

BETA HEALTHCARE GROUP

Employee Safety
and Wellness Initiative



BETA*WC



Employee Safety and Wellness Initiative

BETA Healthcare Group (BETA) Employee Safety is focused on minimizing injuries, controlling cost and protecting human capital within the health care environment. As your partner in employee safety, BETA provides its members the opportunity to participate in an incentive-based program designed to imbed best practices in your healthcare environment. The Employee Safety and Wellness Initiative provides a structured and supportive approach to reduce injury in all healthcare settings. BETA Workers' Compensation members are eligible to participate on an annual basis in improvement work designed to enhance worker safety and health and once all criterion on met through an annual validation survey, receive incentive credits applicable to the following year contribution.

Value of Participation:

BETA's Employee Safety and Wellness Initiative focuses on four key loss prevention areas; Ergonomics, Slips, Trips and Falls, Safe Patient Handling and Mobility and Workplace Violence Prevention. You will find best-practice strategies are outlined in the attached Guideline which serves as the basis of our incentive program. Keeping our workforce safe is not only the right thing to do, but there is a significant return on investment which can impact your Ex-Mod factor. For example:

Slips, trips, and falls (STF) are the second leading cause of injury in healthcare workers comprising 27% of the frequency (Bureau of Labor Statistics 2016). Environmental hazards as well as human factors can cause a STF. These same hazards can also lead to patient and visitor injury. The outcome can be severe in both physical harm to the individual and financial loss for the member organization. For the combined BETA pool of members, STF is currently (10/2018) the second leading loss leader for injury severity.

California's Ergonomics Standard (CCR Title 8, Section 5110 – Repetitive Motion Injuries) requires employers to perform worksite evaluations of each job, process, or operation if there are one or more injuries from the same repetitive motion job task. Computer work has become a commonplace in healthcare since the inception of electronic medical records. Repetitive keyboarding can be a risk factor for upper extremity injuries. Having a good plan in place for handling worksite assessments, policies, procedures, and staff education can help mitigate the harm to employees and cost to employers. BETA's ergonomics toolkit can assist you in developing your own internal program.

The regulations from OSHA and Cal/OSHA §5120 Health Care Worker Back and Musculoskeletal Injury Prevention and Hospital Patient and Health Care Worker Injury Protection Act under California's Labor Code 6403.5 is the law that requires all general acute hospitals to comply. Direct patient care requires the handling, lifting and mobilization of patients daily, increasing the risk musculoskeletal injuries. According to statistics from the Bureau of Labor and Statistics, in 2016, 32.9 per 10,000 full time workers reported injuries related to overexertion and bodily reaction. The number of sprains, strains and tears reported are 36.3 per 10,000 workers. Safe patient handling

programs can reduce injuries related to musculoskeletal disorders (MSDs). Providing a program to reduce injuries not only helps employees, but also will improve patient care and the bottom line.

Today more than 5 million U.S. hospital workers from many occupations perform a wide variety of duties and are exposed to many safety and health hazards, including violence. This violence can range from offensive or threatening language to homicide. According to estimates of the Bureau of Labor Statistics (BLS), health care workers sustain workplace violence (WV) injuries at a rate of 8.3 assaults per 10,000 workers, a rate over four times higher than full-time employees in the private sector. Psychiatric hospitals had WV injury rates 64 times higher than private industry, while nursing and residential care facilities had rates 11 times higher than private industry. Seventy-nine percent of the violent injuries were caused by interactions with patients. Although most events are non-fatal, there were 14 fatal events due to homicide in the sector. Healthcare workers (HCWs) who provide direct care have a high risk for WV due to the populations they serve, including those who may have altered mental status related to the influence of drugs and alcohol, psychiatric disorders, pain, multiple psychosocial stressors or grief.

Incentive Structure

Members are required to opt in and meet specific requirements to be considered eligible for incentive credits. Members may receive credit for up to two domains per contract year. Once a member qualifies for incentive credits in a domain, no future credits will be awarded. Renewal credits will be based on meeting specified criteria within each domain and include the following:

Domain	Incentive/Renewal Credit
Ergonomics Program	2%
Safe Patient Handling Program	2%
Slip, Trip and Fall Prevention Program	2%
Workplace Violence Prevention Program	2%
Total potential renewal credits	8%

Get Started:

Please review the Employee Safety and Wellness Initiative Guidelines carefully. Each domain toolkit contains tools and resources that represent best practice models.



