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Risk Management Strategies for the Outpatient Setting

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Hazard Risks

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Disaster Preparedness

The goal of disaster planning is to protect patients, visitors, staff, physical property and financial assets in the event of an emergency situation. Effective disaster planning can help outpatient healthcare facilities maintain order, prevent major service disruption, reduce losses and restore vital facility functions with minimal delay. It may also affect the success of future business continuity for the facility.

Although it may be tempting to postpone analyzing future risks and focus on more immediate concerns, the key to successful disaster management is to plan ahead. Proactive planning by healthcare facilities may help mitigate the following risk exposures, among others:

- **Negligence for failing to maintain an up-to-date emergency response plan** and/or prepare for emergencies through staff training and simulation exercises.
- **Professional liability, when healthcare providers are physically and emotionally exhausted,** creating vulnerability to clinical errors.
- **Unauthorized scope of practice,** when providers transcend legally prescribed practice parameters under the stress of delivering emergency care.
- **Breach of privacy and confidentiality** for failing to protect patient/resident privacy and confidentiality during emergencies.
- **Inappropriate emergency use authorization,** when healthcare facilities and providers disregard important conditions related to these temporary issuances.
- **Discriminatory allocation of resources,** when healthcare settings lack a legitimate process for determining appropriate and reasonable use of limited resources.
- **Regulatory violations** for failing to comply with federal and state emergency preparedness mandates; accommodate patients/residents with disabilities, as prescribed by the Americans with Disabilities Act; or permit access to treatment pursuant to the Emergency Medical Treatment and Active Labor Act, among other sources of noncompliance.
- **Premises liability,** when patients and staff are left to shelter in place despite structural indications for facility evacuation.

Mitigation of risks associated with disaster preparedness extends beyond policy development, requiring a continuous process of review, testing and improvement. This section serves as a tool to help outpatient healthcare facilities and providers develop a range of emergency management initiatives in response to regulatory expectations, industry guidelines and professional risk management recommendations. Because no two facilities or outpatient practice settings are identical, the information included here should be adjusted to the type, size and complexity of a setting or practice. By tailoring risk initiatives to the nature and scope of operations, healthcare settings and providers may respond to a crisis with practical, realistic and efficient measures. For additional information regarding emergency planning and disaster preparedness, please see the CNA Special Resource – Emergency Planning: A Risk Management Guide for Healthcare Facilities and Providers.

Federal and state statutes provide a degree of immunity to facilities and providers during emergency conditions. However, failure to prepare for crisis situations can nullify those protections. The Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Rule *requires* 17 types of healthcare providers, suppliers and facilities to have a written emergency management plan to guide their response to natural and man-made disasters.

The four basic components of emergency readiness outlined in the CMS regulations will be discussed in this section:

1. an annual risk assessment utilizing an "all hazards" approach;
2. response-related policies and procedures;
3. communication plans; and
4. a training program.

This information applies to all types of outpatient healthcare settings, irrespective of whether or not the setting is governed by the CMS regulatory requirements.

Identifying Risks

The first step in preparing for disaster-related risks is to identify and prioritize potential foreseeable events, both man-made (e.g., active shooter, violent crime, sabotage, arson, riots, terrorism and contamination) and weather-related (e .g ., hurricanes, tornadoes, wildfires, floods and blizzards). A team-based, systematic approach to conducting a gap analysis will broaden the scope of the assessment and provide a comprehensive risk analysis.

Quantifying Risks

After identifying potential sources of loss, the next step is to quantify the hazard posed by specific events. This process involves ascertaining the likelihood (frequency) of an occurrence against its potential impact (severity). It may be determined that it is no longer safe to shelter in place, and an evacuation is required. Use of a risk matrix, such as the widely recognized Kaiser Permanente HVA tool, enables the crisis management team to identify exposures and prioritize resources.

