

Appendix B: SHARP Staff Assault Study (OSHA, 1998)

The following items serve merely as an example of what might be used or modified by employers in these industries to help prevent workplace violence.

ID Number _____

I. Priorities

A number of factors maybe important in preventing assaults, or reducing the impact of assaults. We would like to know your views on what the most important factors are. For these questions, please use the following definition of assault: "Physical contact that results in injury." (Injury may be major or minor; e.g., mild soreness, scratches, or bruises would be included.)

1. What do you think is the most important factor contributing to assaults on staff at Eastern and Western State Hospitals?

2. A number of factors have been suggested as possibly important in determining whether assaults occur, or the impact of assaults. Please indicate which factors you think are most important. Please indicate only your top five priorities. In other words, many of the following areas maybe important, but we are interested in which are most important. Please place a "1" next to the issue that you think is the top priority, and a "2" next to the issue that you think is the next highest priority, and so forth. If you have no opinion or don't know, please check "Don't know."

___ a. Staff training in self-defense/restraint procedures

___ b. Staff clinical and interpersonal skills

___ c. Staff fitness

___ d. An effective security alarm system

___ e. Adequate numbers of personnel

___ f. Hospital practices (e.g., handling patients' money)

___ g. Physical environment (e.g., noise)

___ h. Identifying patients with a history of assaults

___ i. Identifying patients with potentially assaultive (e.g., agitated) behavior

___ j. Transfer of information at shift change about potentially assaultive patients

___ k. Procedures for transporting patients

___ l. Procedures for reporting assaults to administrators

___ m. Procedures for evaluating staff who have been involved in assaults

- ___ n. Procedures for reporting assaults to police
- ___ o. Legal penalties for competent assaultive patients
- ___ p. Structured psychological support for assaulted staff
- ___ q. Timeliness of L&I processing of Worker's Compensation claims
- ___ r. Fairness of L&I processing of Worker's Compensation claims
- ___ s. Timeliness of DSHS processing of Assault Pay claims
- ___ t. Fairness of DSHS processing of Assault Pay claims
- ___ u. Other _____
- ___ v. Don't know

3. In which of the following areas do you think it is most important to make improvements at your hospital? Again, please indicate your top five priorities by placing a "1" next to the area you think is most important, a "2" next to the area you think is next most important, and so forth. If you have no opinion or don't know, please check "Don't know."

- ___ a. Staff training in self-defense/restraint procedures
- ___ b. Staff clinical and interpersonal skills
- ___ c. Staff fitness
- ___ d. An effective security alarm system
- ___ e. Adequate numbers of personnel
- ___ f. Hospital practices (e.g., handling patients' money)
- ___ g. Physical environment (e.g., noise)
- ___ h. Identifying patients with a history of assaultive behavior
- ___ i. Identifying patients with potentially assaultive (e.g., agitated) behavior
- ___ j. Transfer of information at shift change about potentially assaultive patients
- ___ k. Procedures for transporting patients
- ___ l. Procedures for reporting assaults to administrators
- ___ m. Procedures for evaluating staff who have been involved in assaults
- ___ n. Procedures for reporting assaults to police
- ___ o. Legal penalties for competent assaultive patients
- ___ p. Structured psychological support for assaulted staff

___ q. Timeliness of L&I processing of Worker's Compensation claims

___ r. Fairness of L&I processing of Worker's Compensation claims

___ s. Timeliness of DSHS processing of Assault Pay claims

___ t. Fairness of DSHS processing of Assault Pay claims

___ u. Other _____

___ v. Don't know

4. Comments:

II. Training

5. Please indicate below which of the following types of training you have received during your employment at Eastern/Western. Also, for each type of training you have received, please indicate (on the scale of 1 -5) how helpful that training was to you.

		received	not at all helpful			very helpful		don't know
			1	2	3	4	5	
<i>a. Initial Training/Orientation</i>								
» Interpersonal communication	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Assessing potential assaultiveness	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Verbal de-escalation	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Self-defense	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Containment/restraint procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>b. Formal Training Updates</i>								
» Interpersonal communication	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Assessing potential assaultiveness	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Verbal de-escalation	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Self-defense	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Containment/restraint procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>c. Informal (on-the-job) training</i>								
» Interpersonal communication	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Assessing potential assaultiveness	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Verbal de-escalation	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Self-defense	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
» Containment/restraint procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. When was your most recent formal training in the management of assaultive patients?