Validation Process

- BETA will complete onsite validation assessments measuring the extent to which the member/insured has successfully achieved individual domain criteria
- Validation assessments will be completed, and findings provided to member at least one month prior to contract/policy renewal
- The results of the validation assessment will determine the incentive/renewal credit the member receives

We value our members and appreciate your continued interest in BETA's Employee Safety and Wellness Initiative. By executing the document below, you have expressed interest in participating in our Employee Safety and Wellness Initiative in the 2018 contract year.

DEMOGRAPHIC

Date of Assessment: _____

Facility Name: _____

BETA Risk Director: _____

Compliance Officer/Employee Safety: _____

Facility Leadership

Chief Executive Officer: _____

Chief Financial Officer: _____

Chief Nursing Officer: _____

Physical Therapy Director: _____

Occupational Therapy Director: _____

Broker: _____ Date Notified: _____

Licensed Beds

Medical Surgical: _____ Labor & Delivery: _____ Hematology/ Oncology: _____

Telemetry: _____ Orthopedic: _____ ICU/Critical Care: _____

Emergency Room: _____ OR Suite: _____ PACU: _____

Skilled Nursing Unit: _____ Memory Care: _____

Employee Count by Unit

Medical Surgical: _____ Labor & Delivery: _____ Hematology/ Oncology: _____

Telemetry: _____ Orthopedic: _____ ICU/Critical Care: _____

Emergency Room: _____ OR Suite: _____ PACU: _____

Skilled Nursing Unit: _____ Memory Care: _____

Ergonomics Guidelines Part One | General Ergonomics Program

Requirements	Goals	Validation
<p>Leadership commitment to an ergonomics program</p> <p>Leadership communicates to the organization their commitment to the Ergonomics program. The communication will reach all employees to provide awareness of the program and include an announcement of a designated person(s) who will be responsible for guiding the STF program.</p> <p>Announcements are made to employees via several means that ensure all departments / all employees get notice in a manner that is consistent and appropriate to departmental communication needs.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<p>Communication examples to be produced may include:</p> <ul style="list-style-type: none"> • System-wide newsletters • Email blasts • Posted announcements on units • Staff meeting / huddle announcements
<p>Framework for organizational safety in place</p> <p>The organization has a plan that follows CAL / OSHA requirements for illness and injury prevention program management.¹ Additionally, within this framework, policies are present that support and promote injury reporting.</p> <ul style="list-style-type: none"> • <i>Just Culture</i> principles are evidenced in the policies. Just Culture principles reflected in policy include accountability model that the organization has adopted as a result of following a formal Just Culture analysis. This includes how the organization will be held responsible for system related defects and what measures the organization will take when at risk or reckless behavioral choices are made by the employee that result in employee injury. 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<ul style="list-style-type: none"> • An IIPP that follows CAL/OSHA guidelines.¹ • A policy for injury and illness reporting. • Just Culture is evidenced in the policy language to include consequences for behavioral choices and accountability to correct system defects • Ten employees are surveyed regarding culture of reporting injuries without fear of retribution and knowledge of process.

<p><i>California Code of Regulations, Title 8, Industrial relations, Division, Department of Industrial Relations, Chapter 4, Division of industrial safety, Subchapter 7, General industry safety orders, Group 1, General physical conditions and structures, Section 3203, Injury and Illness Prevention Program.</i></p>		
Requirements	Goals	Validation
<p>Plan: Policy</p> <p>A policy for Ergonomics is implemented that complies with the California Ergonomics Standard, California Code Regulations (CCR) Title 8, Section 5110 – Repetitive Motion Injuries (RMI)¹.</p> <p>The policy must contain a plan for addressing RMI when more than one employee has an injury pertaining to requirements listed in the standard. Required components that must be addressed in the policy are:</p> <ul style="list-style-type: none"> • An employer designed program to minimize RMI's which includes worksite evaluations which will direct control of exposures that caused the RMI's. • A process to identify RMI and ergonomic hazards. • Explanation of a hierarchy of safety controls which will be used to implement changes that reduce the risk of RMI, within reasonable control of costs. • Training of employees on general ergonomics awareness and RMI prevention. <p>Additionally, the policy details management and employee responsibilities with the program, encourages ergonomic hazard and injury reporting, details training of new employees as well as ongoing refresher training information.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Not Met</p>	<p>An ergonomics policy that shows compliance with the California Ergonomics Standard.</p> <p>Additionally, the following resources will be provided:</p> <ul style="list-style-type: none"> • Three written examples of how a plan of intervention has been implemented for different job tasks when greater than one exposure of RMI and three general ergonomic injuries have been reported. • The process and/or procedure for RMI and ergonomic injury hazard investigation and injury reporting. • Evidence of interviews of three employees from three of the highest injury risk departments to confirm the knowledge of the where to find the policy for ergonomics.

