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## HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Workplace Violence
Topic Collection
10/21/2015

**ASPR**
ASSISTANT SECRETARY FOR
PREPAREDNESS AND RESPONSE

# Topic Collection: Workplace Violence

Workplace violence may occur with minimal or no advanced notice and can have devastating consequences. It is vitally important for emergency planners to have policies and procedures to prevent, mitigate and respond to incidents of workplace violence. Healthcare settings have unique vulnerabilities and obligations to patients and the public which require careful planning, education, and exercising. The resources in this Topic Collection highlight some of the most current information and guidance that can assist emergency managers tasked with developing and maintaining workplace violence prevention programs and other guidelines to ensure the resiliency of their facilities.

Each resource in this Topic Collection is placed into one or more of the following categories (click on the category name to be taken directly to that set of resources). Resources marked with an asterisk (*) appear in more than one category.

Must Reads
Active Shooter/ Mass Shooting
Education and Training
Emergency Medical Services/Prehospital Resources
Healthcare Settings
Plans, Tools and Templates
Prevention Resources
Statistics and Data
Agencies and Organizations

**Must Reads**

Autrey, A., Hick, J., Bramer, K., et al. (2014). 3 Echo: Concept of Operations for Early Care and Evacuation of Victims of Mass Violence. (Abstract only.) Prehospital Disaster Medicine. 29(4):421-8.

> The authors describe a three-phase approach used by responders to a mass shooting event that happened in Minneapolis (MN) in 2012: Enter, Evaluate, and Evacuate (or 3 Echo). 3 Echo stresses early, multi-disciplinary coordination and teaches participants about unified command, swift victim evacuation, how to establish corridors of safety, and other critical skills.

Centers for Disease Control and Prevention. (2013). Workplace Violence Prevention for Nurses.

> This short course is based on Occupational Safety and Health Administration guidance and can help healthcare providers understand, prevent, prepare for, and respond to workplace violence. Participants can earn continuing education credits.

Division of Workers' Compensation and Workplace Safety. (n.d.). Health Care Facilities and Workplace Violence Prevention. (Accessed 10/6/2015.) Texas Department of Insurance.

This brochure can increase healthcare facility employee and employer awareness of the risk factors for violence in these settings. The brochure also includes strategies for reducing exposure to risks.

Emergency Nurses Association. (2010). Emergency Nurses Association (ENA) Workplace Violence Toolkit.

This toolkit is designed specifically to help an emergency department manager or designated team leader develop and implement a comprehensive plan that addresses needs related to managing violent behaviors in the emergency department and protecting staff.

Jacobs, L., McSwain, N., Rotondo, M., et al. (2013). Improving Survival from Active Shooter Events: The Hartford Consensus.

The Hartford Consensus suggests that first responders to an active shooter scene should apply the actions in the acronym THREAT: 1) Threat suppression, 2) Hemorrhage control, 3) Rapid Extrication to safety, 4) Assessment by medical providers, and 5) Transport to definitive care.

Kirkwood, S., and Teitsort, K. (2012). Violence Against EMS Providers: What Can We Do About It? EMSWorld.

The authors provide an overview of violence against emergency medical services providers. They stress the need for: better reporting; changes in organizational culture to make it more acceptable to report; and changes in training responders on how to protect themselves from violent individuals.

Kowalenko, T., Cunningham, R., Sachs, C.J., et al. (2012). Workplace Violence in Emergency Medicine: Current Knowledge and Future Directions. (Abstract only.) Journal of Emergency Medicine. 43(3):523-31.

The authors reviewed literature on emergency department workplace violence and found that staff face higher risk of physical assaults compared to other health settings. They offer suggestions for preventing and reducing violent incidents.

MESH Coalition. (2014). Responding to an Active Shooter in a Healthcare Setting.

This video provides information on preparing for and responding to an active shooter event in a healthcare setting.

Morken, T., Johansen, I., and Alsaker, K. (2015). Dealing with Workplace Violence in Emergency Primary Health Care: A Focus Group Study. BMC Family Practice. 16:51.

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This study explores how emergency primary health care organization personnel have dealt with threats and violence in the workplace.

Occupational Safety and Health Administration. (n.d.). Workplace Violence Prevention - Health Care and Social Service Workers.  (Accessed 9/3/2015.) U.S. Department of Labor.