Please list month and year: _____

7. Comments:

III. Staffing

8. Please indicate how important you think it is to make improvements at your hospital in the following areas:

	not at all important			very important	
	1	2	3	4	5
a. Adequate numbers of licensed nursing personnel (RNs & LPNs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Adequate numbers of mental health technicians (MHTs & PSAS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adequate numbers of physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Adequate numbers of staff for afternoon & night shifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Comments:

IV. Alarm Security Systems

10. In your opinion, what are the most important features of a security alarm system (an alarm system for calling for help in the event of an assault?) In other words, many of the features listed below maybe very important. Please indicate the five most important features by placing a "1" next to the feature that you think is most important, and a "2" next to the feature that you think is the next most important, etc. If you have no opinion or don't know, check "Don't know."

- | | |
|--|---|
| ___ a. Convenient to carry with you | ___ f. In a room accessible only to staff (e.g., nursing station) |
| ___ b. Works both indoors and outdoors | ___ g. Identifies your location |
| ___ c. Easy to activate | ___ h. Brings immediate response |
| ___ d. Sounds audible alarm | ___ i. Operates reliably |
| ___ e. Don't know | ___ j. Other |

11. Comments:

V. Health and Safety Committee

12. Do you know what role the joint labor-management Health and Safety Committee plays at your hospital, in general?

Yes No

13. Do you know what role the joint labor-management Health and Safety Committee plays at your hospital, specifically with regard to staff assaults?

Yes No

14. Do you know the name of at least one labor representative on the Health and Safety Committee?

Yes No

15. Comments:

VI. Hospital Practices

16. In your opinion, which of the following practices are most likely to contribute to staff/patient disagreements of the type that may lead to assaults? Please indicate the five most important practices by placing a "1" next to the practice that you think is most likely to contribute to assaults, and a "2" next to the practice you think is next most likely to contribute to assaults, etc. If you have no opinion or don't know, check "Don't know."

Practices for handling:

- | | |
|--|---|
| <input type="checkbox"/> a. Patients' money | <input type="checkbox"/> i. Medication |
| <input type="checkbox"/> b. Patients' sexual behavior | <input type="checkbox"/> j. Programming (activities scheduled) |
| <input type="checkbox"/> c. Vists with clinical staff | <input type="checkbox"/> k. Scheduling activities (e.g., flexibility) |
| <input type="checkbox"/> d. Seclusion and restraint | <input type="checkbox"/> l. Transfers between wards |
| <input type="checkbox"/> e. Visits from outside hospital | <input type="checkbox"/> m. Dates of discharge |
| <input type="checkbox"/> f. Patients' daytime access to own bedrooms | <input type="checkbox"/> n. Access to outdoors/exercise |
| <input type="checkbox"/> g. Smoking | <input type="checkbox"/> o. Providing information about rules |
| <input type="checkbox"/> h. Privacy | <input type="checkbox"/> p. Diagnostic interviews |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> q. Other |

17. Comments:

VII. Physical Environment

18. In your opinion, which of the following aspects of the physical environment are most likely to contribute to assaults? Please indicate the five most important aspects by placing a "1" next to the aspect of the environment that you think is most likely to contribute to assaults, and a "2" next to the aspect you think is next most likely to contribute to assaults, etc. If you have no opinion or don't know, check "Don't know."

- | | |
|--|--|
| <input type="checkbox"/> a. Noise levels | <input type="checkbox"/> e. Overcrowding |
| <input type="checkbox"/> b. Temperature levels | <input type="checkbox"/> f. Cleanliness |
| <input type="checkbox"/> c. Food | <input type="checkbox"/> g. Privacy |
| <input type="checkbox"/> d. Lighting | <input type="checkbox"/> h. Other |
| <input type="checkbox"/> Don't know | |

19. Comments:

VIII. Dangerous Situations

20. Please indicate whether any of the following situations have happened to you.

a. Only employee on ward

Has this ever happened? Yes No

Does it happen frequently? Yes No

b. Not within hearing of other employees

Has this ever happened? Yes No

Does it happen frequently? Yes No

c. Not within sight of other employees

Has this ever happened? Yes No

Does it happen frequently? Yes No

21. Comments:

IX. Job Satisfaction

22. All in all, how satisfied are you with your job?

- Not at all satisfied
 - Not too satisfied
 - Somewhat satisfied
 - Very satisfied
-

23. How strongly would you recommend your job to someone else?

- Not at all strongly
 - Not too strongly
 - Somewhat strongly
 - Very strongly
-

24. If you were looking for a job now, how likely is it that you would decide to take this job again?

- Not at all likely
 - Not too likely
 - Somewhat likely
 - Very likely
-

To what extent is your supervisor willing to listen to your work-related problems?

