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Welcome to the ENA Workplace Violence Toolkit, designed specifically for the emergency department manager or designated team leader to develop and implement a comprehensive plan that addresses your needs related to managing violent behaviors in the emergency department and protecting your staff.

Did you know that workplace violence accounts for approximately 900 deaths and 1.7 million non-fatal assaults each year in the United States? This is a serious issue and ENA applauds the effort to evaluate your own emergency department and develop measures to improve the safety and security of your staff and patients. Our workplace violence toolkit provides you with all the resources you need to:

- Understand the issue of emergency department workplace violence
- Evaluate your emergency department's present status
- Describe the desired outcomes for your emergency department
- Design a practical action plan that will help you achieve these outcomes and
- Evaluate how your plan is working and what to do next

This toolkit, developed by ENA leadership and your peers, offers practical solutions to the problem of violence in emergency departments all across the country. You will be provided with the resources to address this issue at all levels of the institution such as hospital administration, division or department management, educators and staff. The templates and tools provide an easy step-by-step procedure for customizing a violence prevention plan that will meet the needs of your department. We will also provide you with templates for correspondence and reporting so your efforts can be documented and released to those stakeholders that need to know the positive steps you are taking to provide a safe environment for employees and patients.

Wondering how to get started? We have provided an overview of the Table of Contents of this toolkit below and have also developed a [QuickMap](#) of the tasks within the toolkit to show you just how easy it will be to begin this project and turn it into an ongoing quality initiative against violence in your emergency department.

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How to Use This Toolkit

Thank you for addressing such an important initiative in your workplace. ENA partners with you in this endeavor by providing you with this toolkit. The ENA Workplace Violence Toolkit is organized to give the project leader all the resources they need to map out a plan of any size to address the issue of emergency department Workplace Violence. The steps used are sequential and build upon each other so each step should be completed before moving onto the next.

How do I get started?

You can see that all of these steps are dependent on the one prior. We recommend you start by moving through these pages in order to get to the Step One: DEFINING your role as a project leader. Used in order, you will be completing all the work needed to initiate and execute a credible plan that can cycle into a continuous process and affect real change.

Where are the “tools”?

This is a dynamic resource. As you move through the steps, the tools that can be used to complete each section will be linked throughout the content. If you need to go directly to a tool or resource, there is an appendix that links you to a library of any of the tools that are embedded in the web pages you are viewing. You can access this appendix at any time by returning to the table of contents or by clicking on the link in the "toolkit resources" section of each step.

All resources are web pages and are printable. They are developed to be used as part of the active process of creating a plan to address what you will identify as your department's safety priorities.

All forms can be saved on your own computer and filled in electronically or printed and filled out manually. There are many different types of resources available in this toolkit. Some of the tools you will find:

- Assessment tools
- Research articles and summaries
- Sample policies and procedures
- Staff education materials
- Sample correspondence for communicating with hospital management and staff
- Sample policies and procedures
- Project plans complete with outcomes and action items and a worksheet to customize your own project plan
- Sample occurrence reports and data collection tools

All of these tools, with the exception of sample forms, can be modified to meet your project needs. We have provided you with templates with information that can be edited into your ideal tool. You may need all of these tools or just some depending on how you customize your project to your emergency department. The ENA toolkit resources are reproducible in the form that they are found on this website. For additional guidelines regarding the use of the toolkit and its resources and content, click [here](#).

What if I have questions while using this toolkit?

ENA is committed to assisting you with the use of this toolkit. We believe that by initiating such an important program, you are advancing the practice of emergency nursing and contributing to the trend of acknowledging that verbal and physical violence is unacceptable in any work environment. Please contact an ENA staff member with questions regarding this toolkit and we will do our best to answer your question or connect you with the appropriate resource to assist you.

You can send your questions and comments to: INR@ena.org or call us at (800) 900-9659 extension 4119.

Will my emergency department workplace violence initiative follow a standard of practice designed by ENA?

There are no specific standards of practice directly related to emergency department workplace violence at the present time. ENA, along with other emergency health care groups have long identified and called for legislative and administrative support for initiatives to keep our emergency departments safe for both staff members and patients. ENA has done an extensive review of research and even surveyed its own membership in an attempt to give you the best information in which to evaluate the status of your own emergency department. We have developed a practical response and plan to improve those aspects of your department's approach to emergency department workplace violence that sustain an unsafe and potentially lethal environment for you and your coworkers.

The ENA Workplace Violence Toolkit takes matters in hand by giving the project leader the ability to address this issue at all levels to all audiences—administrative, department management and staff. We hope that you will find that the ENA has done much of the work for you and has enabled you to start developing a safe standard of practice in your own emergency department quicker and more efficiently with lasting effects that are recognized for its value.

Thank you for addressing such an important initiative in your workplace. ENA partners with you in this endeavor by providing you with the following ENA Workplace Violence Toolkit.



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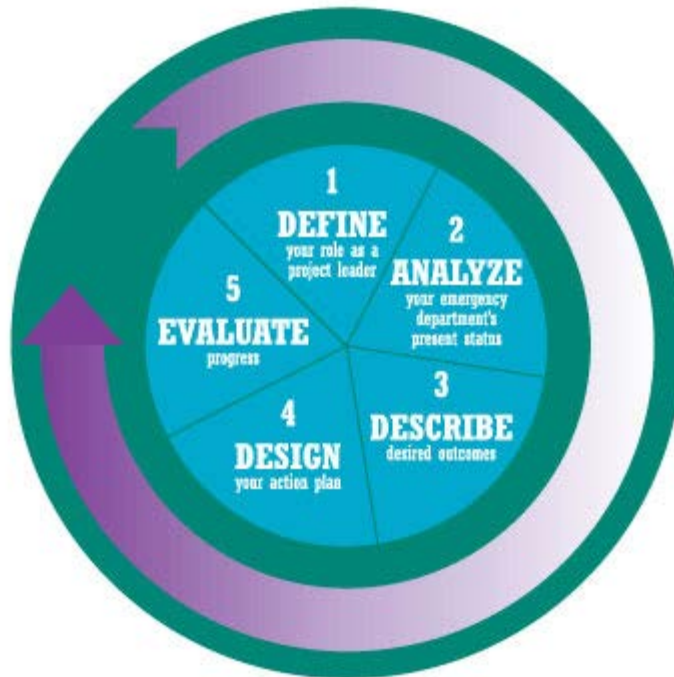
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Learning the Steps to an Effective Emergency Department Workplace Violence Project Plan

As you initiate your project, let's first review briefly the steps we will take to get a comprehensive plan for your emergency department designed and implemented. Use the steps in this toolkit to accomplish the following related to ED Workplace Violence:



DEFINE your role as a project leader

Getting started on any new project can often be intimidating especially when you are trying to fit this new project in with all the other tasks in the course of your day. In this toolkit, ENA has developed shortcuts and summaries for getting as much background information on emergency department workplace violence to prepare you for the project at hand. Remember, in order to effectively assess your department's situation and develop a realistic plan, as project leader **you must educate yourself** on the current available information about emergency department workplace violence. ENA has summarized the latest information and

will provide you with the tutorial you need to become your department's expert on this issue prior to developing a plan. In keeping with providing you with as many completed tools as possible, ENA has made the resources in this step multifunctional so you can use this research and powerpoint as part of any action plan that includes staff education.

