

Chubb Healthcare  
Hospital Violence Prevention  
Self-Assessment Tool

CHUBB®

To assist organizational leaders with the process of creating a Violence Protection Program (VPP), the following self-assessment questionnaire addresses the critical elements required to achieve a credible measure of compliance and success. The tool contemplates the role of a multi-disciplinary oversight committee and also references methods to assure that program provisions are incorporated into existing risk management, safety, and quality improvement initiatives. By adhering to a systematic and proactive approach to managing violence and disruptive behaviors, prevention has the best chance to permeate every level of an organization, thereby ensuring that patients, staff, and visitors are shielded from potential harm.

## Hospital Violence Prevention - Self Assessment Tool

Organizational Awareness	Yes	No	Comments
1. Has an analysis of safety controls been conducted throughout the organization, including a comprehensive review of:			
• background check requirements for new hires and volunteer staff?			
• employee, volunteer, and visitor identification measures?			
• marked exit/escape routes?			
• physical grounds for potential security breaches?			
• emergency communication protocols, including the use of social media sites to broadcast messages internally?			
• response protocols for terrorism threats, hostage situations, and use of lethal weaponry?			
• patient screening protocols for weaponry and personal effects?			
• protective glass surrounds in clinical areas?			
• crisis intervention rooms with two exits?			
• designated employee safe rooms?			
• work spaces for furniture and equipment layout			
2. Has an analysis of security provisions been conducted throughout the organization, including a comprehensive review of:			
• uniform security guard postings?			
• security escorts?			
• lighting and illumination of external doorways, parking lots, and corridors?			
• locking systems on all points of ingress?			
• metal detectors and electronic access controls?			
• closed circuit television monitoring systems and curved mirrors?			
• emergency signaling systems, including hand-held alarms and direct dial telephone lines or cell phones?			
3. Have the local police, fire department, and community watch organizations been consulted regarding types and frequency of violent acts in local vicinity?			
4. Has an executive report been prepared of the above findings, as well as the following organizational data:			
• past occurrences of workplace violence?			
• facility locations with the greatest risk of violence and abuse?			
• characteristics of assailants and victims?			
• staffing levels during off-peak hours and for high-risk clinical areas?			
• known settings/instances where staff may work or transport patients alone?			
• available security staff and extent of training in violence and abuse prevention?			

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Written Program	Yes	No	Comments
1. Is there a multi-disciplinary team responsible for drafting and implementing a violence protection program (VPP), inclusive of			
<ul style="list-style-type: none"> <li>• clinical leaders?</li> </ul>			
<ul style="list-style-type: none"> <li>• human resources representatives?</li> </ul>			
<ul style="list-style-type: none"> <li>• medical staff leaders?</li> </ul>			
<ul style="list-style-type: none"> <li>• privacy officers?</li> </ul>			
<ul style="list-style-type: none"> <li>• emergency communication protocols, including the use of social media sites to broadcast messages internally?</li> </ul>			
<ul style="list-style-type: none"> <li>• response protocols for terrorism threats, hostage situations, and use of lethal weaponry?</li> </ul>			
<ul style="list-style-type: none"> <li>• quality improvement coordinators?</li> </ul>			
<ul style="list-style-type: none"> <li>• risk managers?</li> </ul>			
<ul style="list-style-type: none"> <li>• safety officers?</li> </ul>			
<ul style="list-style-type: none"> <li>• senior managers?</li> </ul>			
2. Does the VPP clearly define all types of violent and abusive acts, e.g., physical conduct, verbal conduct, psychological control, and interpersonal conflict?			
3. Is the VPP in writing and does it undergo an annual review?			
4. Are associated policies and procedures written in clear and concise language, understood by all levels of staff, and capable of being implemented throughout the organization?			
5. Does the multi-disciplinary team evaluate and respond to organizational safety issues on an on-going basis and are findings/actions reported into standing committee forum(s)?			
6. Is conflict management addressed in the VPP, specifically disruptive behaviors that may develop between physicians, between practitioners and hospital leadership, and between the healthcare team and patients or families?			
7. Does the VPP incorporate the following goals of conflict management into human resource policies, training programs, and educational requirements:			
<ul style="list-style-type: none"> <li>• enforcing the organizational code of conduct?</li> </ul>			
<ul style="list-style-type: none"> <li>• implementing a zero-tolerance for specific violations, such as acts of harassment, physical assault, and discrimination?</li> </ul>			
<ul style="list-style-type: none"> <li>• sanctioning unacceptable behavior at any level?</li> </ul>			
<ul style="list-style-type: none"> <li>• offering counseling programs for offenses that cause disruption and undue conflict?</li> </ul>			

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Clinical Practice Controls	Yes	No	Comments
1. Do staff identification badges display first names only?			
2. Is there a system to identify patients with violent tendencies both within the electronic record, as well as in clinical areas (such as arm bands, door alerts)?			
3. Do care plans for all agitated and/or violent patients include provisions to effectively treat violent/abusive tendencies?			
4. Are assaultive patients transferred to acute care units, criminal units, or other more restrictive settings?			
5. Does policy require two healthcare professionals be present during all genital and rectal examinations?			
6. Does the organization maintain a list of restricted visitors based on their history of violence, and is the list available at registration areas, security posts, work stations, and visitor sign-in areas?			
7. Are measures in place to provide timely and sensitive information to patients waiting in line or in waiting rooms?			
8. Are policies in place for home health providers in the field, which delineate contact persons and how to manage a clearly hazardous situation			
9. Are visitors restricted for all patients with a known history of gang-related violence?			