This presentation provides an overview of the Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers published by the Occupational Safety and Health Administration ("OSHA 3148").

*Occupational Safety and Health Administration. (2015). Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. U.S. Department of Labor.

The Occupational Safety and Health Administration lists violence prevention guidelines for the following healthcare settings: hospitals, residential and non-residential treatment, community care, and field work. The authors of the report also list the five "building blocks" for developing an effective prevention program: management commitment and employee participation; worksite analysis; hazard prevention and control; safety and health training; and recordkeeping and program evaluation.

Occupational Safety and Health Administration. (2015). Workplace Violence. U.S. Department of Labor.

This website provides information on the extent of violence in the workplace, assessing the hazards in different settings and developing workplace violence prevention plans for individual worksites.

Stene, J., Larson, E., Levy, M., et al. (2015). Workplace Violence in the Emergency Department: Giving Staff the Tools and Support to Report. The Permanente Journal. 19(2).

This research study examines the results of a workgroup that developed a workplace violence survey and reporting tool.

Trotto, S. (2014). Workplace Violence in Health Care. Safety and Health Magazine.

The author discusses workplace violence in healthcare settings and provides an overview of proposed legislation to protect healthcare workers.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2015). Active Shooter Planning and Response in a Healthcare Setting.

This document provides active shooter guidance tailored specifically to the healthcare setting.

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*U.S. Department of Health and Human Services; U.S. Department of Homeland Security; U.S. Department of Justice, Federal Bureau of Investigation; and Federal Emergency Management Agency. (2014). Incorporating Active Shooter Incident Planning into Health Care Facility Emergency Operations Plans.

This document gives healthcare facility emergency planners, executive leadership, and others involved in emergency operations planning assistance with planning for active shooter incidents.

U.S. Department of Labor. (n.d.). Department of Labor Workplace Violence Program. (Accessed 9/3/2015.)

This document comprehensively describes the Department of Labor's Workplace Violence Program including policies and procedures, identification, prevention and response.

U.S. Department of Labor. (2015). Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers.

The Occupational Safety and Health Administration lists violence prevention guidelines for the following healthcare settings: hospitals, residential and non-residential treatment, community care, and field work. The authors of the report also list the five "building blocks" for developing an effective prevention program: management commitment and employee participation; worksite analysis; hazard prevention and control; safety and health training; and recordkeeping and program evaluation.

**Active Shooter/ Mass Shooting**

Autrey, A., Hick, J., Bramer, K., et al. (2014). 3 Echo: Concept of Operations for Early Care and Evacuation of Victims of Mass Violence. (Abstract only.) Prehospital Disaster Medicine. 29(4):421-8.

The authors describe a three-phase approach used by responders to a mass shooting event that happened in Minneapolis (MN) in 2012: Enter, Evaluate, and Evacuate (or 3 Echo). 3 Echo stresses early, multi-disciplinary coordination and teaches participants about unified command, swift victim evacuation, how to establish corridors of safety, and other critical skills.

Blair, J.P. and Martaindale, M.H. (2013). United States Active Shooter Events from 2000 to 2010: Training and Equipment Implications.

In this summary of active shooter events, the authors share research findings (e.g., location, shooter and victim demographics) and emergency healthcare training and equipment implications for first responders (primarily law enforcement in these incidents).

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Federal Bureau of Investigation. (n.d.). <u>Active Shooter Incidents.</u> (Accessed 10/21/2015.)

> This webpage describes the incidents and the agency's efforts at prevention. The page provides links to in-depth reports, statistics, guides, after-action reports of recent incidents (including the school shooting at Sandy Hook Elementary), planning guides, and the video geared towards the general public: "Run, Hide, Fight."

Jacobs, L., McSwain, N., Rotondo, M., et al. (2013). <u>Improving Survival from Active Shooter Events: The Hartford Consensus</u>. The National Association of Emergency Medical Technicians.

> The Hartford Consensus suggests that first responders to an active shooter scene should apply the actions in the acronym THREAT: 1) Threat suppression, 2) Hemorrhage control, 3) Rapid Extrication to safety, 4) Assessment by medical providers, and 5) Transport to definitive care.

Kelly, R. (2012). <u>Active Shooter Recommendations and Analysis for Risk Mitigation</u>. New York City Police Department.

> This report provides summary and detailed information for 281 active shooter events and includes related policy and other recommendations.