ANALYZE your emergency department's present status

In order to develop a focused, directed plan, the project leader(s) should complete a thorough assessment of the current status of your emergency department in an attempt to identify the areas that require the most attention and could respond the best to quality improvement measures. So, figure out what needs improvement and then direct your plan to those items that need the most attention first. Assessment tools can be tricky. Although they need to represent an objective collection of information, in the realm of workplace violence, subjective measures of staff perceptions and attitudes are equally valuable. Why? Because the latest information tells us that the perception that violence is a part of the job is a major barrier to reporting emergency department violence. You'll find a variety of tools and summary forms in this section of the toolkit to help you develop a snapshot of what the major issues are in your emergency department and lead you to the areas of improvement you would like to focus on in your action plan. Use these tools as they are or modify them to serve the assessment needs of your department, taking into account the work and community culture in your setting.

DESCRIBE desired outcomes

Defining exactly where you want to go is an essential step in successfully getting there. Outcomes help us describe exactly what we hope to accomplish and are borne from the physical, cultural and educational assessment performed in the previous step. When you develop your plan, be practical. Outcomes should be SMART; that is, specific, measurable, agreed upon, realistic, and time-bound so that you have a frame of reference for evaluating your progress. In this section, the toolkit will provide worksheets for drafting your customized outcomes list for your emergency department. ENA has compiled a list of the most common outcomes for you to use as reference and a plan template for you to populate list with your outcomes and the steps you will take to achieve them.

DESIGN AND IMPLEMENT your action plan

Action items are practical interventions and tasks that your department can execute to help you achieve the specific outcomes you outlined. ENA has compiled a long list of action items related to specific outcomes that you can use as a guide to complete your plan. Remember to choose action items that are realistic to what is achievable in your department and not overwhelming in number or scope. A clearly articulated plan that helps gain the support of staff and administration alike.

EVALUATE your progress

After implementing your action plan items over a specified period of time, it is important to take a close look at whether progress has been made and to what extent your outcomes have been met and if adjustments are needed in your plan. This important step is what turns your plan into an ongoing cycle of improvement and allows you to extend the scope of your interventions. This toolkit will help you to use uniform assessment tools and evaluation templates to summarize your emergency department's violence project results and present your findings to administration and staff. When evaluating your progress, it is important to be able to quantify what you see occurring in your department before and after you apply your action plan.



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Step One: Understanding the Issue

In this step, we will define your role as the project leader and help you to become an expert resource on the issue of emergency department workplace violence by providing you with information and references for you to study regarding the medical, legal, regulatory and ethical issues surrounding violence in the emergency department. Critical statistical information has been compiled by ENA for you so that you emphasize the importance of making this a priority project to your administrative decision makers.

As the project leader, you are accepting responsibility for change in your department, your hospital and in the greater community. Perhaps you are also considering participating in the initiative for more legislation governing protection of emergency department workers and prosecuting assailants. In this section, ENA will provide you with resources to introduce you to this issue and help you feel comfortable being a thought leader and engaging in the educated discussion necessary to bring a team together to work on this important project.

Begin using this toolkit by reading through this first section and downloading the resources provided to become familiar with the issues, the research initiatives, available guidelines and community and legislative support surrounding emergency department workplace violence.

[Comprehensive Approach](#) > [Defining the Problem](#) > [Promoting a Culture of Safety](#) >
[Resources](#) > [Summary and Next Steps](#)

Comprehensive Approach

ENA recognizes that the issue of workplace violence unfolds in three major areas. Unlike some situations or hazards that can be prevented completely, emergency department workplace violence initiatives need to be structured to have a multifocal impact because regardless of how secure you make your emergency department, an occurrence is likely over time. Our job is to help you improve the safety of your emergency department by addressing this issue from these directions:

PREVENT

- Acknowledge intolerance of all workplace violence and necessity to put measures in place to prevent it from happening in the first place
- Raise awareness of the culture of acceptance and promote the importance of

- recognizing escalating situations and intervening early
- Understand the barriers to an effective prevention program

RESPOND

- Identify the barriers to swift, effective and safe response to an occurrence
- Educate the following groups on appropriate response policies, procedures and skills to minimize the likelihood of harm to a patient or staff member
 - Emergency department staff
 - Emergency department management
 - Patients/families
 - Hospital administration

REPORT

- Acknowledge that occurrence reports hold valuable information for future improvements and should never generate a punitive response
- Staff culture and attitudes have an impact on the generation of reports when a violent incident occurs
- Lack of reporting can impede an initiative to improving the safety of your emergency department for patients and staff

Prevent, respond, report--your new guideline for approaching the problem of emergency department workplace violence on all fronts, in all areas requiring potential improvement.

Background: Workplace Violence Defined

Ideally, the workplace should be free of violent threats or actions and staff should feel safe while at work. Workplace violence has been defined as an act of aggression directed towards persons at work or on duty and ranges from offensive or threatening language to homicide. (1) Workplace violence is commonly understood as any physical assault, emotional or verbal abuse or threatening, harassing or coercive behavior in the work setting that causes physical or emotional harm. (1-6) Workplace violence has gained recognition as a distinct category of violent crime that requires specific responses from employers, law enforcement and the community. (4)

We know that the workers in the health care industry are particularly vulnerable to nonfatal workplace injuries resulting from assaults and violent acts against them. (1,3,6-7) In fact, health care leads all other sectors in the incidence of nonfatal workplace assaults. (4-5,7-9)



YOU ARE AT RISK

Studies have shown that between 35% and 80% of hospital staff have been physically assaulted at least once during their careers. (9) According to 2009 data from the Bureau of Labor Statistics, among health care practitioners, 46% of all nonfatal assaults and violent acts

requiring days away from work were committed against registered nurses. ([10](#))

Some of the reasons nurses are at increased risk for workplace violence in the hospital environment include ([5,7,11](#)):

- Lack of violence prevention programs
- Low staffing levels
- Lack of effective staff training in recognizing and coping with potentially dangerous patients
- Inadequate security in some hospitals
- The tendency for some to view hospitals as sources of drugs and money which makes them robbery targets
- The presence of guns and other weapons among hospital patients and visitors

In the health care industry, it is difficult to get accurate incidence statistics because violence is often underreported. ([7,12-14](#)) Why would an employee fail to report a threatening or injurious action, directly affecting his or her personal safety and well being? In the health care environment as we know it, it may be because ([6-9](#)):

- There is a lack of institutional reporting policies; that is, the employee doesn't know HOW to report it
- Some employees have a perception that assaults are part of the job
- Some employees don't believe that reporting will benefit them or correct the situation
- There are concerns that assaults by patients and visitors may be viewed as a result of poor performance or negligence of the employee



UNDERSTANDING THE CAUSE DOES NOT MAKE IT OK

The emergency department setting is particularly vulnerable to violence because of the 24-hour accessibility of the department to the public, the lack of adequately trained, armed or visible security guards and an overall stressful environment. ([15-17](#)) Factors such as patient pain and discomfort, family member stress due to a patient's condition and fear of the unknown, family member anger related to hospital policies and the health care system in general, and the combination of cramped space and long wait times may increase emotional tension among patients and visitors in the emergency department. ([4-5,14,17](#)) And, because emergency care services are perceived to be a public entitlement, *nurses are often empathetic to the frustration and vulnerability of the patients and visitors, and violence is frequently considered to be just part of the job.* ([5,15,18](#))

A National Culture of Safety for Employees, Patients and Visitors

In leading the initiative at your institution to provide a safer environment for staff, patients and visitors, you are joining a growing faction of your colleagues and regulatory agencies that are calling for closer inspection of current practice and recommendations for action, with focus on the role of emergency department leaders and hospital administration in recognizing that the safety of our emergency department staff, patients and visitors deserves priority attention.