Gauging the probability and potential impact of an event requires a clear understanding of the vulnerabilities of the facility, as well the environment in which it operates. This evaluation involves reviewing the loss history, as well as consulting with local emergency management agencies and first responders, government and private agencies, and other external authorities.

It also involves knowing the available backup processes, systems and equipment in the event of an emergency, including power sources and other utilities.

Creating a Response Plan

After immediate risks have been identified and evaluated, the next step is to develop a response plan. An emergency response plan should be based upon the results of the risk assessment and incorporate disaster response and recovery protocols. The plan should be specific and include the titles of the individuals assigned to tasks. When designing the response plan, request input and active involvement of local authorities and first responders, as partnerships formed during the planning and drafting phases can become useful during an actual emergency.

The following tasks, among others, should be addressed in the emergency response plan:

- Emergency notification
- Incident command
- Media relations
- Crisis staffing
- Phone contact procedures
- Resource procurement
- Healthcare information record maintenance
- Care site establishment
- Bed utilization
- Surge capacity/diversion
- Shelter availability
- Evacuation and patient tracking
- Transfer arrangements
- Child care for staff
- Mortuary services
- Supply chain management
- Utility outages

The plan should include detailed instructions for managing outages involving critical systems, such as electricity, IT, natural gas, water, sewage and ventilation/heating/air conditioning. The National Fire Prevention Association (NFPA) Standard 110 outlines performance requirements for emergency and standby power systems in healthcare settings, including weekly and monthly inspections of emergency generator systems.

During times of crisis, supply chain operations can be adversely affected by inefficient distribution networks, inadequate inventory space, outdated manual processes and data systems that cannot track real-time supply levels, among other deficiencies. As part of the emergency management planning process, measures should be taken to help prevent or mitigate shortages and supply chain breakdowns that may adversely affect patient care and safety.

Policies and Procedures

Policies and procedures should reflect the emergency response plan and include steps for designating a command center, establishing communication procedures, maintaining security, and developing patient evacuation and tracking protocols, as well as drafting measures to safeguard the healthcare information record.

Chain of Command and Communication

If disaster strikes, staff must know who is in charge. Effective emergency preparedness requires a clear chain of command that extends from senior leadership to every level of staff. By creating an incident command center, healthcare facilities and office practices can ensure that necessary tasks – such as information gathering, staff coordination and debriefing – are completed in a prompt and efficient manner.

Whether an emergency requires evacuating a setting, initiating a lockdown, diverting patients or establishing a controlled external perimeter, promptness, clarity and accuracy of communication is critical to maximizing safety and minimizing loss.

The following guidelines can minimize confusion during and immediately following an emergency situation:

- **Designate a disaster coordinator,** who has responsibility for declaring the disaster, mobilizing the response and keeping everyone informed.
- **Clearly define roles and duties of staff members,** including contacting government agencies, neighboring healthcare facilities, emergency aid providers and other outside entities.
- **Maintain a list of providers and staff, by title, in the chain of command that are to be contacted in case of an emergency,** and post the list in strategic locations.
- **Develop a system to track all patients, staff and visitors** who may have been in the facility at the time of the disaster.

- **Arrange an alternative means of communicating** information to key internal and external audiences, such as cellular telephone "trees," electronic mail "blasts," text messaging, online portals, satellite telephones and two-way radios.
- **Develop a listing of preferred vendors and alternative suppliers that details their** contact information, including primary and emergency telephone numbers.
- **Maintain electronic and hard copy contact information** for key stakeholders, including fire and police departments, ambulance services, utility companies, contractors, insurance companies and relevant government agencies.
- **Establish an emergency hotline to relay** urgent instructions and safety messages to employees, and also to summon appropriate on-call personnel if the incident occurs after business hours.