Los Angeles Sheriff's Department. (2015). <u>Surviving an Active Shooter.</u>

> This video depicts active shooter scenarios and shares strategies for responding to and surviving such events.

*MESH Coalition. (2014). <u>Responding to an Active Shooter in a Healthcare Setting</u>.

> This video provides information on preparing for and responding to an active shooter event in a healthcare setting.

Ready Houston. (2012). <u>Run, Hide, Fight: Surviving an Active Shooter Event.</u> The City of Houston Mayor's Office of Public Safety and Homeland Security.

> This short video depicts active shooter scenarios and demonstrates how those affected can increase their chances of survival. Though developed for Houston, it does not contain jurisdiction-specific information, allowing it to serve as a valuable resource for all.

The Joint Committee to Create a National Policy to Enhance Survivability from Mass Casualty Shooting Events. (2013). <u>Active Shooter and Intentional Mass-Casualty Events: The Hartford Consensus II.</u> Bulletin of the American College of Surgeons.

> This resource summarizes findings from a meeting of The Hartford Consensus on active shooter and mass casualty events. The group emphasizes the need for on-scene

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collaboration between emergency medical services and law enforcement, and highlights the supportive role that uninjured bystanders can also play in the response effort.

The National Association of Emergency Medical Technicians. (2015). TCCC Guidelines and Curriculum.

The principles of Tactical Combat Casualty Care (TCCC) can also be applied by first responders when responding to bomb and mass shooting incidents. TCCC has three goals: 1) treat the casualty, 2) prevent additional casualties, and 3) complete the mission.

*U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2015). Active Shooter Planning and Response in a Healthcare Setting

This document provides active shooter guidance tailored specifically to the healthcare setting.

*U.S. Department of Health and Human Services; U.S. Department of Homeland Security; U.S. Department of Justice, Federal Bureau of Investigation; and Federal Emergency Management Agency. (2014). Incorporating Active Shooter Incident Planning into Health Care Facility Emergency Operations Plans.

This document gives healthcare facility emergency planners, executive leadership, and others involved in emergency operations planning assistance with planning for active shooter incidents.

U.S. Department of Homeland Security. (2015). Active Shooter Preparedness.

This webpage includes information on the subject including tips for what to do in an active shooter situation, and links to webinars, reports, training events, and informational materials (e.g., pamphlets, posters and wallet cards) in English and Spanish.

**Education and Training**

Centers for Disease Control and Prevention. (2013). Workplace Violence Prevention for Nurses.

This short course is based on Occupational Safety and Health Administration guidance and can help healthcare providers understand, prevent, prepare for, and respond to workplace violence. Participants can earn continuing education credits.

Federal Emergency Management Agency. (2015). Workplace Violence Awareness Training: IS-106.15.

The goal of this hour-long course is to teach employees how to recognize the types of workplace violence, their warning signs, and what actions they can take to prevent or minimize violence.

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Garrett, T. (2013). [Safety in the Workplace.](#) Alabama Department of Public Health.

> This webinar is geared toward healthcare professionals. The speaker discusses how to identify potential risk factors in the work setting and develop a response plan in the event of a violent situation.

International Committee of the Red Cross. (2014). [Health Care in Danger: It's a Matter of Life and Death.](#)

> This e-learning training is broken into ten chapters (with links to videos and other resources) and designed to help healthcare personnel understand: the effects of violence on health care, their own rights and responsibilities, and ethical dilemmas they may face in emergencies.

* MESH Coalition. (2014). [Responding to an Active Shooter in a Healthcare Setting](#).

> This video provides information on preparing for and responding to an active shooter event in a healthcare setting.

**Emergency Medical Services/Prehospital Resources**

Grange, J.T., and Corbett, S.W. (2002). [Violence Against Emergency Medical Services Personnel.](#) (Abstract only.) Prehospital Emergency Care. 6(2): 186-190.

> An analysis of more than 4,000 calls in one month showed that some sort of violence occurred in close to 9% of encounters, half of which was directed at prehospital care providers. The authors stress the need for training, protective gear, and protocols for dealing with violent situations.

Kirkwood, S., and Teitsort, K. (2012). [Violence Against EMS Providers: What Can We Do About It?](#) EMSWorld.

> The authors provide an overview of violence against emergency medical services providers. They stress the need for: better reporting; changes in organizational culture to make it more acceptable to report; and changes in training responders on how to protect themselves from violent individuals.