Emergency Nurses Association

ENA has completed a comprehensive review of the issue of violence in the emergency care setting studying the causes, effects and needs of current emergency departments in relation to this critical problem. As part of this toolkit, we recommend that you download the resources linked below and use this information to become well versed in the history and extent of the problem of workplace violence and the consequences and needs outlined by ENA.

In ENA's position statement, *Violence in the Emergency Care Setting*, it was asserted that health care organizations "must take preventive measures to circumvent workplace violence and ensure the safety of all health care workers, their patients and visitors".(19) The position statement outlines the role and responsibilities of emergency nurses in **preventing, responding to and reporting** workplace violence. ENA's position statement will help identify to your own administration, the national initiative in place to address violence in the emergency department. Review this position statement by clicking on the first link below.

In 2009, ENA published a study entitled, *Violence Against Nurses Working in US Emergency Departments*. In an effort to better understand the strategies necessary to effectively address this problem and facilitate a safer workplace for emergency nurses, the study focused on investigating nurses' experiences and perceptions of violence from patients and visitors in emergency departments in the United States. View the methods and findings by clicking on the second link below.

Continuing the effort to further under the breadth of the problem of workplace violence against emergency nurses, ENA initiated the Emergency Department Violence Surveillance study in 2009. Data was collected quarterly via an online survey on the occurrence of violence toward emergency nurses and the processes used to respond to workplace violence. The second report (third link below) represents analysis of the first eight consecutive rounds of data collected approximately three months apart (May 2009 - January 2011).

- [Emergency Nurses Association Position Statement: Violence in the Emergency Care Setting](#)
- [Violence Against Nurses Working in US Emergency Departments, Journal of Nursing Administration, July/August 2009](#)
- [Emergency Department Violence Surveillance Study](#)

Reviewing and familiarizing yourself with these ENA resources are important first steps in helping you, as the project leader, defend the scope and magnitude of this issue in your own emergency department. These resources will help you punctuate the need for a proactive program that addresses the violence prevention, response and reporting needs in your own hospital.

Occupational Safety and Health Administration

The U.S. Department of Labor charges the Occupational Safety and Health Administration (OSHA) with setting standards for workplace safety for the American workforce. In 2004, OSHA released guidelines to help employers "establish effective workplace violence prevention programs adapted to their specific worksites." The guidelines issued by OSHA specifically address the violence inflicted by patients or clients against staff although it does suggest that a zero tolerance policy be established for violence against workers from all sources. OSHA acknowledges that assaults represent a serious safety and health hazard within the health care industry. In response, they have developed the following guidelines for

employers to consider when developing a violence prevention program. We suggest you review these recommendations as part of developing your action plan and review the emphasis that OSHA places on institutional elements that can affect the successful implementation of a violence prevention program. There are target areas for consideration outlined in this document located under the section links and we will refer to these as we proceed through the steps of the toolkit.

[Summary of OSHA Recommendations from Guidelines for Preventing Workplace Violence for Health Care and Social Workers](#)
[U.S. Department of Labor, Occupational Safety and Health Administration, 2004](#)

The Joint Commission

ENA is not alone in recognizing the importance of initiating violence mitigation programs in emergency departments across the United States. A recent Sentinel Event Alert was issued by The Joint Commission identifying the rising rate of violent crimes in health care institutions and offering a list of thirteen suggested actions that organizations can take to prevent violent crimes in their health care facilities.

As an organization, The Joint Commission has always recognized the importance of providing a safe environment for the patient. In an informal review of the standards for accreditation of hospitals, the ENA work team has revealed several areas where a lack of a workplace violence mitigation initiative could negatively affect the accreditation process as a deficiency. Conversely, we believe that engaging in workplace violence initiatives proactively, like using this ENA toolkit to map an improvement project, could provide the evidence of ongoing quality improvement that would reflect favorably during the accreditation process, especially when you use this process as a guide and complete the documentation templates in the toolkit.

This ENA work team review of the standards for accreditation resulted in a list of potential areas where a workplace violence project could contribute to a successful Joint Commission accreditation. The link for this list is at the end of this section below. Note that we have referenced the toolkit concepts or solutions that would contribute to a best response to that standard.

Certainly, the primary goal of this toolkit is to help you construct an initiative that has a direct, positive effect on the safety of your emergency department with regard to workplace violence. So why worry about whether standards are being met? Because hospital accreditation is often critical to a hospital's financial survival. Earlier, we discussed the importance of identifying the stakeholders in your workplace violence initiatives and building "buy-in" from emergency department management and hospital administration. While we all see the obvious value of keeping our employees safe, being able to tie this project into an administrative necessity, like accreditation, will build support from the administrators that are charged with the viability of the hospital. And promoting this initiative, giving it visibility and "top down" support from your hospital management helps us meet the safety goals and objectives you will be outlining for your department, your hospital, your staff.

- [The Joint Commission: Sentinel Event Issue 45, June 3, 2010, Preventing Violence in the Healthcare Setting](#)
- [Review of The Joint Commission 2010 Hospital Accreditation Standards Related to Workplace Violence](#)

American College of Emergency Physicians

Our medical colleagues at the American College of Emergency Physicians (ACEP) have a position statement and have worked through local chapters to change laws that govern the prosecution and penalties associated with violent acts against health care workers.

- [ACEP Policy Statement: Protection from Physical Violence in the Emergency Department Environment](#)



REALITY CHECK

RECOMMENDATIONS ARE NOT ENOUGH

The Occupational Safety and Health Administration (OSHA) has published the Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers, which includes policy recommendations and practical corrective measures to help prevent and mitigate the effects of workplace violence. The guidelines are voluntary. While implied in The Joint Commission certifications standards and the criteria for Magnet status acquisition, health care workers and their professional organizations believe that safe practices should not be voluntary guidelines or recommendations. Nursing and other health care professional organizations and unions are advocating for federal standards and regulations that require health care institutions to practice effective violence prevention and response.



