

Workplace Violence Toolkit – Section 4

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Developing the WPV Program Plan

Step 9

Develop communications plan, education and training plan, and zero tolerance WPV policy

Section 3 described how to identify and assess hazards and risks for WPV in your facility, and a process for determining solutions to address hazards and identify WPV program elements that require implementation.

This Section (4) discusses how to finalize your WPV program plan by developing the plans and policy that provide a critical foundation for your WPV program efforts.

- Developing a Communications plan provides you with a key tool that will help to facilitate culture change (e.g., required changes in practices and procedures), and guide efforts to implement and sustain the program.
- Developing an education and training plan at this stage allows you to determine resources (budget, personnel etc.) needed, that you will request from leadership to implement an ongoing employee/stakeholder WPV training program.
- Developing or updating an existing zero tolerance WPV policy allows the organization to clearly state to all employees that prevention of WPV is paramount for employee and patient/visitor safety. It defines how the organization will respond to WPV in any form and roles and responsibilities of employees in the prevention and control of WPV.

Tools that support content in this Section

[4a. Communications plan](#)

[4b. WPV policy sample that includes a summary of program elements](#)

[4c. WPV Program plan summary template](#)

[Refer to Section 6 for the Education and Training Plan](#)

Communications Plan

Why develop a Communications Plan for a WPV program?

Effective ongoing communications or social marketing to all employees in a health care facility is essential to facilitate and manage change within an organization.

There are many people who are interested in and affected by the WPV program and outcomes.

WPV program management is as much about **organizational culture change** as it is about implementing and/or enhancing violence prevention strategies. Therefore, to aid in facilitation of culture (or behavior) change, it is essential that all stakeholders of the program are informed of their role within the program, and about program progress and accomplishments.

Developing and implementing a communications or social marketing plan helps to achieve that goal.

The message should be tailored to fit the audience. Examples of success stories related to WPV efforts within the organization, on a unit, and the progress of the WPV Committee, should be disseminated regularly. Positive reinforcement of good work practices and behaviors is encouraged. Recognition is given to employees that develop solutions to improve employee and patient safety. Communication efforts to groups outside of the hospital or organization are also important and can strengthen the relationship between the facility and local community.

Developing a **communications plan** provides the WPV project coordinator and the committee with a road map for getting your message to your audience or stakeholders i.e., those affected by the WPV program plan and related activities. Sharing well developed and meaningful information with managers and employees about what is happening within their departments and units, as well as across the organization, helps them align with and participate in achieving WPV program goals.

A WPV program communications plan:

- Gives you a structure to determine whom you need to reach and how
- Helps to ensure that all stakeholder groups are identified and included in the plan
- Helps to determine what each target group needs to know
- Makes your communication efforts more efficient, effective, and lasting

Creating the plan at this stage of program planning, facilitates project management during the implementation and management stages of the WPV program. The plan also provides a

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foundation for developing the WPV program education and training plan.

As with management of a WPV program, the communications plan and your communication efforts should be evaluated periodically and revised as needed.

Developing the Communications Plan

Tool 4a, the sample WPV Program Communication Plan can be used as a template when developing your communications plan.

- 1. As a committee, determine how is information is communicated within your facility currently and if there are methods of communication that are more effective than others?** Does effectiveness vary by stakeholder group e.g., senior leadership vs. direct care staff? All employees may have access to work email but are some stakeholder groups (or target audience) more likely to read their email and in a timely manner than others? This would be important to consider before implementing a broad email-based communication effort.

It can be helpful to identify methods of communication as listed in **Table 4.1**.

- 2. Determine what the objectives of communications related activities are.** What are the results you want to achieve through your communications about the program, program goals and WPV in general?
- 3. Identify your audience** i.e., the WPV program stakeholders (see **Table 4.2**): All employee groups, contractors, students, patients, families, other visitors, volunteers, community agencies, etc., who may be impacted by the WPV program policies and procedures. You should have identified your primary stakeholders when building the WPV committee, however, additional stakeholders may be identified as a result of hazard assessment activities.
- 4. What do you want to communicate (the message)?**
 - a. What do they need to know? For example:
 - i. The scope of WPV in health care and current trends in preventing WPV.
 - ii. Why a WPV program is being developed or enhanced at your facility (i.e., the rationale for why a change is needed). This may include a summary of WPV incident and injury data, the staff survey, and the information gathered from the analysis and assessment of the physical environment.