- Not at all willing
- Not too willing
- Somewhat willing
- Very willing

How satisfied are you with:	not at all satisfied 1	not too satisfied 2	somewhat satisfied 3	very satisfied 4
26. The way supervisors treat workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. The way work policies are put into practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. The competence of your supervisors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. The praise you get for doing a good job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. How satisfied are you that you can turn to fellow workers for help when something is troubling you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. How satisfied are you with the way your fellow workers respond to your emotions, such as anger, sorrow or laughter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. How satisfied are you that your fellow workers accept and support your new ideas or thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. How often are you physically exhausted after work?

- Never
 - Seldom
 - Often
 - Always
-

34. How often are you mentally exhausted after work?

- Never
 - Seldom
 - Often
 - Always
-

35. Overall, how would you rate your health at the present time?

- Poor
 - Fair
 - Good
 - Very Good
 - Excellent
-

36. How would you rate your health compared to other persons your age?

- Poor
 - Fair
 - Good
 - Very Good
 - Excellent
-

X. Assault Experiences

37. Patients may be aggressive toward staff in a number of ways, some more serious than others. We are interested in how many times you personally have experienced each of the following forms of aggression by patients at your hospital. Please indicate the number of times you have experienced each form of aggression, within the last year or ever. Please use the following rating scale:

O = never 1 = once 2=2-5 times 3 = more than five times

Within the past 12 months:

- _____ a. threat of assault but no physical contact
- _____ b. physical contact but no physical injury
- _____ c. mild soreness/surface abrasion/scratches/small bruises
- _____ d. major soreness/cuts/large bruises
- _____ e. severe laceration/fracture/head injury
- _____ f. loss of limb/permanent physical disability

During your employment at this hospital:

- _____ a. threat of assault but no physical contact
- _____ b. physical contact but no physical injury
- _____ c. mild soreness/surface abrasion/scratches/small bruises
- _____ d. major soreness/cuts/large bruises
- _____ e. severe laceration/fracture/head injury
- _____ f. loss of limb/permanent physical disability

38. If you have been assaulted, please answer the following questions. (If you have been assaulted more than once, please consider the most recent assault.)

- a. When did the assault occur? (Please provide the approximate date) _____
- b. What happened? Please describe the assault briefly (who assaulted you, what triggered the assault, what they did, whether they used a weapon, what happened after the assault.)

c. What could have prevented the assault or reduced your injuries?

d. Did you call for help in some way? Please describe. Did help arrive quickly?

e. Were you able to apply the training you had received? Please describe. If not, why not?

f. Please indicate whether you did each of the following:

Report the incident on daily ward report?

Yes No

If you didn't report the incident, why not?

Report the incident on Incident report?

Yes No

If you didn't report the incident, why not?

g. As you may know, Industrial Insurance (Workers' Compensation) claims are handled by the Dept. of Labor & Industries, and Assault Pay claims are handled by the Dept. of Social & Health Services. Please indicate what your experiences were regarding this assault.

1. Did you apply for Workers' Compensation benefits from L&I?

Yes No

2. If yes, how satisfied were you with the service you received from L&I regarding your claim?

	not at all satisfied			very satisfied		don't know
	1	2	3	4	5	
Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fairness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Did you apply for Assault Pay from DSHS?

Yes No

4. If yes, how satisfied were you with the service you received from DSHS regarding your claim?

	not at all satisfied			very satisfied		don't know
	1	2	3	4	5	
Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fairness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

h. Comments:

XI. Respondent Information

39. What is your job classification?

40. In which area do you work?

41.

Adult psychiatric (APU)

Legal offenders (LOU)

Geriatric (GPU)

Other

How long have you worked at Eastern/Western? _____ years _____ months

XII. Comments

42. Are there other issues that you think are important? If so, please describe (feel free to use the back of this sheet as well.)

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