TOOLKIT RESOURCES

1. [Emergency Department Violence Surveillance Study](#)
2. [Emergency Nurses Association Position Statement: Violence in the Emergency Care Setting](#)
3. [Violence Against Nurses Working in US Emergency Departments, Journal of Nursing Administration, July/August 2009](#)
4. [The Joint Commission: Sentinel Event Issue 45, June 3, 2010 "Preventing Violence in the Healthcare Setting"](#)
5. [Review of The Joint Commission 2010 Hospital Accreditation Standards Related to Workplace Violence](#)
6. [OSHA Guidelines for Preventing Workplace Violence for Health Care and Social Workers: A Summary of Recommendations](#)
7. [ACEP Policy Statement: Protection from Physical Violence in the Emergency Department Environment](#)



SUMMARY

In this step, we have identified that an important beginning to a workplace violence initiative is to become familiar with the issue of violence in the workplace, the emergency department, and review the steps that have been taken by other organizations to analyze this growing concern. At the completion of this step, you should have the resources to discuss factual information

about the issue of workplace violence and have the resources to validate a quality improvement initiative addressing this problem.

- As the leader of this initiative, you must be an expert in the issue and this section of the toolkit has provided you with several resources to familiarize yourself and be prepared to discuss this issue with administration, managers and staff.
- Reviewing this section will help you understand the importance of addressing this issue on three fronts; hence, the ENA Toolkit direction of **Prevent. Respond. Report.** A comprehensive knowledge, assessment and plan needs to cover all three of these perspectives on workplace violence.
- Download the articles and guidelines that are presented in this step to share with key stakeholders that will assist you in building a work team to address this issue or participate in the team as a working member.



NEXT STEPS

In the next step of this toolkit, you will be given the information and tools to assess your own emergency department's status in a variety of ways--staff, culture, environment--and when completed, will product the information needed to create an action plan targeted at your department's specific needs.



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Step Two: Evaluating your Emergency Department's Present Status

Now that you have become well informed of the scope of emergency department workplace violence through the informational resources made available to you in Step One of this toolkit, you can begin to structure your own workplace violence project first by finding out how your department including your staff, your physical environment and workplace policies compare to the data that was presented.

For a project such as this to be efficient, useful and have high impact for your situation, it must be tailored to the priority problems and needs that present themselves in your emergency department's daily workflow. The task now is to investigate and analyze your current situation.

[How to Assess your Emergency Department](#)  [Creating a Summary](#)  [Toolkit Resources](#)
 [Summary and Next Steps](#)

Assessing your Emergency Department

This step is focused on directing an initiative to obtain a comprehensive evaluation of the current status of workplace violence in YOUR emergency department. This toolkit will provide you with the resources to conduct a multifaceted assessment that documents objective data (observations and facts) and subjective information acquired from your staff (bias and beliefs). As part of this process you will analyze the data that you collect and try to summarize the deficiencies that, in the context of the ENA assessment tool and the ENA Emergency Department Violence Surveillance Study, might indicate that your department is at higher risk for violence occurrences and their consequences.

If your emergency department has incident reporting tools in place for violent occurrences, it would be helpful to get access to the reports that have been filed over time to evaluate the types of occurrences that are prevalent in your emergency department. Sometimes, a simple retrospective review can reveal significant areas for improvement when reviewed as a group. You may need to meet with Human Resources or Risk Management to gain access or these reports may not be available to you at all. While a valuable contribution, if you are unable to review past reports, you can still proceed with a comprehensive assessment that will define your initiative going forward.

The primary tool used in this step of the process is the [Emergency Department Assessment Tool](#) which is used to do a comprehensive audit and review of your work environment, administrative policies and procedures and staff preparation. In addition, the [Staff Assessment](#)

[Survey](#) is used to collect information about your staff's perception about workplace violence.



Although workplace violence is generally defined as any physical assault or **emotional or verbal abuse** (or threatening, harassing or coercive behavior) in the work setting potentially causing physical or emotional harm, many nurses still do not characterize verbal abuse by patients and visitors as violent behavior, and consider such abuse "just part of the job". Although all employers have a legal responsibility to provide a workplace that this free from hazards that can cause physical harm, they also have an **ethical responsibility** to provide a safe, non-violent workplace that fosters a climate of trust and respect.

Tips for Using the ENA Workplace Violence Assessment Tools

- [Emergency Department Assessment Tool](#)
- [SAMPLE: Emergency Department Assessment Tool](#)
- [Staff Assessment Survey](#)
- [SAMPLE#1: Staff Assessment Survey](#)
- [SAMPLE#2: Staff Assessment Survey](#)

First, download the assessment tool using the links above and get familiar with the metrics used to evaluate the status of your own emergency department relative to a workplace violence prevention program, response plan and reporting mechanism. As you will see on the **Emergency Department Assessment Tool**, there is a list of evaluative metrics that help you take a focused look at the practices in your own department and analyze whether the elements that can help achieve each metric are truly important in your own situation. Remember that this tool is not a score sheet but a descriptor of your presence situation. You can work with this information when it is complete to decide what is an important priority for your emergency department to work on. Let's look at an example to further emphasize this distinction:

EXAMPLE: Two project managers are both completing the assessment for his or her emergency department. Both indicate under the metric "the hospital security guidelines in place support an initiative of safety in the Emergency Department" that they do not have 24/7 presence of a security guard in the emergency department. One project leader works in trauma center located in an urban, high crime area and the other works in a small community hospital in a rural area, low crime area and low volume emergency department traffic. Review of occurrence reports show that at the urban hospital, a significant number of the violent incidents occurred because perpetrators were able to gain entrance from the outside into the triage area of the emergency department, undeterred. At the smaller, rural hospital, upon review of the occurrence reports, it was found that many of the violent incidents occurred in the treatment area and were related to high risk patients going unidentified. The urban hospital later placed the need for security personnel present in the entrance and accessible common areas as a high priority, the rural hospital did not. Neither had this security measure in place but it was significant to the future plan in only one of the specific emergency department environments.

Before using this tool to evaluate your own department, you may want to review some of the OSHA recommendations related to evaluation of the present status of your emergency department. OSHA recommends a "workplace analysis" that involves taking a common sense look at the work environment to find existing or potential hazards for workplace violence. The broad analysis suggested by OSHA is supported by the tools supplied to you in this toolkit to conduct a departmental evaluation as part of a workplace violence prevention initiative. To review the suggestions made by OSHA for evaluation of your department, view the document listed below.

- [OSHA Workplace Analysis](#)

To use the Emergency Department Assessment Tool, the project leader or designate will need to do a comprehensive review, answering all the questions included with each metric on the form. Use the comments box liberally to note information that may have a bearing on your analysis including observations, history, opinions from key people and other related interventions. See the following link for a sample completed assessment form to guide your utilization of this tool.

- [SAMPLE: Emergency Department Assessment Tool](#)

The next assessment tool provided by this toolkit is the **Staff Assessment Survey**. This survey includes a comprehensive list of questions that allow your staff to express their experiences and perceptions of safety in the department, their own experience with violence in the workplace and how prepared they are to deal with it. The Staff Assessment survey is not a tool for objective collection of data but an exercise for the staff to articulate their feelings about the safety of their job and department and a chance for the project team to assess the culture and attitudes of staff regarding violent occurrences and response. This is an important step in identifying the staff's readiness for change, if change is required to promote a safer workplace.