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- iii. The goal of the WPV program or vision of future outcomes after the initiative is completed.
- iv. An overview of the WPV program plan and activities that is, what, how, and when will the program will be implemented and sustained.
- v. Where they can get more information, assistance as needed, and provide feedback about the program activities during and after the program is implemented etc.
- vi. Updates on the status of program implementation and management, including success stories.

Methods of communication		
<i>On a unit/dept.</i>	Within the hospital	External
<ul style="list-style-type: none"> ▪ Face to face ▪ Staff meetings ▪ Shift change handoff ▪ Safety huddles ▪ Email ▪ Intranet ▪ Notice boards/posters in staff restrooms ▪ FAQs ▪ Executive rounding 	<ul style="list-style-type: none"> ▪ Employee safety and/or Environment of Care Committee ▪ WPV resource/training intranet page ▪ Newsletters ▪ Hallway information boards ▪ Director/manager meetings ▪ Executive rounding 	<ul style="list-style-type: none"> ▪ Community newsletter ▪ Local media when program established ▪ School of nursing and/or other disciplines

Table 4.1.

- b. How will the WPV program and associated practices and procedures be meaningful to each stakeholder group or audience?
 - i. The stakeholder’s role in the initiative - what specific behaviors and activities are expected during and after implementation of the WPV program (including the organization’s expectations related to behaviors and activities) in the initiative.
 - ii. The impact of the WPV program and related procedures on the day-to-day activities of managers and employees (what will they have to do?), and job functions, if applicable.

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WPV Stakeholder Groups - Example	
<ul style="list-style-type: none"> ▪ CEO and Administration ▪ Committee or group that the WPV committee report to (if applicable) e.g. employee safety committee ▪ WPV Program Committee and ▪ Program Coordinator ▪ Directors and Unit Managers - all ▪ Unit RNs and CNAs including Float Pool Nurses & CNAs ▪ Other direct care staff such as MAs in outpatient clinics etc., (if applicable) ▪ Home Health staff (if applicable) ▪ Physicians and other medical providers e.g. NPs, PAs etc. ▪ Contract staff e.g. traveling nurses; physician; support services; building contractors etc. ▪ Other staff groups e.g., rehab/therapy; imaging staff, respiratory therapy; lab, transportation, etc., who may have direct contact with patients and perform care related tasks 	<ul style="list-style-type: none"> ▪ Support service staff – environmental services, maintenance, food services, information technology, biomed, administrative personnel, etc. ▪ Security (if applicable) ▪ Clinical Education/Professional development staff ▪ Union/Labor representatives ▪ Patient population and families (community) ▪ Nursing Students (and/or other student groups) ▪ Emergency Medical Services ▪ Volunteers ▪ Law Enforcement ▪ External behavioral health treatment facilities or clinics (not operated by this hospital) in the community, other community agencies

Table 4.2

- iii. Identify ‘what’s in it for them’ or how will it benefit them. Will the benefits of the program and how it will impact the stakeholder outweigh the costs?

Consider that some benefits of the WPV program may not be tangible or have a direct impact on some groups of individuals. For example, loss of comfortable or preferred behaviors, time to learn new practices, or the emotional investment

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inherent in learning and behavior change. When the costs outweigh the perceived benefits, unacceptable trade-offs can prevent new practice. Planning attractive and motivating exchanges that are customized to each stakeholder group can assist to solicit stakeholder 'buy-in' and understanding that the benefits outweigh the cost of changes required that impact practice or work procedures etc. (RNAO, 2012).

5. The best method(s) to communicate to each customer group

- a. Identify direct and indirect methods of communications using multiple media as appropriate. Customize the content to each stakeholder group as needed.
- b. Consider developing a theme or brand for the program with a logo and 'eye-catching' promotions if feasible to help distinguish the program from other safety efforts and promote communication. When creating your message, consider content, mood, language, and design.
- c. Use multiple media to disseminated information than a single delivery method e.g., showing positive program trends on visibly displayed large wall charts together with conducting brief updates at staff meetings and program information in newsletters.

