

## Workplace Violence Toolkit – Section 8

---

---

### Contents

Step 14 Evaluating the WPV Program.....	8.1
Why evaluate the WPV program? .....	8.1
What should be evaluated? .....	8.2
When should the WPV program be evaluated?.....	8.3
Who should evaluate WPV program?.....	8.4
Communicating Program Results.....	8.4
Documenting and Recordkeeping.....	8.5
Oregon OSHA requirements for Recordkeeping related to WPV.....	8.6
Washington requirements for Recordkeeping related to WPV <sup>New 2020</sup> .....	8.8
References and Resources Related to this Section .....	8.10

### Step 14

#### Evaluating the WPV Program

##### Why evaluate the WPV program?

WPV programs cannot be managed and sustained without clearly defined measurement systems. Program evaluation is an ongoing process to determine the relevance, progress, efficiency, effectiveness, and impact of WPV prevention and control activities.

Effective ongoing evaluation of your WPV program will assist the WPV committee to adapt the program and be responsive to meet changing circumstances and needs.

Evaluation measures should indicate both progress with the program and should indicate success when it is reached.

Overall, evaluation of WPV solutions and the program implementation process plays an important role in changing employee behaviors and achieving program goals.

---

---

#### Tools that support content in this Section

---

---

##### 8a. Program Measurement Plan

---

---

## Workplace Violence Toolkit – Section 8

---

Ongoing evaluation of program outcomes and processes allows you to determine:

- The effectiveness of solutions and processes i.e., how well did they mitigate hazards and/or risk for WPV? Did they eliminate or reduce the risk of WPV to an acceptable level?
- Analysis of trends and rates in the number of incidents, illnesses, injuries or fatalities caused by violence relative to initial or “baseline” rates on a periodic basis.
- Measurement of improvement based on lowering the frequency and severity of workplace violence.
- If there are any overlooked hazards.
- Any unintended positive or negative consequences of solutions and processes implemented.
- If there is ongoing compliance with procedures.
- If solutions and processes work well in context of the organization’s culture in the present and future state.
- The relevance of solutions and processes over time with consideration to changes in delivery of patient care or to the physical environment, etc.

As a result of the evaluation process, the WPV Committee can use lessons learned to identify ways to improve ineffective program solutions or processes and thus, guide implementation of future WPV program activities as part of a performance improvement approach.

### What should be evaluated?

When determining how to evaluate your WPV program consider:

- How data will be collected, analyzed and reported? Consider methods and tools needed, target population e.g., when surveying employees, patients and/or specific units/departments etc.
- How will you share the evaluation data with all stakeholders?
- How will you follow-up in response to the data collected and processes evaluated? Consider budget, staff, sample documents & templates, external assistance needed.

## Workplace Violence Toolkit – Section 8

---

The same methods and tools that were used for collecting baseline data at the start of WPV program planning, can be used to collect post implementation data. This will allow comparison of pre-and post-implementation results.

When assessing newly implemented program processes and procedures such as a patient assessment for violence, or post incident response procedures, evaluate each step of the process to make sure it is necessary, functional, and is effective.

**Tool 8a** provides examples of outcome and process data that can be used to evaluate your WPV program.

**Sections 2 and 3** provide descriptions of tools and methods that you can use to evaluate your WPV program.

The program evaluation methods may change depending effectiveness of data collection methods and as the program matures. If you introduce new assessment tools be sure to use the first data collection as a baseline in which to compare other data collected during re-evaluation.

### When should the WPV program be evaluated?

Program efforts should be evaluated:

- At baseline i.e., the start of the program planning.
- During WPV program implementation to evaluate progress of new processes and adapt as needed.
- After initial WPV program implementation to assess solutions and program implementation processes.
- On an ongoing basis to identify and correct issues.
- Formally and in depth at least once a year.
- When changes occur in the workplace e.g. change in delivery of care, patient population, or structural modifications are made to the building or a department, etc.
- As a result of recommendations from investigation of violence related incidents.

Scheduling and frequency of evaluation activities will vary depending on:

- The type of evaluation e.g., safety and security assessments of the physical environment should be conducted more frequently than other activities such as, conducting

## Workplace Violence Toolkit – Section 8

---

employee surveys, because the activity facilitates identification and prevention of hazards *before* an incident occurs.

- How long you consider it will take to enable change to occur when implementing new procedures, etc.
- Resources that are available.

### Who should evaluate WPV program?

The WPV Committee and other key stakeholders including direct care staff should be involved in program evaluation. Stakeholder such as unit managers can help provide context for information being reviewed in relation to a specific unit or department.

### Communicating Program Results

Regular meaningful communication with employees helps maintain their engagement with program efforts and facilitates opportunities for continuous improvement.

Ways to share outcomes, successes and program progress with all stakeholders should be included in your WPV Communications plan - Refer to **Section 4**.

Using multiple media to disseminated information is more effective 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.