Requirements	Goals	Validation
<p>Plan: Procedures</p> <p>The ergonomic procedures should address the details of the requirements of the California Ergonomics Standard to implement a plan for RMI as well as general ergonomic injury reduction. Included in this detail should be information about the worksite evaluation process. Inclusion criteria would be:</p> <ul style="list-style-type: none"> • Instruction on how employees can report ergonomic and RMI hazards. • A process to identify and investigate hazards. • How a Preventive (pre-injury or first aid only) and Workers Compensation Injury (post-injury) can be requested and administered and how both managers and employees receive communication about the results of the assessments. • A process for identification of hazard reduction and an approved intervention for remediation of hazards. • A training program for new employees, periodic refresher training, and access to ongoing resources to promote ergonomic injury prevention. • A process to document and store written preventive and Workers Compensation ergonomic assessment reports 	<ul style="list-style-type: none"> <input type="checkbox"/> Met <input type="checkbox"/> Not Met 	<ul style="list-style-type: none"> • Show documentation of process for reporting of RMI and ergonomic injuries. • Produce evidence of both preventive (prior to injury report) and Workers Compensation ergonomic injury assessment process. • Demonstrate how employees can request an ergonomic assessment. • Demonstrate training/qualification of ergonomic assessment provider. • Produce evidence of five ergonomic assessments (three preventative and two Workers Compensation) with a timeline of response to provision of services and remediation of hazards. • Produce three examples of an injury investigation process and plan that illustrates a remediation process. • Provide evidence of a documented process for training for new employees and refresher training.
<p>Training</p> <p>New employee training will include:</p> <ul style="list-style-type: none"> • Details of the organization’s program; • Detail on exposures which have been associated with RMIs; • The symptoms and consequences of injuries caused by repetitive motion; • The importance of reporting symptoms and injuries to the employer; 	<ul style="list-style-type: none"> <input type="checkbox"/> Met <input type="checkbox"/> Not Met 	<p>New employee and refresher training are demonstrated by review of documentation showing details of:</p> <ul style="list-style-type: none"> • Number of new employees trained • New hire log

<ul style="list-style-type: none"> • Methods used by the employer to minimize RMI's. • Ergonomic hazard and injury reporting procedures. <p>A minimum of 90% of new employees must be trained within 3 months of hire.</p> <p>Refresher training will be done annually and cover a review of the components within the new employee training.</p> <p>A minimum of 75% of existing employees must be trained annually.</p>		<ul style="list-style-type: none"> • Number of employees receiving refresher training • Current employee count • Content of trainings • Evaluation of training knowledge.
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References

1. *California Code of Regulations, Title 8, Industrial relations, Division, Department of Industrial Relations, Chapter 4, Division of industrial safety, Subchapter 7, General industry safety orders, Group 1, General physical conditions and structures, Section 3203, Injury and Illness Prevention Program.*

Safe Patient Handling and Mobility Program

Requirements	Goals	Validation
<p>Leadership Commitment Secure Leadership support for and designate a person(s) within the organization who will be responsible for financial commitment. Additionally, a person responsible for program oversight to implement and sustain the program is identified.</p>	<ul style="list-style-type: none"> ○ Met ○ Not Met 	<p>Written documentation due on date of validation survey: CEO to demonstrate commitment to the program through one or more of the following:</p> <ul style="list-style-type: none"> • Email to all staff, • Announcement to all staff, • Newsletter or an announcement on the intranet. <p>Financial backing for the program demonstrated by CFO budget for education and equipment.</p>
<p>Safe Patient Handling Policy The Safe Patient Handling Policy, known as The Back and Musculoskeletal Injury Prevention Plan (MIPP), should be part of the Injury and Illness Prevention Plan (IIPP) or referenced in the IIPP as a separate policy.</p> <p><i>*(Title 8, Subchapter 7, §5120. Health Care Worker Back and Musculoskeletal Injury Prevention) (Hospital Patient and Health Care Worker Injury Protection Act, California Labor Code §6403.5, 2012)</i></p>	<ul style="list-style-type: none"> ○ Met ○ Not Met 	<p>Produce the IIPP which incorporates the SPHM policy as an addendum and / or references it as a separate policy, at least two weeks prior to the validation survey.</p>
<p>The Plan Procedures noted for ensuring supervisory and non-supervisory employees comply with the plan and use specified procedures and equipment when performing a patient handling task. Included training, and retraining programs, disciplinary actions, or similar means to ensure employee compliance.</p> <p><i>*(Title 8, Subchapter 7, §5120. Health Care Worker Back and Musculoskeletal Injury Prevention)</i></p> <p><i>*Duke BMAT – Beside Mobility Assessment Tool</i></p> <p><i>*CPAx – Chelsea Critical Care Physical Assessment Tool</i></p> <p><i>*AMS – Active Mobility Screen</i></p>	<ul style="list-style-type: none"> ○ Met ○ Not Met 	<p>Provide documentation of Safety Risk Assessment (SRA) or noted as Risk Assessment, Gap Analysis etc. referenced in policy with a frequency for completion and documentation of not less than once per year.</p>