Using multiple methods to deliver information about WPV program activities and processes etc., will help facilitate engagement in the program, and help ensure that employees on all shifts will receive the information you are sharing.

6. When does the communication need to be conducted/sent and how often?

For example, at the beginning of WPV initiative, then frequently and consistently throughout the entire implementation process and then periodically after implementation in an ongoing basis.

Frequency of communication depends on progress of program implementation and questions or concerns of stakeholders. The important thing is to maintain regular two-way dialogue with all stakeholders about the WPV program and related activities especially those that impact them directly to ensure all stakeholder questions are addressed.

7. Who will develop the communication?

- a. Do you need assistance from other departments e.g. marketing or communications department?

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8. Who will conduct and distribute the communications?

- a. Do you need assistance from other departments e.g. education, information technology (IT) etc.

A study by Prosci Inc., a company that conducts periodic research on change management, examined the success factors associated with change initiatives in 288 organizations located in 51 countries. It was found that employees perceived the most effective sources of communication about change were as follows:

- i. Their immediate supervisor (most effective)
- ii. The organization's President/CEO
- iii. Other organizational executives (i.e., COO, CNO, CFO)
- iv. Senior managers (i.e., Vice-Presidents, Directors)
- v. Department heads and charge nurses
- vi. Change implementation team member (i.e., change team member)
- vii. Change implementation team leader (i.e., change team leader) (least effective)

Therefore, communicating and training leaders and managers about WPV and the program plan etc., should occur before other employee stakeholder groups so that they understand why the WPV program is necessary, and the related benefits, and their role in the implementation of the program. This assists to enlist leader and manager support for the change during the employee rollout, including delivering communications to their employees.

9. Is follow up needed to review if the communication/message and delivery method was effective i.e., were your objectives achieved? If 'yes' how and who will perform this task?

Implementation of the WPV Communications Plan will be discussed in **Section 7**

Education and Training Plan

Why develop an Education and Training Plan for the WPV program?

Education and training are critical elements of a successful WPV program. The goal of education in a WPV program is to facilitate employee understanding of the scope, and principles of WPV prevention as related to their work environment and the organization as a whole. Education reinforces that violence is not an acceptable part of health care work and the scope of the organization's WPV policy.

Hospitals participating in the WSI project learned that it is important to follow-up communication efforts and don't assume that staff on all shifts are aware of the WPV program and implementation progress. For example, at one facility information about WPV program planning efforts was disseminated through the staff survey process, newsletters, email, and department staff meetings.

However, it was found that not all staff who worked nightshifts and weekends in the Emergency department (ED) were aware of the WPV program goals and plans etc. Some staff had been away on vacation or personal leave, or away from work due to occupational injury, or were just were not aware of the communications sent.

To address this issue, one of the ED staff nurses adapted information from a PowerPoint presentation about the WPV program that the facility WPV committee had shared with other staff groups. She then shared the information with her colleagues in the ED during staff meetings and huddles and had her colleagues disseminated the information to their coworkers on each shift etc.

Training provides employees with the skills to identify and report potential hazards and risks for WPV, and to learn how to protect themselves, their coworkers, and their patients.

Overall, an ongoing WPV education and training program engages employees in development, implementation and sustainability of the WPV program.

Developing a draft education and training plan allows you to identify resources (budget, personnel, time for development of training materials, and scheduling of training, etc.), that will be needed to implement an ongoing WPV training program. Developing a plan allows you to identify what training resources are available, and where there are gaps in resources in needed. For example, can you develop and conduct WPV training required for all stakeholder groups (as

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identified in your Communications Plan) using internal resources, or do you need find an external provider etc.?

After developing your plan, you can draft an education and training budget that will be presented to leadership as part of the WPV program proposal.

Development and implementation of an education and training program plan for a WPV Program is discussed in detail in **Section 6** of this toolkit. **Tool 6a**, provides a sample education and training program plan together with links to training materials that are available in the public domain.