Include information about how employees find out more about the program and ask questions, e.g., provide contact information for the WPV program coordinator and WPV committee members.

Having a dedicated webpage or repository on the facility intranet for all WPV program related information can be an effective vehicle for ongoing communication to employees.

It is also important to communicate to employees if, and why, a solution or process did not have the desired results, and why it may not be feasible to implement solutions that employees may have suggested. Providing this feedback to employees can assist to maintain employee involvement in the program.

Consider sharing your program efforts with your local community e.g., writing articles in local publications and working with local media to spotlight your program efforts.

## Workplace Violence Toolkit – Section 8

---

### Documenting and Recordkeeping

Document all program and evaluation activities and outcomes etc., is essential to effective management of the WPV program and for some activities is required by law.

OSHA recommends the following are documented:

- OSHA Log of Work-Related Injuries and Illnesses (OSHA Form 300 and 301) – mandatory for some employers with over 10 employees however, certain low-risk industries are exempt. For more information go to <https://www.osha.gov/recordkeeping/>
- Health Care Assault log - mandatory for Hospitals and ambulatory surgical centers in Oregon per OAR 437-001-0706, 'Recordkeeping for Health Care Assaults';
- Medical reports of work injury, workers' compensation reports and supervisors' reports for each recorded assault - e.g. DCBS Form 801 for some employers in Oregon (mandatory); Report of Accident for employers in Washington State.
- Records of incidents of abuse, reports conducted by security personnel and threat response teams, verbal attacks or aggressive behavior that may be threatening;
- Information on patients with a history of past violence, drug abuse or criminal activity recorded on the patient's chart;
- Documentation of minutes of safety meetings\*, records of risk assessment/hazard analyses and corrective actions recommended and taken;
- Keeping up-to-date records of administrative and work practice changes to prevent workplace violence to evaluate how well they work;
- Tracking recommendations through to completion;
- Survey of workers before and after making job or worksite changes or installing security. Measures or new systems to determine their effectiveness;
- Records of all training programs, attendees, and qualifications of trainers.

Patient and employee confidentiality should be ensured and guaranteed.

\*In Oregon, unless you are the sole owner and the only employee of a corporation, employers must have a worker safety committee (separate from a patient safety committee) or hold safety meetings, and retain and post the minutes of these meetings for employees to view. For more information go to <http://osha.oregon.gov/Pages/topics/safety-committees-and-meetings.aspx>

## Workplace Violence Toolkit – Section 8

---

For information about employers' requirements related to safety committees in Washington State go to

<https://lni.wa.gov/safety-health/preventing-injuries-illnesses/create-a-safety-program/safety-meetings-and-committees>

### ***Oregon OSHA requirements for Recordkeeping related to WPV***

[ORS 654.412 to 654.423, 'Safety of Health Care Employees'](#) and [OAR 437-001-0706, 'Recordkeeping for Health Care Assaults'](#) require that employers keep records of assaults against employees as described in **Table 8.1**.

#### **ORS 654.416 'Safety of Health Care Employees'**

##### **Section 5. Required records of assaults against employees; contents; rules**

(1) A health care employer shall maintain a record of assaults committed against employees that occur on the premises of the health care employer or in the home of a patient receiving home health care services. The record shall include, but need not be limited to, the following:

- (a) The name and address of the premises on which each assault occurred;
- (b) The date, time and specific location where the assault occurred;
- (c) The name, job title and department or ward assignment of the employee who was assaulted;
- (d) A description of the person who committed the assault as a patient, visitor, employee or other category;
- (e) A description of the assaultive behavior as:
  - (A) An assault with mild soreness, surface abrasions, scratches or small bruises;
  - (B) An assault with major soreness, cuts or large bruises;
  - (C) An assault with severe lacerations, a bone fracture or a head injury; or
  - (D) An assault with loss of limb or death;
- (f) An identification of the physical injury;
- (g) A description of any weapon used;
- (h) The number of employees, **including nursing staff** as defined in [ORS 441.179](#) in the immediate area of the assault when it occurred; and
- (i) A description of actions taken by the employees and the health care employer in

## Workplace Violence Toolkit – Section 8

<b>ORS 654.416 ‘Safety of Health Care Employees’ Section 5. Required records of assaults against employees; contents; rules</b>
<p>response to the assault.</p> <p>(2) A health care employer shall maintain the record of assaults described in subsection (1) of this section for no fewer than five years following a reported assault.</p> <p>A Record of assaults shall be kept on ‘A Health Care Assault Log’ which can be found together with instructions for use at <a href="http://osha.oregon.gov/Pages/re/healthcare-assault-log.aspx">http://osha.oregon.gov/Pages/re/healthcare-assault-log.aspx</a></p> <p><b><i>Requests for a copy of records of assaults committed against employees</i></b> <span style="color: red;">New 2020</span></p> <p>(3) (a) Upon the request of an employee or of a workplace safety committee conducting a review pursuant to ORS 654.414 ( i.e. the WPV Program requirements) , the health care employer shall generate and make available to the requesting party a report summarizing:</p> <ul style="list-style-type: none"><li>(A) The information in the record required under subsection (1) of this section;</li><li>(B) Information regarding work-related injuries and illnesses recorded by the health care employer to comply with applicable federal health and safety recordkeeping requirements.</li></ul> <p>(b) A report made available:</p> <ul style="list-style-type: none"><li>(A) May not include any personally identifiable information; and</li><li>(B) May be used only for the purposes of conducting a review of the assault prevention and protection program under ORS 654.414 or for other purposes that are related to improving the program.</li></ul>

