How Safe is Your Workplace?

Checklist for Assessment

This sample checklist, created from national accreditation standards and ACEP policies includes items, controls, and protocols that emergency physicians can ask their workplace about in order to understand what safety and violence prevention measures are in place.

NOTE: Every facility is different and the individual needs for a particular hospital, facility, or community may vary significantly, with some of these listed factors less appropriate for a particular location. Exclusions should therefore not necessarily be construed as a failing or shortcoming, but rather as a starting point to begin the conversation with your facility's administration to ensure emergency physicians and other health care personnel in the ED are protected from harm. If you'd like to help inform ACEP's ongoing advocacy, you can anonymously share your experiences (whether good or bad) with violence prevention policies in your workplace by clicking here or scanning the QR code on the reverse.

Prevention Plans

| 1. | Protocols are in place for handling violent episodes (both physical and verbal assaults) from patients, patient families, or other visitors, and coordinated with local law enforcement. |
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| 2. | Staff are made aware of and familiar with these protocols as part of new employee onboarding and reinforcement in periodic trainings. |
| 3. | Protocols are in place for violence from other health care workers/staff. |
| 4 . | Policies have been implemented to ensure firearms and/or other weapons are appropriately secured outside the ED. |
| <u> </u> | The hospital/facility/system has a mechanism in place to flag potentially violent patients, patient families, or other visitors. |
| 6 . | Easily accessible processes are in place that empower staff to report incidents. |
| 7 . | Staff are surveyed regularly and/or offered mechanisms to provide anonymous feedback. |
| 8. | The hospital/facility/system administration acknowledge potential threats or workplace safety challenges. |
| Transparency | |
| 9. | Results of the worksite analysis <u>required annually</u> by The Joint Commission are readily available to health care workers/staff. |
| <u> </u> | .(Appropriately deidentified) logs of incidents are available to health care workers/staff. |
| 11 | Other transparency measures are in place so that health care workers/staff are aware of overall workplace safety, such as incident frequency, reported physical injuries, facility responses, and law enforcement involvement/actions. |

Analysis & Response □ 12. The hospital/facility/system has taken specific actions and made institutional level-investments to improve workplace violence prevention efforts. □ 13. Improvements have been made in response to previous incidents or in response to HCW/staff requests. □ 14. The hospital/facility/system provides individual victims with follow up and support resources (e.g., trauma/psychological counseling, time off for recovery, etc.). □ 15. Specific threats, more common types of violence, or patterns specific to the location/department inform preparedness training for health care workers/staff. Personnel & Law Enforcement □ 16. The hospital/facility/system has a workplace violence prevention program led by a multidisciplinary team. □ 17. The selection process for this team is transparent and accessible. □ 18. The hospital/facility/system coordinates with local law enforcement to prevent or respond to assaults.

Share Your Story

19. The hospital/facility/system follows up with law enforcement to ensure that assaults are appropriately investigated, charged, and prosecuted as appropriate to ensure that



References

• ACEP Policy Statement: Code of Ethics for Emergency Physicians

perpetrators are held responsible.

- ACEP Policy Statement: Protection from Violence and the Threat of Violence in the Emergency Department
- ACEP Policy Statement: Safer Working Conditions for Emergency Department Staff
- The Joint Commission's Workplace Violence Prevention Standards