Workplace Violence Policy

Purpose

The foundation of an effective WPV program is the creation and implementation of a well written zero-tolerance WPV policy and supporting procedures, that is actively enforced, followed, and maintained.

A WPV policy should:

- Provide a clear statement of the organization's position on workplace violence i.e., violence in any form is not acceptable in the workplace and that all threats or incidents of violence will be taken seriously.
- Clearly define the scope of WPV i.e., acts of physical violence, harassment, intimidation, and other disruptive behavior.
- Explicitly state the consequences of violation of the WPV policy by employees i.e., the consequences of making threats or committing acts of violence in the workplace.
- Inform patients, visitors, and others of their responsibilities and the conduct that is expected of them.
- Encourage employees to report incidents or related concerns and explain the reporting process.
- Demonstrate senior management's commitment to dealing with potential violence, response to reported threats or violent events, and providing constructive support procedures after the event, without fear of reprisal for reporting incidents.

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- Reference specific WPV regulations e.g., Oregon WPV law, ORS 654.412 to 654.423 - Safety of Health Care Employees or Washington WPV law Chapter 49.19 RCW-SAFETY—HEALTH CARE SETTINGS RCW 49.19.005 to 49.19.070.
- Instruct all employees that they are responsible for complying with the policy.

The policy also provides an opportunity to communicate to staff that employee safety and security are as important as patient safety.

Many professional health care organizations and associations such as the American Nurses Association, the Association of Nurse Executives and the Emergency Nurses Association promote the development of a "Zero Tolerance" WPV policy.

Instituting a zero-tolerance workplace violence policy sends a clear message to everyone working in the organization, that all threats or incidents of violence will be taken seriously, and the consequences of WPV.

However, when determining if, and how your organization will use the term "zero tolerance" in your WPV policy, consider the language that is used to clarify the consequences or penalties of violating the WPV policy and specific violence related behaviors. For example, the consequence for violating the policy will lead to penalties "up to and including termination". This allows for flexibility in dealing with a variety of violence incidents and circumstances. In addition, the appearance of inflexibility can discourage employees from reporting incidents because they do not want to get their coworker fired in the case of lateral violence or bullying i.e., they just want the behavior stopped. The appearance of inflexibility also may discourage early intervention in potentially violent situations involving patients who are unintentionally verbally or physically violent towards employees e.g., patients with dementia or severe brain injury (FBI 2004, Farrell, 2014).

Lastly, as discussed in **Section 1 'Understanding WPV'**, you cannot always prevent violent incidents, but you can reduce the risk by planning and being prepared to act swiftly to deal with threats, intimidation, and other disruptive behavior at an early stage.

Consult with your organization's human resources and legal departments when drafting your WPV policy and reviewing potential legal implications.

Developing the WPV Policy

- Use committee resources to gather existing policies and procedures related to WPV and facility/environmental security. You may find that there are policies that overlap or are related and reside in different departments such as Human Resources, Quality/Risk Management, Security and Employee Health.

If you have policies that overlap or are redundant, consider combining, simplifying them, and storing them in a location that is easily accessible for employees.

- Determine the structure of the policy. For example, do you want to develop a brief and simple policy statement and provide information about related procedures in supporting operating manuals, or keep program and procedural details within the policy document?
- Use a policy template that is approved by the organization if applicable. As you develop your draft policy determine what information will be included in the policy appendices, or referred to via cross reference (e.g., via intranet link) to another policy document that exists.
- Other written procedures that should be reviewed and enhanced, or developed to address WPV, may have been identified during the *Gap Analysis* review described in **Section 3** of this toolkit. For example:
 - i. Procedures specific to clinical areas such as critical care, emergency room, behavioral health, mother and baby, outpatient clinics, transportation and home health
 - ii. Procedures for specific patient populations such as behavioral health patients; patients in withdrawal; and patients with dementia/Alzheimer's
 - iii. Procedures to address for violence perpetrated by visitors/family

A list of other related safety and security policies and procedures that should be reviewed can be found in **Tool 3a - the Gap Analysis checklist**.

WPV policies can vary greatly in scope and content. **Tool 4b**, provides an example of a WPV policy template chosen and developed by some of the hospitals in the WSI project.

