



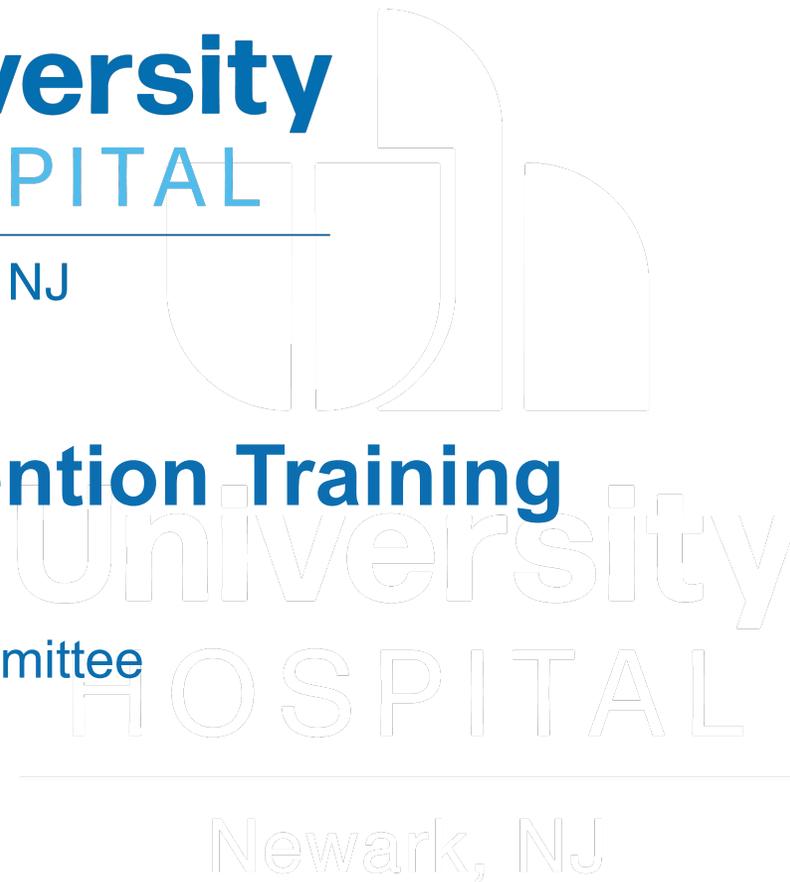
University
HOSPITAL

Newark, NJ

Violence Prevention Training

Violence Prevention Committee

June 2023



Objectives

1. Understand the NJ Violence Prevention in Healthcare Facilities Act
2. Review University Hospital policies related to violence prevention
3. Learn techniques to de-escalate and minimize violent behavior
4. Understand appropriate responses to workplace violence
5. Review reporting requirements and procedures
6. Review location and operation of safety devices
7. Learn about resources for coping with violence
8. Review University Hospital risk factors and preventive actions taken
9. Understand multicultural diversity to increase sensitivity to racial and ethnic issues and differences

NJ Violence Prevention in Healthcare Facilities Act



NJ Violence Prevention in Healthcare Facilities Act

The New Jersey (NJ) Violence Prevention in Healthcare Facilities Act is a State law that directs health care facilities in NJ, including hospitals, to create programs to combat physical violence or credible threats of violence against employees

The hospital must establish a **violence prevention committee** with at least 50% of the committee members being health care workers who engage in direct patient contact or otherwise have contact with patients

The hospital must develop and maintain a detailed, written **violence prevention plan** with the purpose of protecting healthcare workers

Background

- In 2013, healthcare facilities outranked late-night retail as the most likely workplace where violence could occur —*Occupational Health and Safety Administration (OSHA)*
- The healthcare sector leads all industries with 45% non-fatal assaults against workers resulting in lost work days —*Bureau of Labor Statistics*
- As many as 80% of all hospital staff may have experienced some kind of physical assault during their career in health care —*Bureau of Labor Statistics*

Definitions

“Violence”, “violent act”, or “incident” means any physical assault, or any physical or credible verbal threat of assault or harm that is committed against a health care worker

“Health care worker” means an individual who is directly employed by University Hospital

“Credible verbal threat of assault or harm” means a knowing and willful statement that is corroborated by independent evidence, which would cause a reasonable person to believe that he or she is under imminent threat of death or serious bodily injury, and which actually causes a person to believe that her or she is under imminent threat of death or serious bodily injury

Health Care Hero's Violence Prevention Act (A-3199)

Governor Phil Murphy signed the 'Health Care Heroes Violence Prevention Act' to make it a criminal offense to intentionally threaten health care professionals or volunteers in an effort to intimidate them or interfere with their work. The act also establishes additional penalties against individuals who assault health care workers or volunteers.

Under the bill (A-3199), a person who knowingly and willfully makes, delivers, or sends a threat against health care workers covered by the act is guilty of a disorderly persons offense, which is punishable by imprisonment of up to six months and/or a fine of up to \$1,000. For individuals convicted of assault against the covered workers, this act allows them to be sentenced to an anger management course of up to 12 months and community service of up to 30 days.