<p>Training records for new employee's orientation and competency validation shall reside in the employee file for the duration of their employment. All other documented records must be kept for at least one year.</p> <ul style="list-style-type: none"> • The policy is reviewed annually, and updates are communicated to all employees when the policy is amended and reposted. <p><i>*(Title 8, Subchapter 7, Group 15, Article 106, §5120. Health Care Worker Back and Musculoskeletal Injury Prevention) (Hospital Patient and Health Care Worker Injury Protection Act, California Labor Code §6403.5, 2012)</i></p>	<ul style="list-style-type: none"> ○ Met ○ Not Met 	<p>In person observation of staff utilizing equipment based on recommendation of the assessment of the patient's mobility.</p> <p>The policy is dated with a review date.</p>
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Slip, Trip, Fall Program

Requirements	Goals	Validation
<p>Leadership commitment to Slip, Trip, Fall (STF) program</p> <p>Leadership communicates to the organization their commitment to the STF program. The communication will reach all employees to provide awareness of the program and include an announcement of a designated person(s) who will be responsible for guiding the STF program.</p> <p>Announcements are made to employees via several means that ensure all departments / all employees get notice in a manner that is consistent and appropriate to departmental communication needs</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<p>Examples to be produced may include:</p> <ul style="list-style-type: none"> • System-wide newsletters • Email blasts • Posted announcements on units • Staff meeting / huddle announcements
<p>Framework for organizational safety in place</p> <p>The organization has a plan that follows CAL / OSHA requirements for illness and injury prevention program management and fall prevention.^{1,2} Additionally, within this framework, policies are present that support and promote injury reporting.</p> <p><i>Just Culture</i> principles are evidenced in the policies. Just Culture principles reflected in policy include accountability model that the organization has adopted as a result of following a formal Just Culture analysis. This includes how the organization will be held responsible for system related defects and what measures the organization will take when at risk or reckless behavioral choices are made by the employee that result in employee injury.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<ul style="list-style-type: none"> • An IIPP that follows CAL/OSHA guidelines.¹ • A policy for injury and illness reporting. • Just Culture is evidenced in the policy language to include consequences for behavioral choices and accountability to correct system defects • Ten employees are surveyed regarding culture of reporting injuries without fear of retribution and knowledge of process.

<p>¹ California Code of Regulations, Title 8, Industrial relations, Division, Department of Industrial Relations, Chapter 4, Division of industrial safety, Subchapter 7, General industry safety orders, Group 1, General physical conditions and structures, Section 3203, Injury and Illness Prevention Program.</p> <p>² Cal OSHA Subchapter 7, Aisles, Walkways, and Crawlways - Subchapter 7, Group 1, Article 4</p>		
Requirements	Goals	Validation
<p>Plan: Policies and procedures for STF prevention</p> <p>A policy for STF is implemented that shows responsibility of both management and employees in program accountability, encourages STF hazard and injury reporting, details mandatory new employee and refresher training, and follows the IIPP process as required by Cal/OSHA. Specialized training for environmental services protocols and facilities maintenance will be noted.</p> <p>A 5S or similar protocol for area organization and cleaning is a part of the training. Employees make a commitment to their part in STF behavioral safety and keeping the environment free of STF hazards.</p> <p>A shoe wear policy will be included for departments or occupations with high risk for STF.</p> <p>Procedures for how employees report hazards are formatted as standardized operating procedures. The organization will participate in periodic documented hazard surveys of the organizational environment at least yearly. Documented hazards will show a time line for remediation.</p> <p>All STF Injuries will be investigated and documented using a human factors systems approach to find the root</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Not Met</p>	<ul style="list-style-type: none"> • The STF policy for the organization • Documentation demonstrates how employee commitment to STF safety was accomplished with 90% of staff • Evidence of an ongoing 5S process is demonstrated by inspection of 3 departments that have undergone a 5S process • Evidence of the of the training and/or 5S activity • Ten staff will be interviewed onsite • A shoe wear policy is produced. • Procedure for STF hazard reporting. • The most recent organizational hazard survey. • Hazard identification and remediation process for three STF hazards