Other examples are provided in the **References** at the end of this Section.

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As you review and develop your WPV policy, ensure that procedures for managing aggressive behavior/violence meet current law and regulations such as, OAR 259-060-0130 ‘use of force’ rules and CMS, Joint Commission and DNV rules for Restraint and Seclusion of patients.

Elements that can be included in a WPV policy are listed in **Table 4.3**.

Example of the elements that can be included in a WPV policy	
<ul style="list-style-type: none"> ▪ Objectives or Purpose ▪ Policy Statement about intent of the violence prevention program and organizations’ executive management commitment to support the program etc. ▪ Scope of the policy ▪ Definitions of violence (well defined with examples) ▪ Reference to state law or regulation for addressing WPV in health care and other applicable regulations such as those for security personnel if applicable. ▪ Non-retaliation policy ▪ Information about violence in health care e.g., the prevalence of violence, where violence can occur, and the perpetrator (i.e., patients, visitors etc., types of violence) ▪ Roles and responsibilities of specific groups within the program e.g., executives and management, clinical and non-clinical employees, violence prevention committee, threat assessment and response team, security personnel, etc. ▪ Risk assessment protocols* 	<ul style="list-style-type: none"> ▪ Investigation considerations ▪ Post incident review including protection of employee of health care employer after assault by patient* ▪ Employee support resources* ▪ Education plan* ▪ Program evaluation ▪ Record keeping/data analysis* ▪ Policy review timeline ▪ Appendices, checklists, tools etc. This may include detailed information about: <ul style="list-style-type: none"> – Code silver and code gray protocols – Criteria for restraint/seclusion application – Other security related policies as applicable – Links to other related information/resources for employees e.g., state WPV laws; employee assistance programs; incident reporting access; WPV program webpage. <p><i>*Program elements that must be addressed per Oregon ORS 654.412 to 654.423 Safety of Health Care Employees or Washington state</i></p>

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Example of the elements that can be included in a WPV policy	
<ul style="list-style-type: none">▪ A summary of technology/processes used or hazard control (e.g., personal alarms, lock down ability etc.) *▪ Reporting and response procedures including code grey, code silver, use of force etc.*	<i>Chapter 49.19 RCW-SAFETY—HEALTH CARE SETTINGS RCW 49.19.005 to 49.19.070.</i>

Table 4.3

The WPV policy is typically reviewed with employees and implemented at the start of program.

Implementation and evaluation of the policy and associated procedures will be discussed further in **Sections 7 and 8**.

Zero-Tolerance Workplace Violence Policies New 2020

WPV policies that state that there is zero tolerance of violence within a health care organization can create conflict when balancing the ‘duty to care’ for patients versus duty to create a safe work environment for employees. (Morphet et al., ,2018; Copeland & Henry, 2017)

It may be feasible to enforce a ‘zero tolerance’ policy for violence that is perpetrated by employees, contractors and visitors, but it is challenging to do so when the perpetrator is the patient and a hospital that receives federal assistance, maintains charitable nonprofit tax status, or participates in Medicare, has a duty to provide emergency care under the Federal Emergency Medical Treatment and Active Labor Act (EMTALA) and other applicable state laws.

Thus, it can be challenging for hospitals to meet both the patient safety focus of the Centers for Medicare & Medicaid Services (CMS) and the worker safety focus of Occupational Safety and Health Administration (OSHA) when addressing WPV.

However, in August 2019 in an effort to identify and resolve contradictory regulatory expectations of hospitals created by the agencies’ differing perspectives, CMS and Federal OSHA issued a report that was mandated by Congress on regulatory standards governing workplace violence in health care settings.

Zero-Tolerance Workplace Violence Policies *continued*

The Department of Health and Human Services, Centers for Medicare & Medicaid. ‘*Senate Appropriations Committee Report to Congress on: Safety in Healthcare Facilities*’ report reiterates the agencies’ perspectives on the protection of patients and health care workers from WPV. (MHA Today, August 23, 2019)

In summary, CMS states in the report that ‘In order to provide care in a safe setting, hospitals should identify patients at risk for intentional harm to self or others, identify environmental safety risks for such patients, and provide education and training for staff and volunteers.’ And ‘CMS believes that, in general, healthcare workers should have a right to provide care in a safe setting. CMS health and safety requirements do not preclude healthcare workers from taking appropriate action to protect themselves from workplace violence’.