The **Staff Assessment Survey** is a comprehensive document that provides the project team with questions related to violent occurrences, staff perception of security and safety, staff perception of training and readiness, and their beliefs regarding the support they receive in promoting safety in the workplace. It is important to remember that every question in this survey may not be applicable to all departments so the list is designed for easy modification; simply cut and paste to develop a customized survey to meet your assessment needs. Some other considerations related to conducting a staff assessment:

- Staff assessments should be voluntary, confidential and anonymous so that the staff feels comfortable sharing their answers
- Be sure to meet with the staff to explain the role of the survey and answer any questions related to this data collection BEFORE the survey is distributed; gaining their support in this project is imperative and it is important for the staff to know that their opinions and experience will help drive the project plan and direct efforts for improvement
- Consider assigning a time period for data collection so that numbers can be assessed within a timebound framework (for example, word your survey so the staff knows that they are answering questions based on set time period--last month, last year, etc.)
- Make it clear to staff what you intend to do with the data collected and gain their approval, that is, are you going to summarize it and present it back to them with the proposed solutions? Who else will see the results of the survey? How will their responses help shape the direction of this safety improvement initiative? Make sure the staff understands that there would not be a punitive response to their participation in the survey

Many of the questions available on the Staff Assessment Survey are comparable to the questions used for the 2009 research study conducted by ENA assessing violence against nurses in the emergency department. You can view this study below and compare your findings with the findings and conclusions described in this study.

- [Violence Against Nurses Working in US Emergency Departments, Journal of Nursing Administration, July/August 2009](#)
- [SAMPLE#1: Staff Assessment Survey](#)
- [SAMPLE#2: Staff Assessment Survey](#)

The final challenge of this step is to summarize your findings in order to determine where to direct your first efforts. The assessment tools, when used properly, should begin to focus in on the areas that are in need for improvement. Usually, it is clear what actions would improve the priority issues identified in your department. It is harder to figure out how to prioritize your efforts and resources than the actual glaring problems. You will find it harder still to work with changing ideas and opinions, than to add tangible policies and procedures, training or physical or environmental changes.

Creating a Summary

The summary of your assessment findings is crucial since it will help you steer the efforts of this initiative towards improvements that count. The summary of the assessment can be documented to get administrative support for this project targeted at workplace violence and creating a safer emergency department. These observations can also be presented to staff to help elicit support and collaboration when executing the action plan. When reviewing your findings, make sure you ask important questions about why certain incidents occur but be careful not to draw conclusions or cause and effect without sufficient evidence.

The ENA Workplace Violence team has developed a data collection form to help you compile the results of your surveys and assessments. They have also created a sample communication letter that can help you to create your own letter to your administration to solicit support for the initiative. When reviewing your findings, it is important to highlight any events that you see as emergent or urgent, for instance, those that are threatening the safety of the staff on a daily basis, and make those a priority or present those to the appropriate administrative personnel for immediate action. Engage nursing leadership, risk management and human resources as needed to endorse the efforts of this project as a positive step towards creating a safer work environment.

- [Staff Assessment Summary Tool](#)
- [SAMPLE: Communication Letter](#)



TOOLKIT RESOURCES

The following is a list of toolkit resources and references used in Step Two: Analyze your Emergency Department's Present Status:

1. [Emergency Department Assessment Tool](#)
2. [SAMPLE: Emergency Department Assessment Tool](#)
3. [Staff Assessment Survey](#)

4. [SAMPLE#1: Staff Assessment Survey](#)
5. [SAMPLE#2: Staff Assessment Survey](#)
6. [Executive Summary](#)
7. [Staff Assessment Summary Tool](#)
8. [OSHA Recommendations: Workplace Analysis](#)
9. [SAMPLE: Communication Letter](#)



SUMMARY

This second step of the toolkit has defined the importance of departmental assessment and given you the tools to evaluate your own emergency department from many perspectives. The tasks to complete in this step are to:

1. Conduct a thorough assessment of the physical environment of your emergency department.
2. Survey the staff and collect information about the staff attitudes towards the current status of the department relative to personal and patient safety, their perception of what constitutes a "violent behavior" and their habits related to reporting violent occurrences.
3. Collect information about the institutional policies that are in place to prevent, respond to and report violence; consult with human resources and administration to assess what policies are in effect in the emergency department.
4. Review the reports from previous occurrences of violence, if possible, and collect information about the details of the incidents, the frequency of occurrences and similar features that may display a pattern that can help point you to an area in need for improvement.
5. Compile the information you have collect and consult with your team to draw conclusions regarding areas of deficiency, staff perceptions and administrative and human resources initiatives and constraints. Remember to draw conclusions based on facts and not assumptions or conjecture.



NEXT STEPS

In the next step, the team will use the data collected in this assessment phase to draft a list of desired outcomes as the first step to your Workplace Violence project plan, the cornerstone of an ongoing quality improvement initiative.



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Step Three: Describing Desired Outcomes

Now that you have evaluated the present status of your emergency department and you are armed with information about what areas are in need of improvement, our next step is to focus on defining your **project goals**. It is vitally important in this step to define reasonable, achievable and measurable goals so that an action plan can be developed with these outcomes in mind. This step defines how you will respond to the information uncovered by your assessment. It acknowledges that you believe improvement is necessary but also that it is well within your reach and achievable.

[Tips for Developing Outcomes](#) > [Prevent, Response, Report outcomes](#) > [Toolkit Resources](#)
> [Summary and Next Steps](#)

Developing Outcomes

In this toolkit, you will find a [project plan template](#) that has a specific area for you to define the outcomes of this project and can later be used to fill in your action items to achieve these outcomes. You may want to collaborate with staff to enumerate and prioritize the goals and outcomes that will guide your violence prevention and response program. One way to get started is to review your emergency department assessment and list ALL of the improvement goals that would address ALL of the issues and problems uncovered during your assessment. It is important that you describe all the outcomes that you want to achieve as a first draft, then sort and prioritize and select those that are most important to you and the staff.

Here are some tips for developing and selecting outcomes that will guide your action plan for this violence reduction and mitigation project:

- As a frame of reference, it may be helpful to review the OSHA recommendations for management commitment and employee involvement to effectively deal with workplace violence. You can review these high level points by accessing the summary document, [OSHA Recommendations: Management commitment and employee involvement](#).
- Use the list of possible outcome statements located in the sample project plans in this toolkit to help you word your outcomes in a way that represents the the solution to the problem you are trying to solve. Don't overthink the language; perfect wording is not important as long as your outcome is descriptive enough that you are able to circle back after your re-evaluation (Step Five) and measure whether your outcome has been met.
- It's important to explain the endpoint as the outcome and leave the action items to the plan for achievement (Step Four is designing your action plan).
- You may identify that some outcomes are related...you can't have one without the other.

For example, if you are going to institute a new policy for 100% reporting of violent incidents, staff identification of what qualifies as a violent incident should be part of your outcomes.