Sheltering in Place

Certain emergencies – such as a contained hazardous materials release, armed intruder situation or inclement weather – may require patients and staff to shelter in place. Identify areas of lower risk within the premises depending upon the type of emergency at hand and move patients and staff to safer zones. As part of the emergency planning process, supplies needed for sheltering in place should be stored in advance. For example, water, durable food, emergency medications, portable radios, first aid kits, eating utensils, blankets, flashlights, batteries and other basic supplies should be stockpiled. Continually assess the safety of sheltering-in-place arrangements and be prepared to order an evacuation if it becomes the safer option.

Evacuation Procedures

Depending upon circumstances, it may be determined that it is no longer safe to shelter in place, and an evacuation is required. The decision to evacuate requires consideration of several factors, including the urgency of the threat, the type of damage sustained and the capability of staff and providers to meet the medical needs of patients. Immediate threats to life, such as a fire or explosion, will require emergent evacuation. Other situations may permit a planned and phased evacuation. When selecting an evacuation site, leaders must consider both the short- and long-term needs of patients. In a large scale disaster, patients may be evacuated to multiple, widely dispersed sites. It is essential to know where patients and staff are located, both during the crisis and afterward.

Plan ahead for appropriate transportation needs during an evacuation, and select the safest mode based upon the acuity needs of patients. Draft an emergency transfer protocol, emphasizing the need for staff to properly monitor patients enroute, irrespective of the mode of transportation. Prior to transport, print out the patients' baseline history and medication administration record, if applicable, and provide these documents to the accepting facility/location.

The following measures can help reduce panic and ensure an orderly evacuation:

- **Prepare detailed diagrams of the facility and surrounding area,** showing all critical access and escape routes.
- **Check all patient care areas** to ensure that no patients are left behind. Instruct staff to close doors behind them as a sign that the room is empty.
- **Implement a voicemail system** during the period of evacuation in order to convey ongoing evacuation details to families of patients, relay information to staff, and provide daily updates on the status of evacuation.
- **Instruct staff members to meet at a designated location** following the evacuation.

Plan Testing and Training

Disaster drills should be scheduled on a regular basis. Evacuation techniques and the response plan, in its totality, should be evaluated at least annually and updated to reflect organizational changes, lessons learned from drills and emerging exposures. Training should be mandatory for all staff and providers, temporary/contracted employees and volunteers upon hire, and as required by CMS and other regulatory bodies. Training sessions should include a review of emergency-related policies. Document all training events, drills and other exercises, including dates and names of attendees. For those facilities falling within the CMS rule, the first level of testing involves "tabletop" exercises, in which team members review the plan's effectiveness by analyzing various disaster scenarios. The second level consists of "walk-through" drills, in which responders perform their functions using the methods and communication tools indicated in the plan.

Continuity Planning and Recovery

Despite the best precautions, there is always a possibility that the facility may be rendered inoperable by a disaster. By formulating a continuity and recovery plan, providers are better positioned to restart operations as quickly as possible. Disaster recovery plans should address communications with patients, public agencies, suppliers and community representatives after the disaster, as well as arrangements to establish alternate patient care locations, if necessary.

The business continuity plan should include procedures for safe storage of critical documents off-site, including financial and insurance documents, building blueprints, equipment inventory and reconstruction plans. An alternative mailing address should be established in the event that the building is severely damaged. Guidelines for safeguarding vital clinical and business data against potential disruption of the information processing system should also be established.

Post-disaster Information Management

The strength of the continuity plan depends, to a great extent, on the ability to protect clinical, personnel and financial documents.

The following guidelines can reduce the risk of losing vital data due to disaster, hackers or computer glitches:

- **Store paper records and files in fire-resistant/proof cabinets,** remembering that documents kept in rooms with sprinklers are highly susceptible to water damage.
- **Keep copies of the following documents off-site,** ideally in a safe deposit box:
  - Disaster response plan.
  - Essential telephone numbers.
  - IT system records, including a backup copy of the computer's basic operating system, boot files and essential software.
  - Insurance policies.
  - Lease.
  - List of assets.
  - Mailing list of current patients.
- **Physically separate telecommunication network devices** to reduce the likelihood of a single-point failure.
- **Install and regularly update protective devices and software,** including anti-virus software, electronic firewalls and surge protectors.
- **Back up data on a regular basis,** including accounting and payroll records, employee information, patient lists, procedures, suppliers and inventory.
- **Store backup files off-site** in a secured location.
- **Identify third-party IT service providers** outside of the potentially affected area and arrange for emergency services on a contingency basis.