Munding, H. (2006). [Violence Against Firefighters: Angels of Mercy Under Attack](#). United States Fire Association.

> The author conducted a literature review (and a local survey) on the nature of violence against firefighters and provides a variety of suggestions for training and standard operating procedures.

Taylor, J.A., Davis, A.L., Barnes, B., et al. (2015). [Injury Risks of EMS Responders: Evidence from the National Fire Fighter Near-Miss Reporting System](#). BMJ Open. 5(6).

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The authors reviewed 769 "non-fire emergency event" reports from the data system and categorized them. The most frequent emergency medical call was made for assaults, primarily by someone wielding a firearm.

*U.S. Fire Administration. (2103). [Fire/Emergency Medical Services Department Operational Considerations and Guide for Active Shooter and Mass Casualty Incidents](). Federal Emergency Management Agency.

This white paper includes checklists and step-by-step considerations for active shooter event planning and response by pre-hospital providers, and references the framework suggested by the Hartford Consensus.

## Healthcare Settings

Beech, B., and Leather, P. (2005). [Workplace Violence in the Health Care Sector: A Review of Staff Training and Integration of Training Evaluation Models.]() Aggression and Violent Behavior. 11(1): 27-43.

The authors discuss: workplace violence in healthcare settings, the extent of the problem, the importance of staff training, key training content, and models of training evaluation.

Critical Incident Response Group, National Center for the Analysis of Violent Crime. (2002). [Workplace Violence: Issues in Response.]()

This report highlights findings from a "Violence in the Workplace" symposium which featured representatives from law enforcement, private industry, healthcare, victim services, the military, academia, mental health, and others. Section VII is devoted to violence against healthcare workers.

Gillespie, G.L., Gates, D.M., Kowalenko, T., et al. (2014). [Implementation of a Comprehensive Intervention to Reduce Physical Assaults and Threats in the Emergency Department](). (Abstract only.) Journal of Emergency Nursing. 40(6): 586-591.

The authors measured the effectiveness of a workplace violence reduction program against emergency department workers. While their original hypothesis was not supported, two intervention sites did see significant decreases in violence.

Gomaa, A., Tapp, L., Luckhaupt, S. et al. (2015). [Occupational Traumatic Injuries Among Workers in Health Care Facilities — United States, 2012–2014.]()

This article examines occupational injuries in the health care sector including those injuries resulting from workplace violence.

Judy, K., and Veselik, J. (2009). [Workplace Violence: A Survey of Paediatric Residents.](#)

   The authors surveyed 25 U.S. pediatric residency program directors to determine the prevalence of workplace violence in pediatric residency training programs.

Kelen, G.D., Catlett, C.L., Kubit, J.G., and Hsieh, Y.H. (2012). [Hospital-Based Shootings in the United States: 2000 to 2011](#). (Abstract only.) Annals of Emergency Medicine. 60(6):790-798.

   The authors analyzed reports on acute care hospital shooting events in the U.S. from 2000-2011 and found 154 incidents in 40 states, resulting in 235 injured or dead victims. They provide additional demographic data (e.g., perpetrator characteristics, location of shooting).

Kowalenko, T., Cunningham, R., Sachs, C.J., et al. (2012). [Workplace Violence in Emergency Medicine: Current Knowledge and Future Directions](#). Journal of Emergency Medicine. 43(3):523-31.

   The authors reviewed literature on emergency department workplace violence and found that staff face higher risk of physical assaults compared to other health settings. They offer suggestions for preventing and reducing violent incidents.

*MESH Coalition. (2014). [Responding to an Active Shooter in a Healthcare Setting](#).

   This video provides information on preparing for and responding to an active shooter event in a healthcare setting.

Morken, T., Johansen, I. and Alsaker, K. (2015). [Dealing with Workplace Violence in Emergency Primary Health Care: A Focus Group Study.](#) BMC Family Practice. 16:51.

   This study explores how emergency primary health care organization personnel have dealt with threats and violence in the workplace.

Nachreiner, N., Gerberich, S., Ryan, A. (2007). [Minnesota Nurses' Study: Perceptions of Violence and the Work Environment.](#) Industrial Health. 45:672-678.

   This study identified rates of violence against nurses in the State of Minnesota, and their perceptions of the work environment.