- Don't overstate or make goals so big they are unachievable, for instance, "eliminate violent behavior in our emergency department". Be realistic...know what you have control over and what you must better manage rather than stating absolutes.
- Include some type of measurable number when it is appropriate and realistic; percent improvement can be a great motivator, can be tied to incentives and can be adjusted as you re-evaluate your status and adjust your outcomes in future improvement cycles.
- Consider addressing direct, observable hazards to safety first, especially when prior reports show that a deficiency that could have been corrected would have resulted in the avoidance of violence.
- State your outcomes in the positive voice whenever possible to emphasize that your efforts are quality improvement and not a punitive response to a bad situation, in other words, increasing the positive rather than decreasing the negative.
- No harm in correcting the easiest things first especially if they are high visibility, necessary to staff safety and will contribute to ongoing staff and/or administrative "buy in".

Let's take a few minutes to review the process for developing your list of outcomes. To begin, analyze the present data that you collected in Step Two. Make sure you ask important questions about why certain incidents occur but be careful not to draw conclusions or cause and effect without sufficient evidence. To help narrow down the outcomes that are most important to your department, approach the problem by using our three areas of focus: [Prevent](#), [Respond](#), [Report](#).

PREVENT: Collect assessment data from your department and to begin, focus on occurrences that you and your staff believe could have been prevented if alternative prevention procedures and protocols had been in place. Consider safety promotion...what realistic prevention goals do you have for your department? Minimally, every unit should be able to demonstrate that the staff is well educated in identification of high-risk patients, handling of escalating behaviors and knowledge of prevention protocols that are in place. Prevention outcomes can quickly become too broad so be sure that you are specific enough in stating the expected outcome so that action items are well directed to the results you are expected to produce.

Remember that an effective prevention program is a combination of:

- Physical and environmental safety measures
- Patient and family-focused safety measures (patient and family safety policies)
- Staff-focused safety measures including education, protective behavior training (de-escalation) and high risk identification

Download the [Project Plan Template](#) and insert your outcomes related to prevention of violence in your emergency department.



REALITY CHECK

Nurses who perceived their hospital administration and emergency department management as being committed to eliminating workplace violence were less likely to have experienced workplace violence.

Emergency Department Violence Surveillance Study, ENA, November 2011

RESPOND: Despite best efforts to prevent violent incidents from occurring, the reality is that even in an environment of planned awareness, violent acts can still occur. Often best efforts cannot silence verbal abuse and despite a prepared and vigilant staff, sometimes there is no recognizable escalation behavior and no time to intervene before a physical event occurs. For this reason, it is our recommendation that staff be sufficiently trained to contain an incident when appropriate and also to know when the best response is to get staff, patients and visitors to safety while security officers and/or authorities are called. When documenting outcomes, consider whether the evaluation of your emergency department revealed policies and procedures that outlines administration approved employee response to violent occurrences. Outcomes in this area should include:

- An understanding of effective containment procedures and training to minimize the risk of injury to the patient, staff and visitors
- Outcomes reflecting respect of a patient's rights to the extent that they are not relinquished secondary to threatening behavior
- The role and actions of each member of the care team (nurses, security officers, physicians, management) in response procedures, if not already clearly defined

Retrieve your [Project Plan Template](#) and insert your outcomes related to response to violence in your emergency department.



REALITY CHECK

Patients were the main perpetrators in all incidents of physical (97.8%) and verbal (92.3%) violence (as reported by study respondents). More than three-quarters of incidents of physical violence against emergency nurses (82.0% reported by study respondents) occurred in a patient's room, 24.0% in a corridor/hallway/stairwell/elevator and 14.6% at the nurses' station. Among study respondents, the most frequently reported activities that the emergency room nurses were involved in at the time of a physically violent incident were triaging a patient (40.2%), restraining or subduing a patient (34.8%) and performing an invasive procedure (29.4%).

Emergency Department Violence Surveillance Study, ENA, November 2011

REPORT: Reporting is one of the more important aspects of an ongoing quality improvement initiative in the area of emergency department workplace violence because it give us an accurate picture of the problems that need to be solved to make a safer workplace. Reporting, when done correctly, also provides a legal representation of what events took place during an occurrence and may be admissible as evidence should criminal charges apply to the occurrence.

When developing outcomes in your department related to reporting, consider what your evaluation in Step Two revealed about your staff's current level of reporting. If "zero-tolerance" is used as an outcome measure, make sure that the outcome you articulate can be realistically done every time in the environment of reporting that currently exists. Of course, we suggest that "zero-tolerance" be applied to reporting and not violent occurrences (since that is not completely under our control) and understand that "zero tolerance reporting" means every occurrence is reported, no exceptions.

Outcomes related to reporting also need to take into account the staff perceptions of the value of reporting an occurrence and the chain of responsibility and policy enforcement for reporting. Remember that outcomes regarding reporting and the actual forms used to report need to satisfy hospital administration policies, including human resources and risk management, and still must adequately convey the details of the occurrence and protect the victim.

Retrieve your [Project Plan Template](#) and insert your outcomes related to reporting violence in your emergency department.



REALITY CHECK

Research shows that the majority of nurses who experienced one or more forms of violence did not report the incident to either employers or law enforcement authorities. Some of the reasons that contribute to the under-reporting of violence included a perception that assaults are part of the job, a belief among employees that reporting will not benefit them, a concern that assaults may be viewed as evidence of poor job performance and a lack of institutional policies.

Emergency Department Violence Surveillance Study, ENA, August 2010



TOOLKIT RESOURCES

The following is a list of toolkit resources and references used in Step Three: Describing Desired Outcomes:

1. [Project Plan Template](#)
2. [Sample Project Plans](#)
3. [Emergency Department Violence Surveillance Study](#)
4. [Summary of OSHA Recommendations: Management commitment and employee involvement.](#)



SUMMARY

In this step, we have discussed the development of outcomes that address the three approaches to emergency department workplace violence, prevention, responding and reporting. Your tasks at the completion of this step have been to:

1. Review the assessment of your emergency department that was accomplished during the last step and extract priority outcomes that define what you hope to accomplish and achieve when this plan is fully implemented.
2. Download the [Project Plan Template](#) and review the sample project plans available in this toolkit.
3. From the list or from your own notes and observations of your emergency department's assessment, select a manageable number of outcomes that represent what your goals will be for this project.
4. Include a timeline for achievement for each outcome. Remember, you can alter this timeline as you further develop your plan. The assignment of action items or interventions toward achieving our outcomes, often makes the timeline more clear and can give us a real understanding of how long it might take to accomplish our goals.
5. If applicable, include thresholds to achieve as part of your outcomes (for example, an outcome might state that your department will submit written reports for 90% of all verbal abuse and 100% of all physical violence against staff members).



NEXT STEPS

Our next step will cover selection of action items used to help achieve your goals. These action items will be included on your Project Plan Template, so have that handy while we move on to Step Four: Designing and Implementing your Action Plan.