The full report can be accessed from the Missouri Hospital Association https://www.mhanet.com/mhaimages/mhatodaylinks/CMS.OSHA.Blunt_hospital.report.8.2019.pdf

Although WPV zero-tolerance policies are widely advocated by professional organizations and in discussed in the literature, there is little evidence to show that zero tolerance policies alone reduce the incidence of violence in health care.

Therefore, when developing WPV policy, careful consideration should be given to the balance between protecting staff and quality of care and following CMS and OSHA requirements to protect patients and staff respectively.

Copeland and Henry suggest it is also ‘worthwhile to reevaluate what is meant by the term “zero tolerance.” Especially for staff who work with patients with delirium, dementia, traumatic brain injury, psychotic disorders, or drug/alcohol intoxication, where exposure to violence is not beyond the realm of possibility; in fact, it occurs and it is tolerated, perhaps because it is understandable if not expected.

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Step 10

Complete the draft WPV program plan

By this stage of program development, you have already identified and prioritized hazards and risks for WPV (**Step 7**); drafted solutions to address and control hazards; and determined potential barriers to implementing the program plan and specific solutions (**Step 8**).

If you have not done so already you should have organized the above information in a project planning format (**Tool 3i**, provides a sample format).

The communications, education and training plans, and the WPV policy, should be kept with the plan and integrated as needed to guide program implementation.

The WPV committee should then determine how the project plan and draft zero tolerance WPV policy will be communicated to senior leadership for approval. Use approved protocols that already exist in your organization for presenting and gaining project approval by senior leaders.

Tool 4c provides a sample of how the WPV program can be summarized for presentation to leadership. **Tool 4b** - the sample WPV policy with program elements could also be adapted for this purpose. Your project charter (if developed) could also be expanded to provide a summary of the overall program etc. (**Tool 2f**)

Some recommendations to address hazards may need to be supported by formal cost justification and demonstration of return on investment e.g., hiring additional security personnel, or installing comprehensive security surveillance systems or structural changes to the physical environment. Factors to consider when identifying benefits versus costs of solutions are shown in **Table 4.4**.

It is worth reminding leadership that because WPV is vastly underreported in health care, the full extent of the problem and its associated costs at your organization cannot likely be fully calculated.

If you are presenting your plan during a regularly scheduled leadership meeting or during a stand-alone meeting, make sure to schedule your presentation well in advance and request enough time for the presentation and discussion etc., to avoid delay of program implementation.

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Factors to consider when demonstrating the financial value of WPV related solutions	
Benefits vs. Costs	
<p>Financial Benefits of Solution(s) i.e., Reduced:</p> <ul style="list-style-type: none"> ▪ Direct costs of workplace violence related injuries e.g., workers compensation costs ▪ Indirect injury costs e.g., associated with employee temporary replacement, incident investigation and management etc. ▪ Operational Losses: <ul style="list-style-type: none"> ○ Staff turnover and associated costs ○ Decreased productivity associated with burnout and job dissatisfaction ○ Costs related to short and/or long-term psychological impact post-traumatic stress disorder(PTSD). ○ Impact on patient safety associated with error, and omission or delay in care, due to caregiver fatigue, presenteeism, injury, and stress. ○ Negative impact on quality of service/care provide leading to decreased patient satisfaction. ○ Health care worker fatigue contributing to other occupational injuries such as, accidents from slips, trips and falls due inattentiveness, and/or musculoskeletal disorders. ○ Regulatory & Legal consequences e.g. citations and fines by Oregon OSHA. ○ Other - include increased security needs in terms of equipment and personnel, litigation, increased insurance costs, and property damage. <p>Refer to Tool 2c for more information on calculating costs of WPV incidents and Tool 3h for determining effectiveness of a solution to eliminate or reduce the risk factors versus cost effectiveness of a solution.</p>	<p>Cost of the Program & Solution(s)</p> <ul style="list-style-type: none"> ▪ Direct Equipment costs ▪ Facility Design - Workplace adaptations and upgrades/equipment installation ▪ Structural expense/Storage ▪ Maintenance (preventative and as needed) ▪ Cost of replacement parts for equipment due to breakage, loss or theft, or 'life' of equipment and/or components ▪ Cost of borrowing money if financed ▪ Employee training time, supplies, staff backfill, etc. (Refer to your Education and Training plan) ▪ Initial ▪ Periodic ▪ As needed ▪ Program administration

