to 8 hour classes. Training effectiveness should by the number of staff injuries that occur after they have been trained. Cost of training will vary depending on the use of internal verses external trainers.

Question V.49: Do all employees have education or training on hazard recognition and controls?

Response: Not all employees are educated on hazard recognition or controls. IAHSS Guidelines referenced below were developed to assist member facilities with conducting a risk assessment and providing recommendations based on the outcome of the assessment.

IAHSS Guideline 01.04 Security Risk Assessment states that a security risk assessment must be conducted on a regular and on-going basis. The objective of the security risk assessment should be to identify and prioritize assets of the healthcare facilities primary mission and operations, identify threats to and vulnerabilities of those assets, and develop reasonable risk mitigation strategies to protect the assets.

The IAHSS Security Design Guidelines for Healthcare Facilities were created for healthcare security and design professionals make use of the design guidelines for every renovation or new construction project. Healthcare facilities may also choose to develop guidelines for design based on these and the IAHSS Healthcare Security Industry Guidelines. We recommend that the security professional at each healthcare facility use these guidelines as a basis for discussion with their HCFs design staff and customer base. The Security Design Guidelines for Healthcare Facilities have been used to develop content related to security design in the Facilities Guidelines Institute 2014 Guidelines for Design and Construction of Health Care Facilities.

IAHSS members have used the guidelines to add access control at high risk locations, lockers to store personal belongings of visitors into high risk units, metal detectors and associated labor, posting off duty police officers in ED, BERT deployment / training, etc. Outcomes have included an improvement in de-escalation outcomes, and a reduction in calls to police or activation of security

codes

IAHSS Industry Guidelines include recommendations for administrative processes such as governance (incident reporting, management commitment/ employee engagement). Training, policy and engineering controls. Examples of engineering controls include Duress alarms, CCTV, access control, emergency call boxes are placed in high risk locations.

Question: V.50: Are contract and per diem employees trained?

Re*sponse: IAHSS believes that all employees and staff who are potential victims of workplace violence should be trained regardless of their status as contract or proprietary employee.*

IAHSS Guideline 02.02.04 De-escalation training recommends such training be provided to all security staff, clinical and other staff whose role may put them into situations in which disruptive behaviors are most prevalent. Areas should be identified through risk assessment and may include:

- *Public-facing front desk / reception areas*
- *Cash handling / pharmacy dispensing areas*
- *Human resources and administrative departments*
- *Emergency departments / urgent care areas / Intensive Care Units*
- *Behavioral / mental health departments or areas caring for the same*
- *Substance abuse / treatment units or areas caring for the same*
- *Areas in which forensic patients are frequently provided treatment*
- *Areas in which custody or child protective service interventions may be an issue*

Question V.51: Are patients educated on the workplace violence prevention program and, if so, how?

Response: IAHSS believes that healthcare facilities should have language related to acceptable and unacceptable behavior included in their facility patient rights and responsibilities. Signage that promotes a safe working environment, and if necessary, prohibits assault of staff under penalty of law. Patients should also be provided with a "Code of Conduct" as well as visitors so that they are aware of these expectations as well as the consequences for any unacceptable behavior or actions such as a verbal warning, discharge from the facility and up to criminal charges.

Question V.52: Does training cover workers' rights (including non- retaliation) and incident reporting procedures?

Response: IAHSS believes that training for staff should address non-retaliation

and focus on the need to report all incidents as discussed above.

Question V.54: If OSHA were to require workplace violence prevention training, how might compliance be assessed?

Response: IAHSS Guideline 02.02 Security Officer Training states that individuals performing security services should be appropriately trained to meet any legally required training standards and healthcare security industry best practices. That training should meet the following intents:

(1) Training should be relevant to the healthcare security officer and include defined performance objectives and a method to verify that the training received resulted in an acceptable level of competency.

(2) An HCF security training program should have clearly identified learning outcomes.

(3) New security officer training should provide a foundation of knowledge in the areas of protection, customer service, public relations, response to calls for service and proper documentation of security-related events.