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Step Four: Design Your Action Plan

This step focuses on your developing the specific action items that you will have to accomplish, matched to your department's needs, to achieve the outcomes that you have previously stated. One of the most important parts of developing your action plan is to state tasks that are achievable and work incrementally toward a common goal for improvement. The outcomes you developed should give you a target at which to direct your action items.

[Choosing Your Action Items](#) > [Toolkit Resources](#) > [Summary and Next Steps](#)

Choosing Action Items

ENA has streamlined the process for devising and stating your action items by developing a template for the overall plan and then populating a number of sample plans with stated action items--a turnkey approach for putting together a written plan. Your responsibility is to ensure that the action items match your outcomes realistically and that your outcomes are achievable within your emergency department environment. Remember, "achievable" can encompass short and long term goals so while you want to choose actions that will show measurable progress towards making a safer work environment, you should also challenge restraints that keep you from providing the optimal environment of safety for your staff in the the long term.

For lists of action items that may apply to the outcomes that you have defined as your target, access the [sample project plans](#) and also the OSHA recommendations for:

- [Minimizing environmental risks](#)
- [Training topics for employees](#) and
- [Administrative and work practice controls to minimize risk](#)

All of these documents offer practical, cut and paste interventions to apply to your outcome achievement. Remember, too, that the OSHA recommendation for [management commitment and employee involvement](#) is a good frame of reference for devising a practical action plan.

Tips for developing the action items for your plan:

- Start by examining your stated outcomes and define what would need to be done within your department to move towards accomplishing these goals.
- Be cognizant of budget constraints or have a plan to work around these limitations (i.e.. don't plan a million dollar security system without stating where the money will come from).
- Do plan to engage a variety of staff members so that all will feel they have contributed to

the safety initiative.

- Remember that you need to work within institutional policy and with administrative approval and support; build these steps into your action items.
- Consider prioritizing your outcomes and designing action items for a few initiatives to start; choosing a few action items that meet a stated outcome quickly with visible improvement will help build cooperation and collaboration among team members and staff.
- As outcomes are met, choose new goals and design new action items; commit to **continuous** improvement as part of your emergency department's culture of safety.
- As you work towards an outcome, you may need to amend your action items as more of the details are exposed and additional actions are needed.

This last point about amending your action items once your plan is in place is important to consider. We should not be so committed to our original project plan that we are not open to modifying it to produce better results. Sometimes, regardless of the assessment and data collection process, issues emerge and needed action items become more clear as we work on identified goals. Be ready to add to your action items as needed and include the staff and administration as informed participants to validate the need for modification. Without a clear explanation of these changes, to others your project plan could look like a moving target!



TOOLKIT RESOURCES

1. [Project Plan Template](#)
2. [Sample Project Plans](#)
3. [Sample Policies](#)
4. [Policy Template](#)
5. [Signage and Informational Posts](#)
6. [Safety Event Form](#)
7. [SAMPLE: Safety Event Form](#)
8. [Staff Education Tools](#)
9. [OSHA Summary of Recommendations: Management commitment and employee involvement](#)
10. [OSHA Summary of Recommendations: Training topics for employees](#)
11. [OSHA Summary of Recommendations: Minimizing environmental risks](#)
12. [OSHA Summary of Recommendations: Administrative and work practice controls to minimize risk](#)



SUMMARY

In this step, you should have examined your outcomes that were previously stated and devise action items to work towards these outcomes. Your action items should be relevant to the constraints of your own department, be realistic to the time, manpower and money delegated to this project and be a task list that can show progress and produce evidence of work being done. Finally, make sure that as you complete task items, you document progress to show a process of quality improvement especially when the final tasks completed help you meet the intended outcome.



NEXT STEPS

In the last step, we will discuss the most important part of making quality improvement in the area of safety and workplace violence prevention a continuous process; that is, we will discuss the re-evaluation of your department and completion or adjustment of elements of your project plan to meet the changing needs of your department



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Step Five: Evaluate Your Progress

In this final step of the toolkit, we will close the loop of continuous quality improvement by re-evaluating the status of your emergency department and circling back to amend or continue the path to a safer emergency department, defined by your original project plan. By re-evaluating your department after your action plan has been implemented, you can gain knowledge regarding the validity of your timeline and whether the action items are sufficient to meet the outcomes as planned. You may find that outcomes have been met and it is time to define new outcomes and action items as you move on to implement more positive changes.

[Conducting a Re-evaluation](#) > [Documentation of Progress](#) > [Toolkit Resources](#) > [Summary](#)

Re-evaluation

Evaluation of your department for improvement after safety interventions is a critical part of any quality improvement process in that it validates that you are on the right path. While we invest hours of time and critical thinking in our original plan, we must always be prepared to alter our plan should we discover that the road to completion was not as we expected. How many of us can recall a project that went completely as planned? By re-evaluating and adjusting our project plan, we keep the workplace violence initiative relevant to the goals we would like to see achieved and allow ourselves to have a greater impact on change. To effectively adjust our project plan, we need to take periodic "snapshots" of where we are in our workplace violence initiative. It will help us define what is working, improving, not working and what we need to do better.

Timing is key to the re-evaluation of your department. At the outset of your project plan, determine what a reasonable time frame would be for re-evaluation with the assessment tools used in Step Two (Emergency Department Assessment Tool, Staff Assessment Survey). You may find that there are designated re-evaluation time frames necessitated by accreditation standards. You may find that there are elements of your project plan, certain outcomes or action items, that require a focused re-evaluation to gauge progress. The assessment tools that have been provided in this ENA toolkit are designed to allow a focused assessment of areas that are specifically impacted by your project plan (such as the environment or staff perceptions). You may have had occurrences since the beginning of the workplace violence initiative that have exposed new priorities in terms of safety.

Here are some tips for conducting your re-evaluation:

- Use the same tools for re-evaluation as for your initial assessment so you are comparing similar data; 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.
- As part of the re-evaluation, get feedback from your workplace violence team; what do they feel has worked, has the team dynamic been effective and what are the barriers they have encountered. All of these observations may have an impact on how you define your project plan going forward.
- Don't forget to use the occurrence reports as a source of re-evaluation information; when reviewing reports, use those that have been documented since the last assessment took place so there is no overlap.
- Document all assessments and summarize changes that are apparent based on the results.

Documentation

Documentation of your re-evaluation findings is a critical step because this information can be shared with a variety of audiences that are key to the success of your workplace violence initiative. Share the summary information you collect with these groups:

- **Workplace Violence Team:** This is the group that likely has the most time and initiative invested in the process of developing a plan to mitigate workplace violence. The documentation of the re-evaluation will help this group define the direction they will take with the original plan they devised and look towards ongoing and future goals.
- **Administration:** Because this is a continuous quality improvement effort, the documentation of interim evaluation of progress is important to show evidence of the quality improvement effort to institutional accrediting and licensing authorities. If there is a Quality Assurance or Continuous Quality Improvement committee within your institution, consult with them to find the best way for you to report your findings so that they are useful to administration. Additionally, management within the institution will need to see evidence that the workplace violence project is a productive use of resources. Documentation of findings and connecting the re-evaluation to the project plans as you have developed them will demonstrate to management that this is a valuable project and a wise use of time, skill and money.
- **Staff:** A common pitfall when working through a project is to report results to supervising personnel or administrators that approve the project and forgetting to demonstrate and communicate progress to those that the outcomes will affect the most. Sharing your findings with the emergency department staff, that is, documenting progress through a re-evaluation and demonstrating that you are will to take information acquired through this process and make adjustments to achieve a bigger safety impact, will go far in gaining the trust from the staff members in the emergency department, both for the project and the changes implemented and in the leaders of the project.