<p>cause(s). This will include injury report tools that demonstrate consideration of hazards through a human factors lens which includes analysis of the environment, the task, organizational factors, tools and technology and personal factors.</p> <p>The STF plan will be reviewed at least yearly for effectiveness and changes implemented as required.</p>		<ul style="list-style-type: none"> • Five injury investigation reports to be produced for review. The STF Plan.
Requirements	Goals	Validation
<p>Training</p> <p>New employees will be trained upon hire to cover the following STF information:</p> <ul style="list-style-type: none"> • Awareness of the severity of STF injuries nationally as well as any STF trends within the organization. • STF hazard identification and prevention strategies. • STF hazard and injury reporting procedures. • Shoe wear policy (as applicable by department). • Department and environment specific training on hazards. • Commitment to STF behavioral accountability. • 5S overview. • • 90% organizational compliance with employee training is required <p>Refresher training will be done periodically and cover a review of the components within the new employee training.</p> <p>Environmental Services training will cover the same as new employee and refresher training plus protocols for</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Not Met</p>	<ul style="list-style-type: none"> • Evidence of new employee training and content • Evidence of refresher training and content • Sign-in sheets or other tracking mechanism by which the number of employees that have been trained between 7/01 to 6/30 by department may be ascertained. • Content of trainings • Evaluation of training knowledge • Evidence of Environmental Services and Facilities maintenance training content

<p>appropriate wet and dry floor cleaning, dealing with seasonal risks of STF control, proper use and removal of warning signage, and education on slip-resistant shoe wear.</p> <p>Facilities maintenance covers the same as new employee and refresher training. In addition, this training includes STF preventive maintenance protocols, priority for repairs and indoor and outdoor STF preventive measures.</p>		
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Workplace Violence Prevention Program

Requirement	Goals	Validation
<p>Leadership Commitment and Program Compliance</p> <p>Leadership support exists for Workplace Violence Prevention (WVP) Program and designation of a person(s) within the organization who will be responsible for allocation of appropriate resources for information, personnel, time, training, tools, or equipment.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Not Met</p>	<p>Written documentation due on date of validation survey:</p> <ul style="list-style-type: none"> • Leadership “corner” in newsletter speaking to violence • Widely disseminated kick off announcement (e.g. Town Hall
<p>Establish a Task Force and Engage Representatives and Partners/Other Employers</p> <p>A Workplace Violence Prevention Task Force is established.</p> <p>The Task Force is comprised of and/or includes evidence of:</p> <ul style="list-style-type: none"> • Diverse representation • Local law enforcement engagement in response planning • Informed – access and knowledge of IIPP, Safety and Security Plan, Emergency/Disaster Preparedness Plan, Regulations 	<p><input type="checkbox"/> Met <input type="checkbox"/> Not Met</p>	<ul style="list-style-type: none"> • Workplace Violence Prevention Task Force Meeting Minutes/Attendance Sheets
<p>Compliance: Partners, Other Employers, Non-Employee</p> <p>Employees of other employers receive appropriate training and that workplace violence incidents involving them are reported, investigated and recorded.</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Not Met</p>	<ul style="list-style-type: none"> • Provide documentation that contracted staff who have completed workplace violence prevention training. • Inspection of training shows inclusion of all required topics

<p>Identify, Assess and Correct Environmental, Visitor and Patient-Specific Risk Factors</p> <ul style="list-style-type: none"> • Patients are evaluated for specific risk factors. • Assessment are conducted to identify and evaluate environmental risk factors for each facility, unit, service or operation. • Procedures exist to assess visitors 	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<ul style="list-style-type: none"> • Produce documentation of assessment tools, decision trees, algorithms, or other effective means are used to identify situations or where violence is likely to occur. • Produce medical records/documentation to validate patient-specific risk factors are identified (e.g. EHR electronic screen, paper form, stickers, magnets). • Produce records/documentation used to flag visitors' other persons who display disruptive behavior or otherwise pose a risk. • Produce assessments for environmental risk during validation and participate in surveillance during Employee Safety Manager visit. • Produce documentation supporting the existence of an internal/external communication • Best Practice Tool: Minnesota Department of Health Gap Analysis – Preventing Violence in Healthcare Gap Analysis
<p>Plan and Policy Documentation</p> <p>The organization has a workplace violence prevention plan incorporates that which is required by the legislation. (see Plan section in toolkit)</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<ul style="list-style-type: none"> • Review of the plan supports the existence of a strategy to address specific hazards and corrective measures. • Produce safety risk assessment organization wide of not less than one year.
<p>Policy Communication</p> <p>Procedures exist to communicate with employees regarding workplace violence matters (e.g. report, investigate, corrective actions).</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<p>Produce orientation documentation that supports the existence of a strategy to communicate with employees regarding workplace violence matters, including:</p> <ul style="list-style-type: none"> • how an employee may report a violent incident, threat, or other concern without fear of reprisal;