(4) The training of security personnel should be designed to establish a standard of performance within a suggested time allocation.

(5) Training should guide security staff response and behavior in a manner that reflects the HCF's philosophy of patient care and employee safety. Such training should include:

a. Verbal de-escalation and voluntary compliance training. The program should be designed to instruct security personnel to successfully manage aggression and the verbal or physical disruptive behavior of others.

b. HCF use of force policy and related training providing specific instruction on each item of equipment carried ensuring competency is demonstrated with all equipment before initial deployment

(6) Initial training in pre-determined critical tasks with demonstrated competency should be provided prior to a security officer's unsupervised assignment

(7) Training is not a one-time event. Security staff should receive on-going training to address changes in the environment, to learn, improve and further develop their professional skills. Reinforced or refresher training in critical functions such as use of force; defensive equipment; prevention and management of aggressive behavior should be conducted to established standards.

IAHSS believes that its approach to competency based training as reflected above is appropriate for training programs delivered to other healthcare employees and staff.

Section V 5. Recordkeeping and Program Evaluation

*These responses are provided by the **International Association for Healthcare Security and Safety (IAHSS)**. The IAHSS represents 2,200 members from more than 850 healthcare facilities in all 50 United States, 9 Canadian Provinces, and more than 15 other countries. In addition, IAHSS has developed security industry and design guidelines applicable to healthcare facilities, has educated, and certified tens of thousands of healthcare security professionals through its four levels of certification. As such, we are providing suggested input and resources developed by the association.*

Question V.55: Does your facility have an injury and illness recordkeeping policy and/or standard operating procedures? Please describe how it works. How are records maintained; online, paper, in person?

Response: IAHSS Guideline 01.05.01 Security Incident Reporting states that healthcare Facilities (HCFs) will develop procedures for reporting and documenting security incidents. Reports serve many purposes including sharing of information in a timely fashion, and compiling facts and circumstances for later review, and providing data for trend analysis.

IAHSS believes that other reporting systems related to injuries and illnesses should be similar in ability to provide trend analysis.

IAHSS member facilities have processes including ones in which staff report to their supervisor and document the incident using a standard reporting tool for review by Occupational Health where the data is aggregated and reported to the Safety Committee. Individual reports are shared as appropriate with regulatory agencies and all date is reported to senior management.

Records are typically maintained electronically and in paper.

Question V.56: Who is responsible for injury and illness recordkeeping in your facility?

Response: IAHSS members facilities report that injury and illness recordkeeping is typically maintained in Occupational Health; Risk Management and Human Resources.

Question V.57: Does your facility use a workers' compensation form, the OSHA 301 or another form to collect detailed information on injury and illness cases?

Response: IAHSS member facilities are different in approaches to reporting however many use the described documents.

Question V.58: Where are the OSHA 300 log(s) kept at your facility? Are they kept on

each unit, each floor, or are they centrally located for the entire facility?

Response: IAHSS member facilities are different in approaches to file locations however many report the logs maintained in Occupational Health and are centrally located for the institution.

Question V.59: Would the OSHA 300 Log alone serve as a valuable or sufficient tool for evaluating workplace violence prevention programs? Why or why not?

Response: : IAHSS Guideline 01.09 Violence in Healthcare states that workplace violence threatens the safety of staff, patients, visitors and others in hospitals and healthcare organizations. All threatening behavior should be reported, evaluated, and addressed upon the assessed level of risk. Healthcare facility leadership should assign authority and provide support for plans and processes that address violence and intimidating behavior. The IAHSS Guideline further recommends:

- *Healthcare facilities implement a multi-disciplinary process to address workplace violence prevention and response. The protocol should elaborate on an effective safety and security program, whose five (5) main components also apply to preventing workplace violence:*
  - *Management commitment to support efforts to minimize violence*
  - *Employee involvement and training to engage staff in violence prevention and mitigation efforts*
  - *Risk assessment, identification, prevention, and mitigation*
  - *Worksite analysis and development of (workplace violence) response plans*
  - *Internal and external data gathering and management, record keeping, evaluation and reporting*
- *A multidisciplinary team that includes representatives from security, clinical, risk management, human resources, ancillary/support staff, executive leadership and external responders as appropriate to develop and maintain the workplace violence program including prevention strategies*
- *HCF should require threats be reported and evaluated. Responses documented, reviewed, and assessed to determine lessons learned and opportunities for improvement*
- *An organizational response plan developed based recognizing, understanding, reacting to and managing events, as they develop and escalate*
- *A specific organizational response team that is developed to evaluate and plan responses concerning all threats, and the degree and severity of each. All response team members should have clearly defined roles*
- *The violence response team should receive orientation and training in evaluating and responding to a variety of events of violence with the healthcare setting*

- *Protocols for response to domestic, targeted, patient-generated, or anticipated violence should be incorporated into the policy. The healthcare facility should address the prevention and response to intimidating and disruptive behaviors such as threats and bullying.*

Security leadership must partner with clinical leadership and meet with staff to show genuine concern for staff safety. Assisting staff in situations where an assault has taken place with the process of making a police report, obtaining a warrant for the suspect and even accompanying them to court, helps encourage staff to report all incidents.

IAHSS believes that the OSHA 300 Log does not provide the level of detail necessary for the development of effective mitigation stategies. IAHSS recommends that there a separate log be implemented with a greater number of required areas included.

Question V.60: Are you aware of any issues with reporting (either underreporting or overreporting) of OSHA recordables and/or ''accidents'' or other incidents related to workplace violence in your facility and if so, what types of issues? If you have addressed them, how did you address them?

Response: IAHSS is not aware of any such issues.

Question V.61: Do you regularly evaluate your program? If so, how often? Is there an additional assessment after a violent event or a near miss? If so, how do you measure the success of your program? How many hours does the evaluation take to complete?

Response: IAHSS provides guidelines for member institutions recommending that policies and programs be evaluated annually, that incidents be investigated and corrective action taken as determined appropriate.

Question V.62: Who is involved in a program evaluation at your facility? Is this the same committee that conducted the workplace analysis and hazard identification?

Response: IAHSS believes that same committee should evaluate and update the plans made up of representatives of the areas described below

IAHSS Guideline 01.09 Violence in Healthcare states that workplace violence threatens the safety of staff, patients, visitors and others in hospitals and healthcare organizations. All threatening behavior should be reported, evaluated, and addressed upon the assessed level of risk. Healthcare facility leadership should assign authority and provide support for plans and processes that address violence and intimidating behavior. The IAHSS Guideline further recommends:

- *Healthcare facilities implement a multi-disciplinary process to address*

workplace violence prevention and response. The protocol should elaborate on an effective safety and security program, whose five (5) main components also apply to preventing workplace violence:

- *Management commitment to support efforts to minimize violence*
- *Employee involvement and training to engage staff in violence prevention and mitigation efforts*
- *Risk assessment, identification, prevention, and mitigation*
- *Worksite analysis and development of (workplace violence) response plans*
- *Internal and external data gathering and management, record keeping, evaluation and reporting*

- *A multidisciplinary team that includes representatives from security, clinical, risk management, human resources, ancillary/support staff, executive leadership, and external responders as appropriate to develop and maintain the workplace violence program including prevention strategies*
- *HCF should require threats be reported and evaluated. Responses documented, reviewed, and assessed to determine lessons learned and opportunities for improvement*
- *An organizational response plan developed based recognizing, understanding, reacting to and managing events, as they develop and escalate*
- *A specific organizational response team that is developed to evaluate and plan responses concerning all threats, and the degree and severity of each. All response team members should have clearly defined roles*
- *The violence response team should receive orientation and training in evaluating and responding to a variety of events of violence with the healthcare setting*
- *Protocols for response to domestic, targeted, patient-generated, or anticipated violence should be incorporated into the policy. The healthcare facility should address the prevention and response to intimidating and disruptive behaviors such as threats and bullying*

IAHSS Guideline 01.09.01 Targeted Violence states that healthcare facilities will provide responses to manage targeted violence (defined as a situation where an individual, individuals, or groups are identified at risk of violence, usually from another specific individual such as in cases involving domestic violence).