Post-disaster Response

A sound response plan will expedite restoration of operations and systems, the return of staff and, most importantly, resumption of patient care. After the immediate danger has passed, it is necessary to take the following steps, among others:

- **Provide patients with vital information** regarding their treatment and records.
- **Communicate with staff regarding the extent of the disaster** and the timetable for reopening the facility.
- **Contact the landlord and, if necessary, the county building inspector and/or the fire department** for a general assessment of the damage.
- **Inform the insurance agent or company** of the disaster.
- **Reroute mail and telephone calls** as needed.
- **Conduct salvage operations** and maintain a careful accounting record of all damage-related costs.

Fire Safety

Every building must comply with the structure and fire protection rules set forth in the National Fire Protection Association Life Safety Code. The standards in the code apply to various types of buildings. Contact the local fire marshal for information regarding applicable fire safety standards.

Outpatient healthcare settings should have a fire safety plan, including emergency evacuation instructions, posted in a conspicuous place. The plan should include the following actions, at a minimum:

- **Posting of evacuation routes** in each examination room.
- **Assignment of responsibility for shutting off piped gases,** such as nitrous oxide and oxygen.
- **Providing a fire safety orientation** and annual education program to all staff and providers.
- **Holding quarterly fire drills,** as well as evaluating and documenting drill results.
- **Ensuring that the building's fire alarm system is tested on a quarterly basis** by a reputable testing service.
- **Declaring the office a smoke-free environment** and rigorously enforcing no-smoking rules.
- **Reporting any identified safety deficiencies** involving fire doors, exit signs, emergency lighting, fire extinguishers or smoke/heat detectors to the building manager.

For more information, see the sample fire safety plan on page 9-7.

Medical Emergencies

Medical emergencies can involve patients, staff or visitors. Widespread public health emergencies, such as pandemics, may affect clinical and operational systems within outpatient healthcare settings and result in potential staffing issues, supply shortages and the need to utilize telemedicine or cancel elective appointments and procedures. Management of public health emergencies such as pandemics is outside of the scope of this manual. Additional information can be found in the CNA Special Resource entitled COVID-19: Achieving Recovery Through Risk Management

If a clinical emergency occurs in the office, appropriate responses range from calling 911 to performing CPR to attempting more complex medical interventions, depending upon staff competencies and the specialty of the healthcare setting. The following policies and procedures may enable staff to respond more effectively to a medical emergency:

- **Encourage staff to achieve certification in CPR,** and permit any certified staff member to initiate CPR, if indicated.
- **Instruct staff members to contact a provider in the office immediately if they believe a medical emergency is occurring,** to call 911 if told to do so, and to remain on the scene until emergency personnel arrive.
- **Inspect the emergency crash cart on a daily basis** and maintain inspection logs, if applicable.
- **Train staff in the use of emergency equipment and medications,** documenting training and proficiency in personnel files.
- **Keep inspection and preventive maintenance records** for all emergency equipment in the office.
- **Check the automatic incoming telephone service,** ensuring that it transfers patients to office staff.

Sample Fire Safety Plan

Fires are the most common emergency situation and, hence, serve as a good starting point for emergency planning efforts. During a serious fire or similar emergency, firefighters will probably take command of the facility. Therefore, it is important to develop the fire prevention and safety plan in coordination with the local fire department and emergency responders. The plan should assign responsibility for the following measures, among others:

Before:

- **Implementing and enforcing proper disposal procedures** for flammable materials.
- **Regularly inspecting the electrical system** for safety and capacity.
- **Ensuring that evacuation routes are well marked** and clear of obstructions.
- **Checking and maintaining fire protection equipment** – including extinguishers, smoke detectors, sprinklers, fire doors and alarm systems – in accordance with manufacturer recommendations.
- **Conducting fire drills** at regular intervals, followed by evaluation and recommendations.