New Jersey Department of Health and Senior Services. (n.d.). [Workplace Violence and Prevention in New Jersey Hospital Emergency Departments.](#) (Accessed 9/3/2015.)

   This report highlights workplace violence prevention programs in 50 emergency departments in New Jersey hospitals. The authors identified several challenges, including uncoordinated surveillance of workplace violence events and unsatisfactory interactions between nursing staff and security personnel.

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*Occupational Safety and Health Administration. (2015). Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. U.S. Department of Labor.

The Occupational Safety and Health Administration lists violence prevention guidelines for the following healthcare settings: hospitals, residential and non-residential treatment, community care, and field work. The authors of the report also list the five "building blocks" for developing an effective prevention program: management commitment and employee participation; worksite analysis; hazard prevention and control; safety and health training; and recordkeeping and program evaluation.

Occupational Safety and Health Administration. (n.d.). Workplace Violence Prevention - Health Care and Social Service Workers.  (Accessed 9/3/2015.) U.S. Department of Labor.

This presentation provides an overview of the Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers published by the Occupational Safety and Health Administration ("OSHA 3148").

Papa, A., and Venella, J. (2013). Workplace Violence in Healthcare: Strategies for Advocacy. The Online Journal of Issues in Nursing. 18(1): Manuscript 5.

This article provides a brief overview of workplace violence, and discusses the settings where it often occurs. The authors examine the direct and indirect financial impact of workplace violence (e.g., jury awards for injuries; staff turnover rates, and increased requests for medical leaves) and suggest legislative advocacy, workplace policy, and education strategies for countering violence in the workplace.

Stene, J., Larson, E., Levy, M., et al. (2015). Workplace Violence in the Emergency Department: Giving Staff the Tools and Support to Report. The Permanente Journal. 19(2).

This research study examines the results of a workgroup that developed a workplace violence survey and reporting tool.

Terry, D., Lê, Q., Nguyen, U., et al. (2015). Workplace Health and Safety Issues Among Community Nurses: A Study Regarding the Impact on Providing Care to Rural Consumers. BMJ Open. (5).

The objective of the study was to investigate the types of workplace health and safety issues rural community nurses encounter and the impact these issues have on providing care to rural consumers.

Trotto, S. (2014). Workplace Violence in Health Care. Safety and Health Magazine.

The author discusses workplace violence in healthcare settings and provides an overview of proposed legislation to protect healthcare workers.

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*U.S. Department of Health and Human Services; U.S. Department of Homeland Security; U.S. Department of Justice, Federal Bureau of Investigation; and Federal Emergency Management Agency. (2014). [Incorporating Active Shooter Incident Planning into Health Care Facility Emergency Operations Plans.](#)

>This document gives healthcare facility emergency planners, executive leadership, and others involved in emergency operations planning assistance with planning for active shooter incidents.

Washington Industrial Safety and Health Act Regional Directive. (2006). [Workplace Violence Prevention in Health Care.](#) Department of Labor and Industries, Division of Occupational Safety and Health.

>This policy directive was developed as a result of legislation mandating violence prevention in Washington State hospitals. Guidance is provided in a question and answer format.

**Plans, Tools and Templates**

ASIS Healthcare Security Council. (2010). [Managing Disruptive Behavior and Workplace Violence in Healthcare.](#)

>This white paper provides supporting documentation and other information for healthcare security professionals to create and sustain a violence prevention program.

Emergency Nurses Association. (2010). [Emergency Nurses Association (ENA) Workplace Violence Toolkit.](#)

>This toolkit is designed specifically to help an emergency department manager or designated team leader develop and implement a comprehensive plan that addresses needs related to managing violent behaviors in the emergency department and protecting staff.

**\*** Kerr, K.M. (2010). [Workplace Violence: Planning for Prevention and Response.](#) (Abstract only. Book and individual chapters available for purchase.) ScienceDirect ISBN: 978-1-85617-698-9.

>The author provides a comprehensive overview of workplace violence, including chapters on how incidents affect victims, witnesses, the workforce, family members, and management. Additional chapters can help organizations to form action and response plans to manage incidents of any size.

*Minnesota Department of Labor and Industry. (n.d.). [Workplace Safety Consultation -- Workplace Violence Prevention.](#) (Accessed 10/21/2015.)