Question V.63: If you have or are conducting an evaluation of the effectiveness of your workplace violence prevention program, have you been able to demonstrate improved tracking of workplace violence incidents and/or a reduction in the frequency or severity of violent incidents?

Response: IAHSS, as a professional association cannot answer this question on behalf of specific healthcare facility membership however is aware of healthcare

facilities utilizing IAHSS guidelines and sharing IAHSS publications such as the IAHSS Foundation Crime Survey to develop best practices at their institutions. IAHSS members are encouraged to monitor incidents and evaluate their security program as needed.

An example of a best practice approach includes a case study looking at the impact of training programs and environmental controls on the employee safety – specifically workplace violence in healthcare. The study resulted in a

- *A 73% reduction is lost work time due to violence.*
- *A 28% reduction in the frequency of violence related employee injury*
- *A 27% reduction in requests for outside assistance with de-escalation*
- *A 46% improvement in employee engagement scores in those departments that participated in the study.*

Question V.64: What are the most effective parts of your program? What elements of your program need improvement and why?

Response: IAHSS members report that their annual training program are successful but that measuring competency from those trainings is difficult.

IAHSS recommends that violence prevention training include all staff that may be involved in incidents and that the training be done with groups from different departments so that they learn the same skills with others that will be preventing or responding. An example of success is an IAHSS member, working with Occupational Health who has shown a reduction in injuries that is reflective or a reduction in calls to respond and then directly to a successful training program.

IAHSS members find that a close relationship between clinical and security staff, training that includes calling for security support upon recognition of escalating behavior or body language and required initial and annual refresher training designed and delivered to meet specific institutional needs is the way to succeed.

IAHSS believes programs should be evaluated regularly and adjusted to ensure continued success..

Question V.65: When conducting program evaluations, do you use the same tools and metrics you used for the initial worksite assessment? If not, please explain.

Response: IAHSS Guideline 01.09 Violence in Healthcare recommends that

- *A multidisciplinary team that includes representatives from security, clinical, risk management, human resources, ancillary/support staff, executive leadership and external responders as appropriate to develop and maintain the workplace violence program including prevention strategies*
- *HCF should require threats be reported and evaluated. Responses*

documented, reviewed, and assessed to determine lessons learned and opportunities for improvement

- *An organizational response plan developed based recognizing, understanding, reacting to and managing events, as they develop and escalate*
- *A specific organizational response team that is developed to evaluate and plan responses concerning all threats, and the degree and severity of each. All response team members should have clearly defined roles*
- *The violence response team should receive orientation and training in evaluating and responding to a variety of events of violence with the healthcare setting*

IAHSS recommends that each HCF develop a multidisciplinary team that has the different areas of expertise listed above and is therefore qualified to look at all aspects and implication of workplace violence. IAHSS recommends that the same team review and revise the program on a regular basis or as necessary based on changes to the risk level and that in the event the facility does not have the level of expertise to develop such a a program it reach out to qualified consulting experts to develop a program it can then manage.

Question V.66: If OSHA were to develop a standard to prevent workplace violence and included a requirement for program or policy evaluation, how might compliance be determined?

Response: IAHSS recommends that OSHA provide clear definitions of types of workplace violence so that incidents can be trended and real data can be collected. IAHSS recommends the development of a log that includes the appropriate level of detail, whether de-identified of not, so that the magnitude of the issue is recognized and with regard to training, IAHSS recommends the development and implementation of a staff competency measurement tool.

Question V.67: Could you provide information characterizing the nature and extent of the difficulties in implementing your facility's program or policy?

Response: IAHSS cannot answer this question on behalf of specific healthcare facility membership but understands that its members have difficulty maintaining a consistently applied training program and measuring the effectiveness of that program.

Question V.68: What actions are taken based on the results of the program evaluation at your facility?

Response: IAHSS member facilities use program evaluations to improve programs, to address new or changing needs, to mitigate risks and to identify existing or potential gaps.