Violence Prevention Committee



- Meets quarterly, or more often as needed
- Is responsible for the following:
 - ✓ Completion of an annual violence risk assessment to analyze risk factors for workplace violence and to identify patterns of violence
 - ✓ Development of a written violence prevention plan that shall be submitted to facility administration
 - ✓ Review of the design and layout of all existing, new and renovated covered health care facilities to ensure safe, secure work areas and to prevent entrapment of workers
 - ✓ Development, annual review, evaluation and revision of violence prevention training content and methods
 - ✓ Review of de-identified, aggregated data to identify trends and make recommendations to prevent similar incidents

Violence Prevention Plan



The plan includes information related to:

- The establishment of the Violence Prevention Committee
- Violence prevention policies
- The record keeping process
- Incident reporting, investigation and evaluation methods
- Follow-up medical and psychological care
- How employees access a post-incident response system

In addition, the plan:

- Requires an annual comprehensive violence risk assessment; and
- Identifies methods to reduce identified risks

Copies of the violence prevention plan are available within two business days of request by contacting 2-3358.

Violence Risk Assessment

- The hospital conducts a job task analysis to identify improved security procedures and controls based on potential risk factors for violent incidents
- At least two members of the Violence Prevention Committee conduct walk through surveys of all worksite areas at least annually to identify existing or potential physical environment risk factors for workplace violence

Prohibition of Retaliatory Action

University Hospital will not take any retaliatory action against any health care worker for reporting violent incidents



University Hospital Policies related to Violence Prevention



Violence Prevention Policies

The following policies are related to Violence Prevention at University Hospital:

- Workplace Violence Prevention Program, issue #831-200-537

<https://universityhospital.ellucid.com/documents/view/2947>

- Behavioral Crisis Response Team, issue #831-200-487

<https://universityhospital.ellucid.com/documents/view/4293>

- ED Behavioral Crisis Response Team

<https://universityhospital.ellucid.com/documents/view/1943>

- Behavior Management System, issue #201-286-43

<https://universityhospital.ellucid.com/documents/view/703>



Violence Prevention Policies

<https://universityhospital.ellucid.com/documents>

Policy: Workplace Violence Prevention Program

Establishes proper practices and controls to prevent or minimize violence against hospital personnel, students, patients and visitors and to reduce the adverse consequences of violence in University Hospital

Policy: Behavioral Crisis Response Team

The Behavioral Crisis Response Team (CRT) was established as part of an overall program to ensure patient safety and was designed to prevent or minimize violence and reduce the adverse consequences of violence

Violence Prevention Policies

<https://universityhospital.ellucid.com/documents>

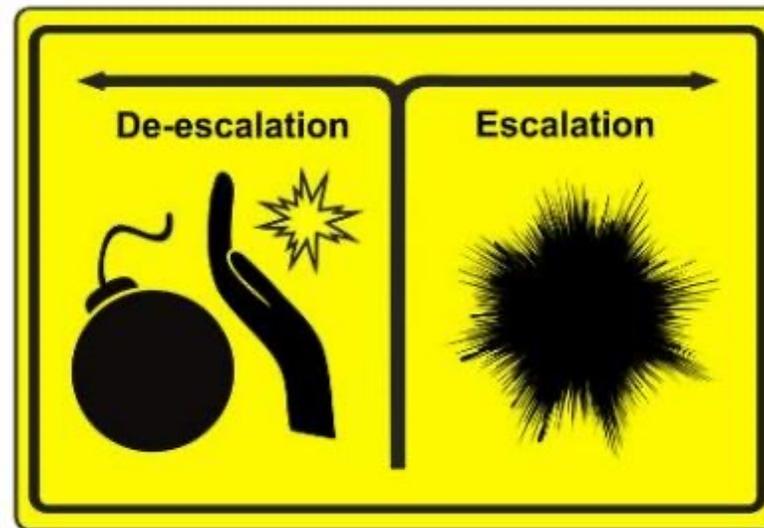
Policy: Emergency Department (ED) Crisis Response Team

The ED Behavioral Crisis Response Team (CRT) was established to ensure patient and staff safety and minimize or prevent violence within the University Hospital Emergency Department