Table 4.4

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Step 11

Obtain approval of the WPV plan and draft policy from senior leadership

Formally presenting the WPV plan and policy to senior leadership for approval (or sign-off) provides leadership an opportunity to ask questions, clarify issues, and be fully prepared and informed about their role in implementation of the WPV program. Presenting the draft plan to leadership allows the WPV committee to adapt or adjust the plan as needed based on additional input.

A formal presentation may also assist to increase commitment and leadership buy-in and enables a means for them to actively demonstrate their commitment to implementing the WPV program and preventing WPV.

Leadership should be familiar with the WPV initiative if they have been engaged as described in **Section 2, Step 3**, and have received updates about development of the WPV program plan and related activities from your program champion.

Ideally, any concerns from leadership about proposed project activities related to resources and timeline for implementation, will have been passed along to the WPV committee and considered when developing the draft WPV program.

Review the *'Tips for presenting to Leadership'* that are described in **Section 2** of this toolkit when planning your presentation.

Your presentation should enable leadership to have a clear understanding of the following:

- A summary of why the WPV program is needed and what leadership agreed to (in **Step 3** Enlist support of senior management to develop or enhance a WPV program plan) and the goal of the meeting.
- The program planning steps completed to date

Quick Tip

The Institute for Healthcare Improvement / National Patient Safety Foundation offers a free toolkit to guide collaboration among health professionals and financial leaders to demonstrate the value and return on investment for safer, quality care.

The **'Optimizing a Business Case for Safe Health Care: An Integrated Approach to Safety and Finance'** toolkit, can assist you develop business case for employee and patient safety initiatives and can be accessed at <http://www.ihi.org/resources/Pages/Tools/Business-Case-for-Safe-Health-Care.aspx>

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- The scope of the program
- Goals (short and long term) of the WPV program and likely outcomes
- Recommendations (i.e., what program activities need to be implemented and related rationale)
- How recommendations will be implemented including resources needed and cost justification as applicable
- Any potential barriers that have been identified and how they will be addressed
- Roles and responsibilities
- How the program will be managed and sustained, and outcomes and process evaluated
- Proposed timeline

Provide the leadership group with your program summary that you developed in **Step 10** and have project details (electronic or printed) available upon request.

Step 12

Finalize the WPV program plan and policy

Based on recommendations received from senior leadership you should be ready to finalize the WPV program plan and zero tolerance WPV policy and communicate them to all employees as detailed in your Communications Plan as you start to implement the program.

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References and Resources Related to this Section – Articles

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Minnesota Department of Health

Workplace Violence Toolkit

<https://www.health.state.mn.us/facilities/patientsafety/preventionofviolence/toolkit.html>

Examples of WPV policy

- Metro Compact - Violence Prevention Toolkit (PDF) - *Management of Violence in the Healthcare/Workplace Setting Template*
- Cloquet Hospital - Violence Prevention Policy (PDF)
- Essentia Health - Violence Prevention Policy (PDF)
- HealthEast - Workplace Violence Policy (PDF)
- High Pointe Surgery Center - Violence Prevention Policy (PDF)
- Mille Lacs - Violence Prevention Policy (PDF)
- Zero Tolerance Policy (PDF)

Policy – Specific Topics

- HealthEast - Code Silver Policy (PDF)
- Parkwest Medical Center - Staff Alert Violent Behavior (PDF)
- Policy - Support for Staff Involved in Violent Incidents (PDF)
- St. Cloud - Code Green Policy (PDF)
- St. Cloud - Metal Detection Policy (PDF)
- St. Cloud - Weapons Policy (PDF)
- Essentia Health - Weapons Policy (PDF)