The case study referenced in V.63 above looked at the types, locations and factors driving violence in healthcare and developed a program that moved from a reactive approach to one proactively focused on managing the environment.

The evaluation included four steps

1. *Defining the Approach*
2. *Design and Implementation*
3. *Educating Staff*
4. *Reporting*

5. *The case study was developed by a security services provider originating from and specializing in healthcare and very active in IAHSS allowing for broad based knowledge of best practices to be applied at a customer facility. It resulted in significant reduction in incidents and time as described in V.63 above as a result of actions taken to education and train and to shift from reactive to proactive.*

Section VI

VI 1. Questions for Costs, Economic Impacts, and Benefits

The following questions are intended to solicit information on the topics covered in this section. Wherever possible, please indicate the title of the person providing the information and the type and number of employees at your healthcare and/or social assistance facility.

> *These responses are provided by the **International Association for Healthcare Security and Safety (IAHSS)**. The IAHSS represents 2,200 members from more than 850 healthcare facilities in all 50 United States, 9 Canadian Provinces, and more than 15 other countries. In addition, IAHSS has developed security industry and design guidelines applicable to healthcare facilities, has educated, and certified tens of thousands of healthcare security professionals through its four levels of certification. As such, we are providing suggested input and resources developed by the association.*

Question VI.1: Are there additional data (other than workers' compensation data) from published or unpublished sources that describe or inform about the incidence or prevalence of workplace violence in healthcare occupations or settings?

> *Response: The IAHSS Foundation conducts an annual crime survey. The purpose of the 2016 Healthcare Crime Survey was to provide healthcare professionals with an understanding of the frequency and nature of crimes that impact hospitals. The IAHSS Foundation Annual Crime Survey is available aty iahss.net.*

Question VI.2: As the Agency considers possible actions to address the prevention and control of workplace violence, what are the potential economic impacts associated with the promulgation of a standard specific to the risk of workplace violence? Describe these impacts in terms of benefits from the reduction of incidents; effects on revenue and profit; and any other relevant impact measure.

> *Response: If properly implemented, required policies, procedures, training, collection of data and public reporting of workplace violence incidents can have a significant impact toward reducing the incidents of workplace violence and associated costs. The reduced cost of these programs must be weighed by the cost of training, public reporting, and administrative overhead.*

Question VI.3: If you have implemented a workplace violence prevention program or policy, what was the cost of implementing the program or policy, in terms of both time and expenditures for supplies and equipment? Please describe in detail the resource requirements and associated costs expended to initiate the program(s) and to conduct the program(s) annually. If you have any other estimates of the costs of preventing or

mitigating workplace violence, please provide them. It would be helpful to OSHA to learn both overall totals and specific components of the program (e.g., cost of equipment, equipment installation, equipment maintenance, training programs, staff time, facility redesign).

Response: The IAHSS does not have cost estimates for this question. However, the majority of facilities are already fulfilling many of the requirements involved in the elements of OSHA 3148.

Question VI.4: What are the ongoing operating and maintenance costs for the program?

Response: Similar to the response in VI.3, in many healthcare facilities, the ongoing operating and maintenance costs for workplace violence programs are already being extended through existing committees and processes.

Question VI.5: Has your program reduced incidents of workplace violence and by how much? Can you identify which elements of your program most reduced incidents? Which elements did not seem effective?

Response: IAHSS cannot answer this question on behalf of specific healthcare facility membership however the case study described in V.63 resulted in reductions and facilities utilizing the IAHSS Guidelines will will identify elements to reduce violence during their annual risk assessment and make recommendations and changes as needed.

Question VI.6: Has your program reduced costs for your facility (e.g., reduced insurance premiums, workers' compensation costs, fewer lost workdays)? Please quantify these reductions, if applicable.

Response: IAHSS cannot answer this question on behalf of specific healthcare facilities however the case study described in V.63 resulted in reductions in lost time.