During:

- **Declaring an emergency** and initiating the response plan.
- **Notifying the fire department** of the existence, intensity and exact location of the fire.
- **Implementing initial safety steps,** such as ensuring that fire doors have closed properly.
- **Evacuating staff, patients and visitors,** if necessary.
- **Ensuring that fire protection valves are open** and fire pumps are operating, if applicable.
- **Providing clear access for fire trucks** and other emergency vehicles.
- **Meeting arriving firefighters** and providing them with necessary information.
- **Removing or covering combustibles,** such as oxygen tanks, when possible.

After:

- **Securing the fire area** as possible.
- **Accounting for all staff and patients** by name.
- **Notifying authorities if arson is a possibility,** noting any suspicious circumstances.
- **Informing insurers as soon as possible,** and following their recovery suggestions.
- **Cleaning up excess water quickly** to reduce staining, mold and other post-fire damage.
- **Beginning salvage operations,** while taking care not to disrupt ongoing insurance or criminal investigations.
- **Debriefing staff** and evaluating emergency response protocols and plan execution.

This basic format can be followed for other types of emergencies, including tornadoes, floods, utility outages, hazardous chemical releases, wildfires, intrusions and disease outbreaks.

Security

Maintaining security following a disaster can be a challenge, as buildings may require swift evacuation and remain empty afterward for a prolonged period. While the top priority is protecting the lives and safety of patients and staff, it is also necessary to minimize property loss and damage, possibly by contracting with private security. In the event of a disaster, it may be necessary to lock down the facility or provider offices. Written security procedures should be developed in collaboration with local emergency management agencies, law enforcement and governmental agencies. These procedures should address such concerns as tracking patients and staff, preventing looting, preserving basic order and coordinating with law enforcement.

Emergency preparedness planning should be a core component of every healthcare setting's risk management program. Only by anticipating disaster and crafting an effective response can leadership and providers maintain some degree of control during an emergency; minimize injury, damage and disruption; and expedite recovery. Although facilities vary widely with respect to risk profile and patient population, the prevention-preparation-response-recovery format presented in this section may serve as an emergency planning template modifiable to the specific needs of each healthcare setting.

Resources

Disaster planning involves a wide range of regulatory issues. Begin the process by checking local laws and regulations regarding life safety and fire prevention. Other resources for disaster planning include the following websites:

- American Health Information Management Association.
- American Society for Healthcare Engineering, which provides an example of a hazard vulnerability analysis.
- Department of Homeland Security.
- The International Association for Disaster Preparedness and Response.
- Federal Emergency Management Agency.
- National Fire Protection Association's NFPA 1600, a standard for disaster/emergency management and business continuity planning.
- Occupational Safety and Health Administration.
- U.S. Environmental Protection Agency, which provides information on hazardous materials and the Right-to-Know Act, which makes state and local governments responsible for informing the public about potentially dangerous chemicals in the community.

Self-assessment Checklist: Emergency Management

The following questions are designed to help healthcare business owners evaluate disaster-related policies and procedures. For additional risk control tools and information on a wide and growing range of topics, visit www.cna.com.