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The Minnesota Department of Labor and Industry has established a Workplace Violence Prevention Resource Center to assist the public by offering a resource library, plan templates, and other resources to assist with implementing a workplace violence prevention program.

Occupational Safety and Health Administration. (2002). Workplace Violence Fact Sheet. U.S. Department of Labor.

This fact sheet identifies workplace violence, describes actions that employers and employees can take to protect themselves, and lists additional resources.

*Occupational Safety and Health Administration. (2015). Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. U.S. Department of Labor.

The Occupational Safety and Health Administration lists violence prevention guidelines for the following healthcare settings: hospitals, residential and non-residential treatment, community care, and field work. The authors of the report also list the five "building blocks" for developing an effective prevention program: management commitment and employee participation; worksite analysis; hazard prevention and control; safety and health training; and recordkeeping and program evaluation.

*U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. (2015). Active Shooter Planning and Response in a Healthcare Setting

This document provides active shooter guidance tailored specifically to the healthcare setting.

U.S. Department of Labor. (n.d.). Department of Labor Workplace Violence Program. (Accessed 9/3/2015.)

This document comprehensively describes the Department of Labor's Workplace Violence Program including policies and procedures, identification, prevention and response.

*U.S. Fire Administration. (2103). Fire/Emergency Medical Services Department Operational Considerations and Guide for Active Shooter and Mass Casualty Incidents. Federal Emergency Management Agency.

This white paper includes checklists and step-by-step considerations for active shooter event planning and response by pre-hospital providers, and references the framework suggested by the Hartford Consensus.

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Washington State Legislature. (2000). [Workplace Safety Plan.](#)

    This policy statement mandates that Washington State psychiatric hospitals develop a plan to "reasonably prevent and protect employees from violence at the state hospital." The statement includes plan components, such as staffing/security staffing, first aid procedures, reporting, and education and training.

**Prevention Resources**

Anderson, A., and West, S. (2011). [Violence Against Mental Health Professionals: When the Treater Becomes the Victim.](#) Innovations in Clinical Neuroscience. 8(3).

    The authors examine several studies regarding workplace violence in the mental health setting (e.g., what precipitates it, populations more likely to become violent) and discuss possible methods of preventing violence.

Crisis Prevention Institute. (2015). [Crisis Prevention Institute's Top 10 De-Escalation Tips.](#)

    This presentation highlights violence prevention strategies taught by the Crisis Prevention Institute.

Division of Workers' Compensation and Workplace Safety. (n.d.). [Health Care Facilities and Workplace Violence Prevention.](#) (Accessed 10/6/2015.) Texas Department of Insurance.

    This brochure can increase healthcare facility employee and employer awareness of the risk factors for violence in these settings. The brochure also includes strategies for reducing exposure to risks.

Gross, N., Peek-Asa, C., Nocera, M., et al. (2013). [Workplace Violence Prevention Policies in Home Health and Hospice Care Agencies.](#) The Online Journal of Issues in Nursing. 18(1): Manuscript 1.

    The authors examined workplace violence prevention programs in 40 California home health and hospice agencies and discuss their findings.

*Kerr, K.M. (2010). [Workplace Violence: Planning for Prevention and Response.](#) (Abstract only. Book and individual chapters available for purchase.)

    The author provides a comprehensive overview of workplace violence, including chapters on how incidents affect victims, witnesses, the workforce, family members, and management. Additional chapters can help organizations to form action and response plans to manage incidents of any size.

McPhaul, K., London, M., and Lipscomb, J. (2013). [A Framework for Translating Workplace Violence Intervention Research into Evidence-Based Programs.](#) The Online Journal of Issues in Nursing. 18(1): Manuscript 4.

This article provides background information about workplace violence and offers a framework for developing comprehensive workplace violence prevention programs built on the existing scientific evidence and regulatory guidance.

*Minnesota Department of Labor and Industry. (n.d.). Workplace Safety Consultation -- Workplace Violence Prevention. (Accessed 10/21/2015.)

The Minnesota Department of Labor and Industry has established a Workplace Violence Prevention Resource Center to assist the public by offering a resource library, plan templates, and other resources to assist with implementing a workplace violence prevention program.

Morken, T., and Johansen, I. (2013). Safety Measures to Prevent Workplace Violence in Emergency Primary Care Centres--a Cross-Sectional Study. BMC Health Services Research. 13:384.