The IAHSS Guidelines recommend coordination on workplace violence programs with multidisciplinary teams. Such teams may include representatives of Human Resources, Risk Management, Legal and Finance and while the team change is related to addressing safety its indirect charge is likely related to the recognition that it is far less expensive to be safe than to bear the costs associated with workplace violence.

Question VI.7: Has your program reduced indirect costs for your facility (e.g., reductions in absenteeism and worker turnover; increases in reported productivity, satisfaction, and level of safety in the workplace)?

Response: IAHSS cannot answer this question on behalf of specific healthcare

facility membership however the case study described in V.63 resulted in reductions in lost time.

Question VI.8: If you are in a state with standards requiring programs and/ or policies to reduce workplace violence, how did implementing the program and/or policy affect the facility's budget and finances?

Response: IAHSS cannot answer this question on behalf of specific healthcare facilities however based on reports from members in California IAHSS is concerned that without very clear definitions on the types of workplace violence, the individuals and facilities covered under a standard and a reporting requirement that is consistent with local authorities and OSHA costs of administering such a program would increase while clarity in expectations and requirements should keep administrative costs neutral and costs related to injuries and lost time reduced.

Question VI.9: What changes, if any, in market conditions would reasonably be expected to result from issuing a standard on workplace violence prevention? Describe any changes in market structure or concentration, and any effects on services, that would reasonably be expected from issuing such a standard.

Response: IAHSS cannot answer this question on behalf of specific healthcare facilities but recommends that the concerns identified in VI.8 above be sddressed as the resulting increased or decreased costs would likely occur regardless of market conditions.

VI 2: Questions for Impacts on Small Entities

*These responses are provided by the **International Association for Healthcare Security and Safety (IAHSS)**. The IAHSS represents 2,200 members from more than 850 healthcare facilities in all 50 United States, 9 Canadian Provinces, and more than 15 other countries. In addition, IAHSS has developed security industry and design guidelines applicable to healthcare facilities, has educated, and certified tens of thousands of healthcare security professionals through its four levels of certification. As such, we are providing suggested input and resources developed by the association.*

Question VI.10: How many, and what type of small firms, or other small entities, have a workplace violence prevention training, or a program, and what percentage of their industry (NAICS code) do these entities comprise? Please specify the types of workplace violence risks you face.

Response: IAHSS members represent small, medium and large healthcare facilities in urban, suburban and rural settings. Our responses are representative of all members.

Question VI.11: How, and to what extent, would small entities in your industry be affected by a potential OSHA standard to prevent workplace violence? Do special circumstances exist that make preventing workplace violence more difficult or more costly for small entities than for large entities? Describe these circumstances.

Response: IAHSS members represent small, medium and large healthcare facilities in urban, suburban and rural settings. Our responses are representative of all members.

Question VI.12: How many, and in what type of small healthcare entities, is workplace violence a threat, and what percentage of their industry (NAICS code 622) do these entities comprise?

Response: IAHSS members represent small, medium and large healthcare facilities in urban, suburban and rural settings. Our responses are representative of all members.

Question VI.13: How, and to what extent, would small entities in your industry be affected by an OSHA standard regulating workplace violence? Are there conditions that make controlling workplace violence more difficult for small entities than for large entities? Describe these circumstances.

Response: IAHSS members represent small, medium and large healthcare facilities in urban, suburban and rural settings. Our responses are representative of all members.

Question VI.14: Are there alternative approaches OSHA could use to mitigate possible impacts on small entities?

> *Response: IAHSS members represent small, medium and large healthcare facilities in urban, suburban and rural settings. Our responses are representative of all members.*

Question VI.15: For very small entities, what types of workplace violence threats are faced by workers? Does your experience with workplace violence reflect the lower rates reported by BLS?

> *Response: IAHSS members represent small, medium and large healthcare facilities in urban, suburban and rural settings. Our responses are representative of all members.*

Question VI.16: For very small entities, what are the unique challenges establishments face in addressing workplace violence, including very small non-profit healthcare facilities and at small jurisdictions?

> *Response: IAHSS members represent small, medium and large healthcare facilities in urban, suburban and rural settings. Our responses are representative of all members.*