Policy: Behavior Management System

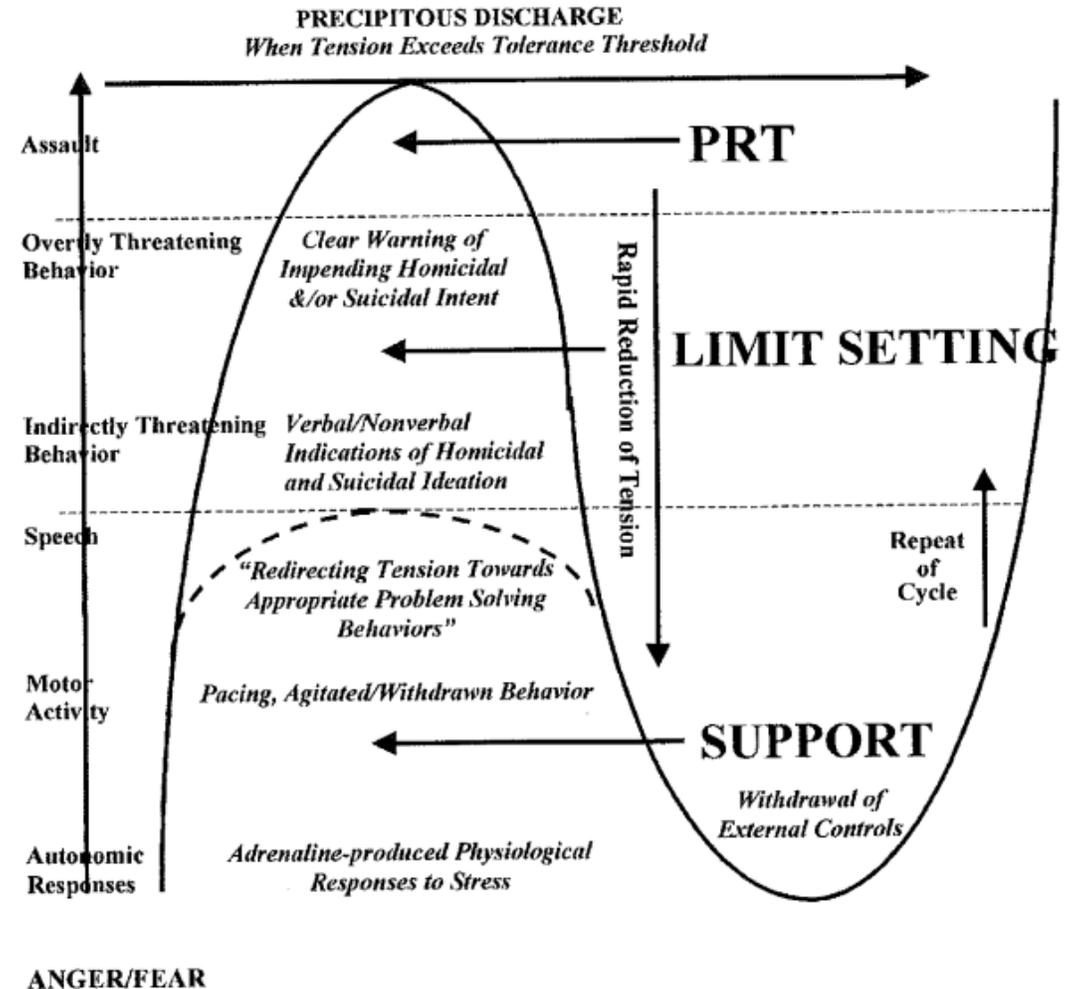
- Provides guidelines in the management of disturbed and/or violent behaviors in patients in the inpatient psychiatric unit

Techniques to De-escalate and Minimize Violent Behavior



Tension reduction Cycle for Verbal De-Escalation

COMPLETE TENSION/TENSION REDUCTION CYCLE



10 De-Escalation Tips

Whether at work or at home, you might deal with angry, hostile, or noncompliant behavior every day. Your response to defensive behavior is often the key to avoiding a physical confrontation with someone who has lost control of their behavior. These 10 De-Escalation Tips will help you respond to difficult behavior in the safest, most effective way possible.

TIP 1

Be empathic and nonjudgmental.

When someone says or does something you perceive as weird or irrational, try not to judge or discount their feelings. Whether or not you think those feelings are justified, they're real to the other person. Pay attention to them.

Keep in mind that whatever the person is going through, it may be the most important thing in their life at the moment.

TIP 2

Respect personal space.

If possible, stand 1.5 to three feet away from a person who's escalating. Allowing personal space tends to decrease a person's anxiety and can help you prevent acting-out behavior.

If you must enter someone's personal space to provide care, explain your actions so the person feels less confused and frightened.

TIP 3

Use nonthreatening nonverbals.

The more a person loses control, the less they hear your words—and the more they react to your nonverbal communication. Be mindful of your gestures, facial expressions, movements, and tone of voice.

Keeping your tone and body language neutral will go a long way toward defusing a situation.

10 De-Escalation Tips (cont.)

TIP 4 **Avoid overreacting.**

Remain calm, rational, and professional. While you can't control the person's behavior, how you respond to their behavior will have a direct effect on whether the situation escalates or defuses.

Positive thoughts like "I can handle this" and "I know what to do" will help you maintain your own rationality and calm the person down.

TIP 5 **Focus on feelings.**

Facts are important, but how a person feels is the heart of the matter. Yet some people have trouble identifying how they feel about what's happening to them.

Watch and listen carefully for the person's real message. Try saying something like "That must be scary." Supportive words like these will let the person know that you understand what's happening—and you may get a positive response.

TIP 6 **Ignore challenging questions.**

Answering challenging questions often results in a power struggle. When a person challenges your authority, redirect their attention to the issue at hand.