TOOLKIT RESOURCES

The following is a list of toolkit resources and references used in Step Two: Analyze your Emergency Department's Present Status:

1. [Emergency Department Assessment Tool](#)

2. [SAMPLE: Emergency Department Assessment Tool](#)
 3. [Staff Assessment Survey](#)
 4. [SAMPLE#1: Staff Assessment Survey](#)
 5. [SAMPLE#2: Staff Assessment Survey](#)
 6. [Staff Assessment Summary Tool](#)
 7. [SAMPLE: Safety Event Form](#)
 8. [Safety Event Summary Tool](#)
 9. [Executive Summary](#)
-



SUMMARY

In completing this step, we emphasized the importance of using similar tools for both evaluation and re-evaluation so you are comparing similar data and can begin to draw some conclusions about the progress that has been made. You should have all the elements necessary to measure and document the progress you have made towards achieving the outcomes you have stated in Step Two of this process. More importantly, completion of this step represents the achievement of one cycle of this quality improvement initiative. From understanding the issue, assessing the current situation, defining where you want to be (outcomes) and how to get there (action plan), this final step evaluates the impact of the choices you have made so far and gives you the ability to make adjustments in your plan. From this point, the cycle continues until you re-evaluate again and measure progress and either complete parts of your plan and start to work towards new targets or readjust and work through existing choices.

We learned that it is important to share information with key people when the re-evaluation step is completed in the form of a summary of progress. The format of this summary should follow that of other quality improvement projects in your institution so that progress can be clearly demonstrated to accrediting or licensing organizations, administration and management.





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Violence Prevention Tools

- [Data Collection Tool for Safety Event Forms](#)
- [Data Collection Tool for Staff Assessment Surveys](#)
- [Emergency Department Assessment Tool](#)
- [Executive Summary](#)
- Information resources
 - [Emergency Nurses Association Position Statement: Violence in the Emergency Care Setting](#)
 - [Violence Against Nurses Working in US Emergency Departments, JONA: Journal of Nursing Administration, July/August 2009](#)
 - [The Joint Commission: Sentinel Event Issue 45, June 3, 2010 "Preventing Violence in the Healthcare Setting"](#)
 - [Review of The Joint Commission 2010 Hospital Accreditation Standards Related to Workplace Violence](#)
 - [OSHA Guidelines for Preventing Workplace Violence for Health Care and Social Workers: A Summary of Recommendations](#)
 - [Management commitment and employee involvement](#)
 - [Administrative and work practice controls to minimize risk](#)
 - [Minimizing environmental risks](#)
 - [Training topics for employees](#)
 - [Elements of a program evaluation](#)
 - [Conducting a workplace security analysis](#)
 - [ACEP Policy Statement: Protection from Physical Violence in the Emergency Department Environment](#)
- [Policy template](#)
- [Project Plan template](#)
- Printable Notices/Signage
 - [Staff Alert: Definition of violent behavior](#)
 - [Staff Alert: Need to report](#)
 - [Staff Alert: Signs to watch for \(STAMP\)](#)
 - [Visitor Alert: Zero tolerance of abusive/violent behaviors](#)
- [QuickMap](#)
- [References](#)
- [Sample: Communication Letter](#)
- [Safety Event Form](#)
- [Sample Emergency Department Assessment Tool](#)
- Sample Policies
 - [Sitters for Patient Supervision in the Emergency Department](#)

- [Zero Tolerance for Violence in the Workplace](#)
- [Sample Project Plans](#)
 - [Community awareness](#)
 - [Environmental safety](#)
 - [High risk screening](#)
 - [Reporting feedback mechanism](#)
 - [Post-incident response program](#)
 - [Reporting process](#)
 - [Root cause analysis](#)
 - [Staff reporting guidelines](#)
 - [Trending](#)
 - [Violence prevention program](#)
 - [Violence prevention training](#)
 - [Violence Rapid Response Team \(VRRT\)](#)
 - [Visitor guidelines](#)
 - [Visitor policy](#)
 - [Workplace violence committee](#)
 - [Workplace violence policy](#)
- [Sample Safety Event Form](#)
- [Sample #1: Staff Assessment Survey](#)
- [Sample #2: Staff Assessment Survey](#)
- [Staff Assessment Survey](#)
- [Staff Competency Indicators](#)
- [Staff Education \(PowerPoint Template\) Competency Indicators](#)



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Whether using this toolkit to implement an actual plan or to first review the steps necessary to creating change in your emergency department, the ENA Workplace Violence Toolkit explains the steps needed and provides you with tools for project planning and implementation. The end result of using this toolkit is a targeted quality improvement initiative that aims at improving the safety of your staff, patients and visitors in the emergency department. While we would all like to see the occurrence rate of violent behaviors in the emergency department at zero, the reality is that the nature of the patient population and the dynamics of critical, emergent care lend itself to the reality that violent behaviors are going to occur. This toolkit emphasizes prevention, but also addresses the important role of prepared response and occurrence reporting in a comprehensive safety program.

Change can happen one emergency department at a time and initiation of a project that protects the safety of patients and staff, enforces a change in attitudes and beliefs surrounding what is acceptable behavior and resets the standard, contributes to the advancement of the nursing profession and the specialty of emergency nursing.

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Feedback

This toolkit is designed to provide emergency nurses with the resources needed to make a violence prevention initiative an ongoing reality in every emergency department. It was created by ENA through the collaborative effort of your emergency nursing peers. Share your knowledge and experiences with us! We welcome your feedback and encourage you to forward your comments and suggestions to: IENR@ena.org or call us at (800) 900-9659 extension 4119.

Disclaimer

The Emergency Nurses Association's Emergency Department Workplace Violence Toolkit was developed by ENA members to provide emergency nurses with information and strategies they can use in connection with the development of a comprehensive plan addressing workplace violence in the emergency department. The information and recommendations contained in the toolkit reflect current knowledge at the time of publication, are only current as of their publication date, and are subject to change without notice as advances emerge. Additionally, variations in practice, which take into account the needs of individual emergency departments, institutions, patients and the resources and limitations unique to the health care setting, may warrant approaches that differ from the recommendations outlined in this toolkit. Therefore, these recommendations should not be interpreted as an exclusive course of workplace violence management, nor does the use of such recommendations guarantee a particular outcome. This toolkit has been published by ENA for educational and informational purposes only, and ENA does not "approve" or "endorse" any specific methods, practices or sources of information. ENA assumes no liability for any injury and/or damage to persons or property arising out of or related to the use of this toolkit or the implementation of any of the strategies or plans discussed in the toolkit in a health care setting.



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