		<ul style="list-style-type: none"> • how employee concerns will be investigated; and • how employees will be informed of investigation results and corrective action
<p>Policy</p> <p>The Violence Prevention in Health Care should be part of the Injury and Illness Prevention Plan (IIPP) or referenced in the IIPP as a separate policy.</p> <p>Violence Prevention in Health Care, California Labor Code §6401.8 effective September 29, 2014 and Cal/OSHA guidelines for the hospital workplace violence prevention in Title 8, California Code of Regulations, § 3342</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<p>The IIPP incorporates a Workplace Violence policy as an addendum and/or references it as a separate policy, at least two weeks prior to the validation survey.</p>
<p>Responding to an Incident and Post-Incident Response</p> <p>A policy exists which governs who will respond to workplace violence incidents and identify procedures for post-incident response and investigation.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<p>Produce a policy exists which governs who will respond to workplace violence incidents and identify procedures for post-incident response and investigation.</p>
<p>Violent Incident Log</p> <p>A violence incident log must be available to employees and their representatives.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<p>The violent incident log contains all the elements required by Cal/OSHA.</p>
<p>Reporting Policies</p> <p>Cal/OSHA incident log and reporting protocols are in alignment with stated reporting requirements and determine if all the reporting requirements are met.</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<p>Review the reporting log and policy.</p>
<p>Training</p> <p>Develop a program for training employees to address workplace violence risks that the employees are reasonably anticipated to encounter in their jobs,</p> <p>Initial: Training must be done when the plan is first established and when an employee is</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	<p>Training documentation shows inclusion of all required topics.</p>

newly hired, and address violence risks the employees are reasonably anticipated to encounter in their jobs, the violence hazards identified in the facility, and the corrective measures the employer has implemented.

Special Training: Employees assigned to respond to alarms or other notifications of violent incidents or whose assignments involve confronting or controlling persons exhibiting aggressive or violent behavior must receive special training prior to initial assignment and at least annually thereafter.

Refresher Training: Only employees who have direct physical contact with patients, and their supervisors receive initial training and the results of the annual workplace violence program plan review.

Update Training: Procedures exist to ensure that additional training is provided when new equipment or work practices are introduced or when a new or previously unrecognized workplace violence hazard has been identified.

All training must include an opportunity for interactive questions and answers with a person knowledgeable about the employer's WVPP.

References and Tools

Gap Analysis and Assessment Tools

1. **Minnesota Department of Health** – <http://www.health.state.mn.us/patientsafety/preventionofviolence/toolkit.html>
2. **American Society for Healthcare Risk Management (ASHRM)** – http://www.ashrm.org/resources/workplace_violence/pdfs/Workplace-Violence-Tool.pdf

Training

1. Crisis Prevention Institute (CPI) – Nonviolent crisis intervention – <http://www.crisisprevention.com>
2. Avade Training – Education, Prevention and Mitigation – avadetraining.com
3. Management of Aggressive Behavior (MOAB) – Recognizing, reducing and managing violent and aggressive behavior – <https://www.moabtraining.com>

U.S. Department of Health and Human Services. Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. Workplace Safety & Health Topics. Occupational Violence. Retrieved 4/26/17 at <http://www.cdc.gov/niosh/topics/violence/>.

U.S. Department of Labor. Bureau of Labor Statistics. BLS Census of Fatal Occupational Injuries Summary. 2015. Retrieved 4/27/17 at <https://www.bls.gov/news.release/cfoi.nr0.htm>.

U.S. Department of Labor. Occupational Safety and Health Administration. Worker Safety in Hospitals - Caring for the Caregivers. Retrieved 4/28/17 at <https://www.osha.gov/dsg/hospitals/index.html>.