Ignore the challenge, but not the person. Bring their focus back to how you can work together to solve the problem.

TIP 7 **Set limits.**

If a person's behavior is belligerent, defensive, or disruptive, give them clear, simple, and enforceable limits. Offer concise and respectful choices and consequences.

A person who's upset may not be able to focus on everything you say. Be clear, speak simply, and offer the positive choice first.

TIP 8 **Choose wisely what you insist upon.**

It's important to be thoughtful in deciding which rules are negotiable and which are not. For example, if a person doesn't want to shower in the morning, can you allow them to choose the time of day that feels best for them?

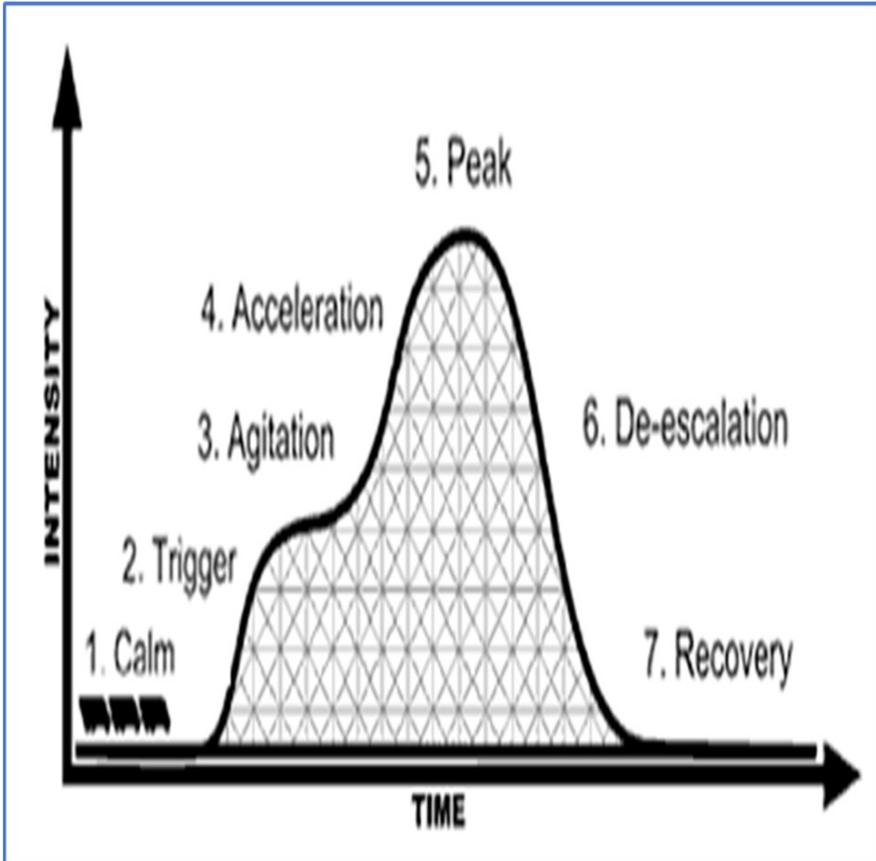
If you can offer a person options and flexibility, you may be able to avoid unnecessary altercations.

TIP 9 **Allow silence for reflection.**

We've all experienced awkward silences. While it may seem counterintuitive to let moments of silence occur, sometimes it's the best choice. It can give a person a chance to reflect on what's happening, and how he or she needs to proceed.

Believe it or not, silence can be a powerful communication tool.

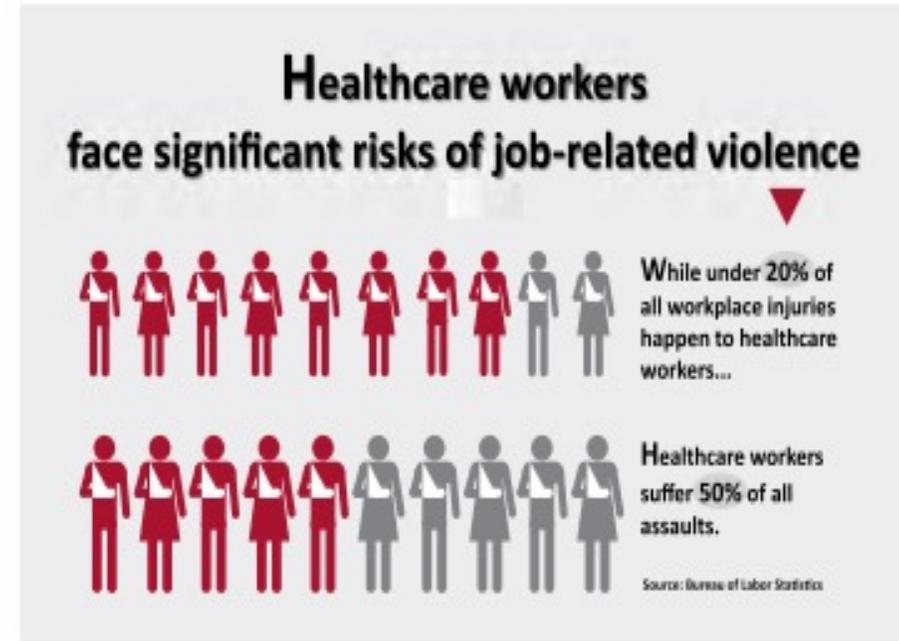
What are the Stages of Escalation?