Rapid Response Protocol	Yes	No	Comments
1. Has a trained emergency response team been established for situations involving weaponry and hostages?			
2. Is there a method of communicating a crisis situation organization-wide, such as a Code Silver alert?			
3. Are calls to 911 and/or local law enforcement immediately placed?			
4. Is there a written protocol for the use of stun gun devices, including criteria for their use and safe deployment measures?			
5. Does a written protocol require a command center be established outside of the organization in the event of a lock-down situation?			
6. Are "shelter-in-place" measures promptly instituted, e.g., patient room doors locked, patients and staff removed from windows and doors			
7. Is there an appointed and safe area for families of patients and employees to gather?			
8. Is the area of conflict barricaded following the incident for thorough investigation?			
9. Are rapid response drills conducted throughout the organization to test Code Silver preparedness?			
10. Is there a protocol for handling media inquiries?			

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Considerations for High-risk Settings	Yes	No	Comments
1. Are the following high-risk areas carefully reviewed for the likelihood and prevention of violent events			
• urgent/emergency care areas?			
• clinic waiting rooms?			
• psychiatric/behavioral health/drug treatment centers?			
• geriatric settings?			
• pharmacies and other areas where drugs are stored?			
• hazardous materials storage areas?			
• billing and cashier counters?			
2. Is the behavioral history of new patients consistently documented in the same place within the electronic or paper medical record?			
3. Are movements of behavioral health and/or aggressive patients monitored through personal location alarms or other devices?			
4. Are patient rooms and treatment areas, known to house agitated or violent patients, regularly inspected for items that could be used as weaponry?			
5. Do seclusion areas have written staffing requirements?			
6. Are aggressive patients treated in unconfined, yet private areas?			
7. Are high-risk areas equipped with panic buttons in case of emergencies?			
8. Is there a “buddy-protocol” for situations where the personal safety of an employee is at issue			
9. Does written policy prohibit employees from working alone in emergency or walk-in clinic settings?			
10. Do staff members refrain from wearing jewelry with a strangulation risk in confrontational situations?			

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Safety Training	Yes	No	Comments
1. Are VPP policies included in new hire/volunteer orientation and are they posted on the Intranet home page to access and review?			
2. Are staff members and volunteers trained to			
<ul style="list-style-type: none"> <li>• respond to violent situations according to a standard action plan?</li> </ul>			
<ul style="list-style-type: none"> <li>• notify supervisors and security staff of situations involving violence, abuse, and conflict?</li> </ul>			
<ul style="list-style-type: none"> <li>• intervene for all stages of aggressive behavior</li> </ul>			
<ul style="list-style-type: none"> <li>• recognize impending violence and how to defuse, restrain and/or seclude out-of-control patients?</li> </ul>			
<ul style="list-style-type: none"> <li>• employ conflict resolution techniques, including progressive behavior control methods, and safe use of chemical and physical restraints?</li> </ul>			
3. Are competency levels tested and documented annually?			
4. Does the VPP encompass procedures for hostage management and handling of a bomb or terrorist threat?			
5. Are staff members proficient at providing medical attention for victims of violence and abuse?			
6. Are conflict coaches trained and designated for clinical areas to mediate disputes among patients, visitors, and staff, as well as between co-workers?			

Record Keeping	Yes	No	Comments
1. Is there one written and consistent procedure for reporting, investigating, and documenting all acts of real or threatened violence, including verbal and written abuse, harassment, and assault?			
2. Is a standardized format available for incident reporting of violent and/or abusive acts, including the following parameters			
<ul style="list-style-type: none"> <li>• date, time, and location of incident?</li> </ul>			
<ul style="list-style-type: none"> <li>• type of incident and identification of parties involved</li> </ul>			
<ul style="list-style-type: none"> <li>• description of incident?</li> </ul>			
<ul style="list-style-type: none"> <li>• factors contributing to the violent/abusive incident?</li> </ul>			
<ul style="list-style-type: none"> <li>• follow-up review and action plan?</li> </ul>			
3. Are physical, verbal, and/or abusive incidents reported via an electronic format and are they reviewed by the VPP multi-disciplinary team or other appointed committee(s)?			
4. Are records of hazard analyses and corrective actions maintained, where situations indicate?			
5. Are reporting mechanisms compliant with state-mandated reporting programs for abuse victims, protective service agencies, and OSHA?			
6. Are records maintained of all staff and volunteer training programs, including attendees and qualifications of trainers?			

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Post-event Response	Yes	No	Comments
1. Are transparent and comprehensive post-incident evaluations conducted and documented, and are action plans created in a non-punitive fashion?			
2. Are incidents analyzed for			
• where and when the event took place?			
• what job task was being performed before the incident?			
• what transpired during the incident?			
• who was victimized?			
• was weaponry used?			
• effectiveness of existing security and safety measures?			
• Is there a written protocol for staff debriefing sessions?			
3. Is a root-cause analysis conducted of the risk factors associated with violent incidents?			
4. Are counseling programs available to victims of workplace violence and is their participation monitored?			
5. Are referrals for additional services made to appropriate resources?			

Program Evaluation	Yes	No	Comments
1. Is aggregate data of violence, abuse, and conflict reviewed by the safety and/or security committee, and are trends analyzed relative to baseline rates?			
2. Is there a system for regular evaluation of engineering, administrative, and clinical practice controls?			
3. Are records maintained of administrative and clinical practice changes to evaluate their effectiveness in lowering the frequency and severity of workplace violence/abuse?			
4. Are staff response times to potentially violent and abusive situations monitored?			
5. Are employees surveyed regularly for their input and perceptions of workplace safety, especially after installing new security features and measures?			
6. Does an outside law enforcement or security consultant review the VPP program on a periodic basis and are records of the inspection maintained?			



## Contact Us

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