**Table 8.1.**

For more information on compliance with Oregon OSHA requirements for recording and reporting injuries, illnesses, and fatalities and violence prevention regulations go to:

<http://osha.oregon.gov/Pages/topics/recordkeeping-and-reporting.aspx>

## Workplace Violence Toolkit – Section 8

### Washington requirements for Recordkeeping related to WPV <sup>New 2020</sup>

Revised Code of Washington (RCW) Chapter 49.19  
RCW SAFETY—HEALTH CARE SETTINGS RCW 49.19.040  
Violent Acts -Records (*Effective January 1, 2020*)

Each health care setting shall keep a **record of any violent act against an employee, a patient, or a visitor** occurring at the setting.

At a minimum, the record shall include:

- (1) The health care setting's name and address;
- (2) The date, time, and specific location at the health care setting where the act occurred;
- (3) The name, job title, department or ward assignment, and staff identification or social security number of the victim if an employee;
- (4) A description of the person against whom the act was committed as:
  - (a) A patient;
  - (b) A visitor;
  - (c) An employee; or
  - (d) Other;
- (5) A description of the person committing the act as:
  - (a) A patient;
  - (b) A visitor;
  - (c) An employee; or
  - (d) Other;
- (6) A description of the type of violent act as a:
  - (a) Threat of assault with no physical contact;
  - (b) Physical assault with contact but no physical injury;
  - (c) Physical assault with mild soreness, surface abrasions, scratches, or small bruises;
  - (d) Physical assault with major soreness, cuts, or large bruises;
  - (e) Physical assault with severe lacerations, a bone fracture, or a head injury; or
  - (f) Physical assault with loss of limb or death;



## Workplace Violence Toolkit – Section 8

---

---

**Revised Code of Washington (RCW) Chapter 49.19**  
**RCW SAFETY—HEALTH CARE SETTINGS RCW 49.19.040**  
**Violent Acts -Records (*Effective January 1, 2020*)**

- (7) An identification of any body part injured;
- (8) A description of any weapon used;
- (9) The number of employees in the vicinity of the act when it occurred; and
- (10) A description of actions taken by employees and the health care setting in response to the act.

***Record Retention***

- Each record shall be kept for **at least five years following the act reported**, during which time it shall be available for inspection by the department upon request.

**Table 8.2.**

## Workplace Violence Toolkit – Section 8

---

---

### References and Resources Related to this Section

**Caring for Our Caregivers. Preventing Workplace Violence: A Road Map for Healthcare Facilities (December 2015).** Occupational Safety and Health Administration (OSHA).  
<https://www.osha.gov/Publications/OSHA3827.pdf>

**Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers (2015.)** Occupational Safety and Health Administration (OSHA).  
<https://www.osha.gov/Publications/osha3148.pdf>

**Implementation of Best Practice Guidelines (2nd ed.). (2012).** Toolkit. Registered Nurses' Association of Ontario (RNAO). Toronto, ON. <http://rnao.ca/bpg/resources/toolkit-implementation-best-practice-guidelines-second-edition>

**The OSSIE Toolkit for the implementation of The Australian Guidelines for the Prevention of Infection in Health Care (2010).** Australian Commission on Safety and Quality in Healthcare.  
[https://www.safetyandquality.gov.au/sites/default/files/migrated/OSSIE-Toolkit\\_WEB.pdf](https://www.safetyandquality.gov.au/sites/default/files/migrated/OSSIE-Toolkit_WEB.pdf)

**Preventing and Managing Violence in the Workplace (2009).** Registered Nurses' Association of Ontario (RNAO). Toronto, Ontario, Canada. [http://rnao.ca/sites/rnao-ca/files/Preventing\\_and\\_Managing\\_Violence\\_in\\_the\\_Workplace.pdf](http://rnao.ca/sites/rnao-ca/files/Preventing_and_Managing_Violence_in_the_Workplace.pdf)

**Preventing Violence in Health Care: Five Steps to an Effective Program (2005).** Worksafe BC  
<https://www.worksafebc.com/en>

**Workplace Violence Toolkit (2010)- members only.** Emergency Nurses Association (ENA).  
<https://www.ena.org/practice-resources/resource-library/-in-category/categories/ena/resources/practice-resources/toolkit>