- **Trigger Stage**
 - Signs: increased heart rate, sweating, pacing, agitation, withdrawn behavior
 - Response: **Support** / Relationship Skills, **redirect tension towards appropriate behavior**
- **Agitation/Acceleration Stage**
 - Signs: Indirect or overtly threatening behavior, verbal or non-verbal indications of HI/SI
 - Response: remove potentially dangerous items, **establish limits**
- **Peak Stage**
 - Signs: This is the point when tension is about to exceed tolerance threshold
 - Response: Intervention necessary to maintain safety. **Physical Intervention/Restraint may be necessary**

Risks Factors

- History of violence
- Drug/Alcohol abuse
- Poorly lit corridors, rooms parking lots and other areas
- Lack of emergency communications
- Prevalence of firearms, knives/weapons among patients, families and friends



Precipitant of Aggressive Behaviors

- Patient-Staff Communication
- Background, beliefs, values and principles
- Socio-cultural issues
- Mental illness
- Physical and organic illness

Causes of Aggressive Behaviors

- Feelings of threat
- Loss of control
- Unmet needs and goals
- Fear of the unknown
- Survival instinct
- Loss of power
- Domestic Violence
- Disputes with family and friends
- Alcohol or drug abuse
- Financial Difficulties
- Emotional Problems



Causes of Workplace Violence

- Layoff
- Firing
- Poor Performance Review
- Failure to receive promotion or raise
- Bad Behavior warning
- Conflict with a co-worker



Staff Actions Contributing to Workplace Violence

- Exhibiting a controlling, rigid, authoritarian and intolerant stance with patients.
- Not treating the patient with respect and dignity.
- Being irritable and hostile in a patient care environment.
- Threatening a patient and creating a violent atmosphere.

Signs of Potentially Aggressive Behavior

1. Standing tall
2. Red faced
3. Raised or rising voice
4. Rapid breathing
5. Direct prolonged eye contact
6. Exaggerated gestures
7. Tensing of muscles
8. Fist cuffs or fight stance
9. Verbal threats
10. Profanities
11. Hostile behavior
12. Resistant behavior
13. Anger

Precipitating Factors Clinical Settings

- Invasion of Personal Space
- Inflexible Rules and Policies
- Lack of clinical and crises management skills
- Inability to identify cues and precursors to aggression
- Staff Conflicts

Verbal De-Escalation Intervention

Elements of a Supportive Intervention

LISTEN

Allow ventilation without becoming judgmental.

ACCEPT

Consider the validity of the feeling if not the behavior. It is impossible to tell another person how to feel.

FOCUS

Focus on one issue at a time.

ENCOURAGE

Assertiveness

OFFER

Alternative choices the client can make; contrasted by the inappropriate choices with their attending consequences.

CONTRACT

Persuade the individual to agree on the course of action to be taken.

Therapeutic Interventions

- Assess own feelings, attitude and beliefs
- Visualize issue from patient's perspective
- Utilize a “non-defensive” posture
- Refrain from taking abusive statements personally or becoming defensive
- No abuse, ridicule or sarcasm
- **LISTEN**
- Speak in a low, quiet but firm voice

Therapeutic Interventions, cont.

- Apologize - avoid power struggle
- Offer alternatives
- Offer clear, consistent and enforceable limits on behavior; **NOT** feelings
- Keep hands open and visible
- No threats
- Do not challenge patients
- Offer support and explain rationale

Control

1. Show Confidence
2. Gain control of the situation and interaction
3. Gain the attention of the person or group
4. Listen to concerns
5. Put self in the shoes of the person or group

Acknowledge

1. Actively listen and show empathy
2. Deal with feelings first
3. Acknowledge and validate feelings; anger, loudness, slamming door etc. before solving or presenting any explanations
4. Show understanding and concern
5. Be respectful to the patient in all cases

Refocus

1. This occurs after controlling the emotions
2. Validate your understanding of the problem that caused the behavior
3. Transition to manage the cause of the behavior
4. Find solutions to the problem
5. Maintain communication

Problem-solving

1. Work towards resolving the problem
-May need to speak to a higher authority
2. Suggest possibilities
3. Offer choices
4. Show concern
5. Agree on a course of action
6. Agree on appropriate channel in seeking redress, resolving problems and concerns

Features of Verbal Interventions

- Encouragement - Help counteract the sense of helplessness and hopelessness
- Reassurance - Anxiety is not unusual and many people experience it
- Show caring and concern – Go the extra mile
- Provide choices to refocus behavior
- Set Limits-State clearly the boundaries of behavior allowed and consequences of going over limit