The authors investigated the extent to which general practitioners work alone in emergency primary care centers in Norway, and estimated the prevalence of preventive measures against workplace violence.

National Institute for Occupational Safety and Health. (2004). Workplace Violence Prevention Strategies and Research Needs. Centers for Disease Control and Prevention.

These conference proceedings are categorized into three categories: 1) overcoming current barriers and gaps that impede collaborative research, prevention, and communication work; 2) characteristics of effective workplace violence prevention programs; and 3) research and partnerships needed to further advance prevention.

Occupational Safety and Health Administration. (n.d.). Workplace Violence Prevention Programs. U.S. Department of Labor.

This webpage of references provides guidance for preventing violence in the workplace. References are grouped into three categories: Occupational Health and Safety Administration Guidance, Other Federal Agency Guidance, and State and Local Guidance.

*Occupational Safety and Health Administration. (2015). Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. U.S. Department of Labor.

This document is an update of the Occupational Safety and Health Administration's 1996 and 2004 voluntary guidelines for preventing workplace violence for healthcare and social service workers.

Occupational Safety and Health Administration. (2015). Workplace Violence. U.S. Department of Labor.

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This website provides information on the extent of violence in the workplace, assessing the hazards in different settings and developing workplace violence prevention plans for individual worksites.

U.S. Department of Agriculture. (2015). Workplace Violence Prevention.

This webpage provides access to the U.S. Department of Agriculture policies and procedures to address and prevent workplace violence. It also includes informational reports, national hotline resources, and information on reporting situations of imminent danger.

**\*** U.S. Department of Labor. (2015). Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers.

The Occupational Safety and Health Administration lists violence prevention guidelines for the following healthcare settings: hospitals, residential and non-residential treatment, community care, and field work. The authors of the report also list the five "building blocks" for developing an effective prevention program: management commitment and employee participation; worksite analysis; hazard prevention and control; safety and health training; and recordkeeping and program evaluation.

## Statistics and Data

Bureau of Labor Statistics. (2014). Census of Fatal Occupational Injuries-Archived Data. U.S. Department of Labor.

This webpage has links to tables, charts, reports, issue papers and articles in TXT or PDF formats for data on fatal occupational injuries. Data for "Assaults and Violent Acts" are included.

Kansagra, S. M., Rao, S. R., Sullivan, A. F., et al. (2008). A Survey of Workplace Violence Across 65 U.S. Emergency Departments. Academic Emergency Medicine. 15 (12):1268–1274.

This study examines emergency department workplace violence and staff perceptions of physical safety.

Kowalenko, T., Hauff, S., Morden, P. et al. (2012). Development of a Data Collection Instrument for Violent Patient Encounters against Healthcare Workers. Western Journal of Medicine 13(5):429-33.

The authors highlight the development process and evaluation of an instrument created to collect data relevant to violence against healthcare workers.

National Institute for Occupational Safety and Health. (2014). Occupational Health and Safety Network. Centers for Disease Control and Prevention.

> The Occupational Health and Safety Network (OHSN) is a voluntary and secure electronic occupational safety and health surveillance system developed by the National Institute for Occupational Safety and Health. The network currently focuses on occupational safety and health issues in the healthcare sector.  The first three modules address traumatic injury risks among healthcare personnel. Healthcare facilities can share data they already collect to track their rates and compare findings to other OHSN participants.

## Agencies and Organizations

**Note**: The agencies and organizations listed in this section have a page, program, or specific research dedicated to this topic area.

Centers for Disease Control and Prevention. The National Institute for Occupational Safety and Health.

Federal Bureau of Investigation: Active Shooter Incidents.

U.S. Department of Homeland Security. Active Shooter Preparedness.

U.S. Department of Labor. Occupational Safety and Health Administration. Workplace Violence.


*This ASPR TRACIE Topic Collection was comprehensively reviewed in September 2015 by the following subject matter experts (listed in alphabetical order): **Scott Cormier**, CHEP, NRP, Vice President, Emergency Management, EOC, and Safety, Medxcel Facilities Management; **Robert B. Dunne**, MD, FACEP, Team Medical Director, MI-1 DMAT, Regional Deputy Chief Medical Officer, HHS/NDMS Region V; **John Hick,** MD, HHS ASPR and Hennepin County Medical Center; and **Mary Russell**, EdD, MSN, Emergency Services, Boca Raton Regional Hospital.*

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