Risk Control Measures	Present (Yes/No)	Comments
Risk identification and assessment		
Have all foreseeable sources of disaster been identified, reflecting both past incidents and emerging concerns?		
Have identified loss exposures been categorized, quantified and prioritized?		
Have appropriate response measures been identified, along with their projected costs?		
Has the potential impact of a disaster on vendors, suppliers and utilities been considered, in terms of recovery and rebuilding time?		
Emergency management planning and preparation		
Has an emergency operations center been designated, as well as an emergency manager?		
Have emergency communication methods (including backup systems) been identified, and is necessary equipment available?		
Is a current emergency contact list available in both hard-copy and electronic form, with names and telephone numbers clearly noted?		
Has a list of primary and alternative vendors/suppliers been drafted, including telephone numbers and websites?		
Are mutual disaster and evacuation arrangements in place with other practices and healthcare facilities?		
Have emergency evacuation procedures been developed and practiced, as well as search and evacuation techniques?		
Are there detailed drawings and maps of the facility and surrounding area, depicting access/escape routes?		
Have incident-specific procedures been developed to address identified risks?		
Are computer records and other important documents backed up and securely stored?		
Have insurance coverage, risk control and mitigation measures been upgraded as needed, to address changing conditions and emerging exposures?		
Do response plans meet the requirements of the Occupational Safety and Health Administration, the Environmental Protection Agency and other regulatory bodies?		
Have all staff members (including temporary/contracted employees) been trained in emergency procedures, and has this training been documented?		
Is the disaster recovery plan in writing and available for review?		

Risk Control Measures	Present (Yes/No)	Comments
Plan implementation and testing		
Have all parties involved with the emergency management plan received initial training, and do they undergo ongoing refresher courses?		
Have team members been trained using walk-through drills (i.e., simulation testing)?		
Have public agencies been included in walk-through drills?		
Is the plan regularly updated to reflect mistakes made and lessons learned during testing/drills?		
Disaster recovery		
Does the recovery plan encompass a wide range of disaster scenarios, both natural and man-made?		
Have recovery goals been prioritized, and does the recovery plan reflect these priorities?		
Are procedures in place to contact patient and staff families immediately after a disaster, as well as government agencies, suppliers, local media and community representatives?		
Have arrangements been made to establish alternate care locations, if necessary?		
Have all insurance options, both conventional and alternative, been fully considered, and are coverage levels sufficient for both surviving a protracted business interruption and rebuilding a severely damaged facility?		

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Violence Prevention

The National Institute for Occupational Safety and Health defines workplace violence as "violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty."

Every healthcare setting is vulnerable to aggressive behavior and abuse. Therefore, this critical issue, which potentially affects patients, staff and providers, must be addressed. There are four types of healthcare workplace violence:

- Criminal intent
- Customer/Client-on-worker
- Worker-on-worker
- Personal relationship

Developing a Program

Begin the process of creating an effective violence prevention program by soliciting staff input regarding their experiences and ideas. Then, formulate clear objectives that reflect the practice structure and culture, patient demographics, and community risks and issues. After goals and strategies have been determined, inform staff members of their responsibilities and begin training them in violence prevention and de-escalation.

At a minimum, workplace violence prevention programs should incorporate the following measures:

- Analyze your workplace.
- Create a supportive environment.
- Offer communication and empathy training.
- Establish a clear workplace violence policy.
- Commit to a non-violent workplace.
- Train employees to recognize warning signs.
- Create an action plan, share it with staff, and practice implementation by conducting walk-through drills.

At a minimum, workplace violence prevention programs should incorporate the following measures:

- **Create and disseminate a zero-tolerance policy for violence,** including verbal and nonverbal threats and other forms of hostile behavior. Ensure that providers, staff members, patients and visitors are apprised of this policy.
- **Ensure that staff will not face reprisal** if they report instances of workplace violence or abuse.
- **Encourage staff to promptly report incidents** and present suggestions about reducing or eliminating risks.
- **Maintain records of incidents** in order to evaluate the measures taken and assess overall progress in reducing violence.
- **Outline a comprehensive security plan for the practice.** This plan should include working with law enforcement agencies to identify strategies for preventing and mitigating workplace violence.
- **Allocate adequate resources for the program** and encourage practice leaders to develop expertise on the subject of violence prevention in the healthcare environment.
- **Affirm the commitment of the practice to maintaining a supportive culture** that places as much emphasis on staff safety and health as it does on serving patients.
- **Periodically brief staff members and others on incidents that have occurred in the practice,** as well as on general safety- related issues.