Things to Remember



1. Face patient when verbally de-escalating
2. Do not turn your back to patient on your way out or in a clinical area
3. No one best way of de-escalation. Situation determines approach-Show Respect
4. Intervene immediately to prevent escalation of behavior
5. Have a back-up if situation is volatile or can be potentially volatile
6. Goal is to prevent situation from escalating and becoming violent

Reporting Requirements and Procedures



Reporting Violence

Level I

- **Defined as attempted or threatened conduct** of a person that is likely to endanger the health and safety of a UH employee, resident or visitor. This includes:
 - Threatening statements;
 - Harassment; or
 - Other behavior that gives an employee, resident, or visitor reasonable cause to believe that their health and/or safety are at risk

Level II

- **Defined as physical violence of any type** that is likely to endanger the health and safety of a UH employee, resident or visitor. This includes:
 - Pushing;
 - Shoving; or
 - Other conduct of a person that is likely to endanger the health and safety of a UH employee, resident or visitor



IMMEDIATELY report any level/acts or threats of violence to your onsite supervisor.

Reporting Violence

Incident response, investigation and reporting

Law enforcement officials will be summoned, if necessary.

The incident investigation focuses on fact-finding, prevention and corrective action rather than on assessing blame and/or fault finding.

The incident investigation gathers the following facts:

- Date, time and location of the incident;
- Identity, job title and job task of the victim;
- Identity, if known, of the person who committed the violent act;
- Description of the violent act, including whether a weapon was used;
- Description of physical injuries, if any;
- Number of employees in the vicinity when the incident occurred, if known, and their actions in response to the incident, if any;
- Recommendations, if applicable, of police advisors, employees or consultants; and
- Actions taken by the facility in response to the incident.

A written incident investigation report for each violent act.

De-identified reports (without noting victim's name) will be provided to the Violence Prevention Committee

After reviewing the de-identified incident reports, University Hospital, in collaboration with the Violence Prevention Committee, shall encourage the appropriate follow-up, consider changes in procedures and add elements to training as needed.

Location and Operation of Safety Devices



Panic Buttons

Staff should know the location of the buttons on their unit. Directors/Managers should identify the location of the devices to all new staff members/volunteers.

When the button is activated, it will go directly to the Security Command Center and Security will immediately respond to the unit/department.



Commonly located under the Nursing Station:

Insert your finger in the red button and slide **forward**, the red tab will protrude from the end portion of the panic button. The Panic Button has been activated.

It may be located on a wall, such as in the Cath. Lab or Pathology:



Insert your finger in the red button and slide **downward**, the red tab will protrude from the bottom portion of the panic button. The Panic Button has been activated.

ALL EMPLOYEES, STUDENTS, AND VISITORS MUST USE UNIVERSITY HOSPITAL'S NEW EMERGENCY NUMBER 1-1-1



Resources for Coping with Violence



Violence Prevention Resources

Occupational Safety & Health Administration (OSHA)

American Hospital Association

Tools & Resources

Click on the products below to learn more about worker safety in hospitals.



Understanding the Challenge

Workplace violence risk factors vary by healthcare setting, but common factors include the following:

- Working with people who have a history of violence or who are at risk of violence
- Working with people who are angry or frustrated
- Working with people who are stressed
- Working with people who are under the influence of drugs
- Working with people who are intoxicated
- Working with people who are angry or frustrated
- Working with people who are stressed
- Working with people who are under the influence of drugs
- Working with people who are intoxicated

The problem of workplace violence

An executive summary for hospital administrators and others who want to learn more about the prevalence of workplace violence in healthcare, associated costs, key risk factors, and what organizations can do to address the problem.

[PDF Download*](#)



Preventing Workplace Violence: A Road Map for Healthcare Facilities

Road map - Learn from the leaders

This "road map" uses real-life examples from healthcare organizations to illustrate the components of a workplace violence prevention program. Learn how other healthcare facilities have addressed this challenge and discover resources that are available to help your organization develop and implement your own program.

[PDF Download*](#)



The Big Picture

A workplace violence prevention program can:

- complement and enhance your organization's strategies for compliance, accreditation, worker safety and quality patient care.

Regulatory Compliance

Federal Requirements

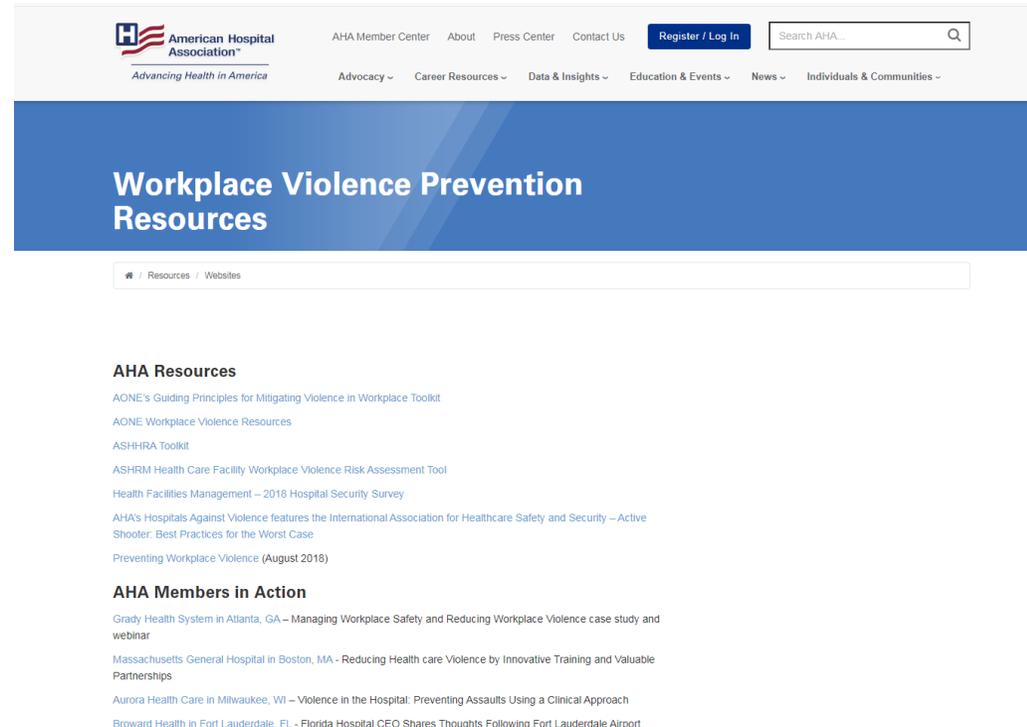
Although OSHA has no specific standards for the prevention of workplace violence, an employer has general duty to " furnish to each of its employees employment and a place of employment which is free from recognized hazards that are causing or are likely to cause death or serious physical harm to its employees." This requirement comes from Section 1401 of the Occupational Safety and Health (OSH) Act of 1970.

In addition to the federal OSHA program, 25 states, Puerto Rico, and the U.S. Virgin Islands have OSHA-approved state plans. Of these, 10 states (AZ, CA, HI, IL, IN, MI, MN, NY, RI, and WI) have their own OSHA-approved state plans and their own OSHA-approved state plans.

How does workplace violence prevention fit with other goals?

You don't need to tackle workplace violence in isolation. Learn how preventing workplace violence can go hand-in-hand with strategies that your organization might already be using for compliance, accreditation, worker safety and quality patient care.

[PDF Download*](#)



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Workplace Violence Prevention Resources

Resources / Websites

AHA Resources

- [AONE's Guiding Principles for Mitigating Violence in Workplace Toolkit](#)
- [AONE Workplace Violence Resources](#)
- [ASHRA Toolkit](#)
- [ASHRM Health Care Facility Workplace Violence Risk Assessment Tool](#)
- [Health Facilities Management – 2018 Hospital Security Survey](#)
- [AHA's Hospitals Against Violence features the International Association for Healthcare Safety and Security – Active Shooter: Best Practices for the Worst Case](#)
- [Preventing Workplace Violence \(August 2018\)](#)

AHA Members in Action

- [Grady Health System in Atlanta, GA – Managing Workplace Safety and Reducing Workplace Violence case study and webinar](#)
- [Massachusetts General Hospital in Boston, MA - Reducing Health care Violence by Innovative Training and Valuable Partnerships](#)
- [Aurora Health Care in Milwaukee, WI – Violence in the Hospital: Preventing Assaults Using a Clinical Approach](#)
- [Broward Health in Fort Lauderdale, FL - Florida Hospital CEO Shares Thoughts Following Fort Lauderdale Airport](#)

American Nurses Association

#EndNurseAbuse Campaign

- Legislation introduced to US Congress
- #EndNurseAbuse Resource Guide available [here](#)



Download, read and share the #EndNurseAbuse Resource Guide and commit to reporting all abuses that you encounter.



Text Your Pledge

Join the social movement by pledging to support nurses and other health care workers. Text **PLEDGE** to **52886** and then share on social media.



A program of the American Nurses Association Enterprise to connect and engage nurses, employers, and organizations around improving health in six areas: mental health, physical activity, nutrition, rest, quality of life, and safety.

University Hospital Risk Factors and Actions Taken



Security updates

Security Department has enhanced the overall safety and security of the UH Campus through training and educating security staff, UH employees and their leadership of the importance of working together, being aware and communication along with hourly campus tours. Through continuous follow-ups with the outside agencies that are assigned to University Hospital, the forensic brochures have been a key tool with educating these agencies on our policy and procedures when assigned to a forensic patient. The bridge with RUPD and Allied Security has now been strengthened through great communication and working together. Allied Security and RUPD will continue to maintain the safety and protection of all entering University Hospital.