As with other health and safety initiatives, the violence prevention program requires leadership commitment to the following principles:

- Staff involvement.
- Workplace analysis.
- Ongoing staff training.
- Careful recordkeeping.
- Program review and evaluation.

Active Shooter Situations

Shootings within healthcare settings are relatively rare, but appear to be on the rise. Although armed intrusions are unpredictable, a sound emergency response plan can help save lives and minimize civil liability for willful lack of preparedness. The following measures can significantly enhance organizational response to a potentially panic-inducing situation:

- Make the issue an organizational priority.
- Craft a written policy.
- Conduct armed intruder exercises and drills.
- Develop a communication plan.
- Collaborate with emergency responders.
- Appoint an incident commander.
- Establish a uniform response for lockdowns.
- Advise staff against confronting an active shooter.
- Be prepared for a hostage situation.
- Provide safe evacuation routes.
- Draft plans for both evacuating and sheltering in place, based upon the nature of the incident and the mobility of patients.
- Carefully consider whether to advertise that the building is "weapons-free."

De-escalation Tips

Do not argue with or provoke a hostile person. Instead, focus on defusing tense situations, utilizing the following strategies:

- **Stay at least two or three arm lengths away** from a hostile person.
- **Listen and acknowledge concern.**
- **Use a firm tone of voice,** but not a hostile or angry one.
- **Separate the hostile person from other patients,** if possible, and avoid being alone with the individual.
- **Develop an emergency code** to alert other office staff that a violent person is on the premises.

Self-assessment Checklist: Violence Prevention

The following questions are designed to help practices evaluate their policies and procedures regarding violence prevention and response. For additional risk control tools and information on a wide and growing range of topics, visit www.cna.com.

Risk Control Measures	Present (Yes/No)	Comments
Workplace Analysis		
Has a comprehensive violence and abuse analysis been performed in the facility, in order to ensure that:		
• Locking systems are in place on outer doors?		
• Unused doors are always locked?		
• Visitor access is carefully controlled?		
• Entrances and parking lots are well-illuminated?		
• Lights are regularly inspected?		
• Shrubbery is trimmed to minimize shadows?		
• Security alarm systems are carefully maintained and frequently tested?		
• Response procedures are in place for violent incidents, including assaults, bomb threats, gunfire and hostage situations?		
Community and Environmental Considerations		
Have local law enforcement and other emergency response agencies been contacted regarding area crime risks?		
Has an environmental risk assessment been performed, which considers:		
• Crime statistics of the surrounding community?		
• Past occurrences of workplace violence, as documented in medical and safety reports?		
• Instances of employees working alone?		

Risk Control Measures	Present (Yes/No)	Comments
Prevention Program		
Has a violence prevention program (VPP) been developed and implemented?		
Is there a team in place that is responsible for implementing the program and monitoring results?		
Is the VPP in writing, and does it undergo periodic review for effectiveness and relevance?		
Does the VPP clearly define the various types of violence, including verbal and psychological abuse?		
Are the policies and procedures of the VPP drafted in a clear, thorough manner, and are they realistic in view of the organization's human and financial resources?		
Does the VPP endorse one consistent procedure for reporting, investigating and documenting acts of real and threatened violence?		
Does the VPP work to avert workplace violence via human resources policies and conflict management training for staff?		
Is the VPP addressed in new hire/volunteer orientation programs, and are personnel required to acknowledge their understanding of the VPP through a written protocol?		
Is a criminal background check completed and documented for all new hires and volunteers?		
Is there a rapid response protocol for crisis situations, including evacuating the office and calling 911?		
Have staff been adequately trained in defusing conflicts and restraining out-of-control patients?		

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