Access Control Evaluation

Throughout 2022 Access Control implemented measures to further secure our facility

- To assist with the Evolv Weapons detection
 - Made the C-Level employee entrance an exit only
 - Made the ACC North entrance an exit only
 - Restricted UH and ACC bridge access
- Added cameras to reduce dead zones
- Added key code locks and card readers to critical area doors
- Added panic buttons in high-risk areas
- Evaluated working areas/departments who mentioned concerns of safety and formulated improvement plans to further secure those areas
- Upgraded the access control system
- Upgraded the infant abduction system

In 2023 Access Control will continue to assess and improve to ensure this facility stays secure

EVOLV Weapon Detection Update

Evolv Express®



- The EVOLV weapons detection system combines powerful sensor technology with proven artificial intelligence (AI) security ecosystem integrations to ensure safer, more accurate threat detection at an unprecedented speed and volume
- EVOLV will be located in the following areas:
- ACC, ED Lobby, Ambulance Entrance, Main Lobby

Workplace Violence and Cultural Competency



Culturally Competent Patient-Centered Care

What does that mean?

What does it look like?

How can that impact Workplace Violence?



Why Cultural Competency?



The **increasing diversity** of the nation brings opportunities and challenges for health care providers, health care systems, and policy makers to create and deliver culturally competent services

Cultural competence is defined as the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients

The Impact

- People with chronic conditions require more health services, therefore increasing their interaction with the health care system
- If the providers, organizations, and systems are not working together to provide culturally competent care, patients are at higher risk of having negative health consequences, receiving poor quality care, or being dissatisfied with their care



Situations That May Escalate Strong Reactions

- **Long wait time**
- **Patient doesn't understand** (could be based on language or other barriers)
- **Patients with cognitive impairment** (i.e., dementia, intoxication, mental illness)
- **Treatment that causes discomfort** (i.e., blood draws, needles).
- **Moving a patient**
- **Situational events** such as ER, admitting, discharge, or directing patients back to their rooms
- **Daily acts of aggression and abuse** from patients, visitors, and co-workers

Guidelines for Providers

- Awareness of the influences that sociocultural factors have on patients, clinicians, and the clinical relationship
- Acceptance of the provider's responsibility to understand the cultural aspects of health and illness
- Willingness to make clinical settings more accessible to patients
- Recognition of personal biases against people of different cultures
- Respect and tolerance for cultural differences
- Acceptance of the responsibility to combat racism, classism, ageism, sexism, homophobia, and other kinds of biases and discrimination that occur in health care settings

Culture and Linguistics

- Values, beliefs, customs, knowledge, language and practices shared by a particular group
- Joint Commission has developed standards that provide a framework for providing culturally and linguistically appropriate patient centered care for hospitals and health care facilities
- Standards are consistent with US Department of Health and Human Services CLAS (Culturally and Linguistic Appropriate Services) standards

Cultural and Linguistic Competencies Include

- Awareness of culture-based treatment protocols and practices
- Acquiring knowledge of health-related beliefs, attitudes, practices, and communication patterns of patients and their families
- Understanding and demonstrating sensitivity and skills to address population-specific issues
- Implementing knowledge-based skills to provide effective care for patients from a specific ethnic, and/or cultural group

Key Competencies

- Listen, listen, and listen
- Ensure understanding
- Treat all with respect
- Don't assume; be careful of implicit biases
- Be knowledgeable about the populations we serve
- When in doubt, ask
- Be sensitive to the needs and wishes of others

Conclusion

- Cultural competence is not an isolated aspect of medical care, but an important component of overall excellence in health care delivery
- Issues of health care quality and satisfaction are of particular concern for people with chronic conditions who frequently come into contact with the health care system

UH Culturally Competent Programs

- Interpreter Program
- Health Literacy: The ASK ME Program
- Bloodless Surgery
- Religious Accommodations and Pastoral Counseling
- Cultural Dietary Accommodations
- Health Disparities with Rutgers Biomedical Health Science

References

- [Www.handlewithcare.com](http://www.handlewithcare.com). Handle With Care-Verbal Intervention Manual for Participants. (2012).
- [WWW.Osha.gov](http://www.osha.gov). Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers

Job Analysis Assessment

- Please click on the link below or scan the QR code to complete the required “Job Analysis Assessment”

<https://research.njms.rutgers.edu/redcap/surveys/?s=MP87J4TR9JYNFM47>



Job Analysis Assessment

Department:	Name/Title	Date	Phone

1. Do you have any concerns about risk of workplace violence pertaining to your work at University Hospital area? (i.e. unstable or volatile persons, prevalence of weapons, increasing presence of gang members, overcrowding and long waits for service, etc.)

No Yes If yes, please indicate areas of concern:

2. Do you have any concerns about risk of workplace violence pertaining to your job area? (i.e. solo work with patients and/or residents during examinations or treatment, lack of staff training, impact of staffing etc.)

No Yes If yes, please indicate areas of concern:

3. Do you have any concerns about risk of workplace violence pertaining to the physical environment? (i.e. lighting, entry control, security system and parking lot)

No Yes If yes, please indicate areas of concern:



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