Workplace Violence in Physician Practices

Initial assessment by: _____

Date: _____

In consultation with: _____

_____

_____

Date of previous assessment: _____

ECRI Institute's INsight® Survey

ECRI Institute's assessment tools provide a multidisciplinary perspective for identifying and managing risks related to this topic and other healthcare services. This web-based tool provides an easy-to-use, unbiased method to survey staff ranging from frontline nurses to organizational leaders. The tool generates reports, benchmarking data, and recommendations. www.ecri.org/INsight

Violence is a concern for everyone in a healthcare setting. If an ambulatory care center or physician practice is considered to be at risk for violence or experiences a violent event, its workers may not function effectively, its reputation may suffer, workers' compensation costs may increase, and patients may go elsewhere for treatment. The Occupational Safety and Health Administration (OSHA) defines workplace violence as "any threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site" (OSHA "Workplace Violence"). Accrediting agencies, including Joint Commission and the Accreditation Association for Ambulatory Health Care, require physician practices to assess the risk of workplace violence and take steps to address it, and the Centers for Medicare and Medicaid Services requires that healthcare organizations provide a safe setting for patients and ensure that they are not subjected to any form of abuse or harassment. Additionally, in 2015, OSHA released updated voluntary guidelines for preventing violence in healthcare (OSHA "Guidelines").

This Self-Assessment Questionnaire (SAQ) is designed to help risk managers and practice managers determine their organization's violence risk level and identify improvements or additions needed in their organization's violence prevention programs. Regardless of an organization's risk level, *Healthcare Risk Control (HRC)* recommends that practices complete this SAQ in its entirety, as it may help an organization identify areas in which violence prevention policies or procedures need to be developed or revised. For example, all healthcare workers, including physicians and volunteers, should know what to do if a violent incident does occur and how to report such an incident. *HRC* includes nonemployees in the definition of healthcare worker for two reasons: first, security is everyone's concern; second, anyone can be either a victim or an assailant. Organization policymakers should determine whether a reason exists to distinguish between employee and nonemployee healthcare workers. *HRC* recommends organizations complete this SAQ annually and whenever significant organizational changes occur.

The resources listed below were considered in the development of this SAQ. The questions were adapted, in part, from an OSHA workplace violence checklist contained in the 2016 handbook *Guidelines for preventing workplace violence for healthcare and social service workers*. This list is not intended to be comprehensive.

- Accreditation Association for Ambulatory Health Care (AAAHC). Accreditation handbook for ambulatory care. Skokie (IL): AAAHC; 2014 Jun.
- Centers for Disease Control and Prevention (CDC):

  Violence. Occupational hazards in hospitals. 2014 Jun 6 [cited 2017 Mar 3]. https://www.cdc.gov/niosh/docs/2002-101/default.html

  Workplace violence prevention for nurses [free online course]. CDC course no. WB1865-NIOSH pub. no. 2013-155 2016. 2016 Dec 13 [cited 2017 Mar 23]. https://www.cdc.gov/niosh/topics/violence/training_nurses.html

- ECRI Institute:
  - Violence in healthcare facilities [guidance]. 2017 May 24 [cited 2017 Mar 23]. https://www.ecri.org/components/HRC/Pages/SafSec3.aspx
  - Violence prevention in the healthcare workplace [self-assessment questionnaire]. 2017 Jul 18 [cited 2017 Mar 23]. https://www.ecri.org/components/HRC/Pages/SAQ28.aspx
- Joint Commission. Comprehensive accreditation of ambulatory care centers. Oakbrook Terrace (IL): Joint Commission; 2017 Jan.
- Occupational Safety and Health Administration:
  - Guidelines for preventing workplace violence for healthcare and social service workers. 3148-06R. 2016 [cited 2017 Mar 13]. https://www.osha.gov/Publications/osha3148.pdf
  - Hospital eTool: workplace violence. [cited 2017 Mar 13]. https://www.osha.gov/SLTC/etools/hospital/hazards/workplaceviolence/viol.html
  - Workplace violence: overview. [cited 2017 Mar 12]. https://www.osha.gov/SLTC/workplaceviolence/
- U.S. Department of Labor. DOL workplace violence program. [cited 2017 Mar 16]. https://www.dol.gov/oasam/hrc/policies/dol-workplace-violence-program.htmRecognizingLevelsViolenceandResponse

Workplace Violence Program Development

	Yes	No	N/I*	N/A	Comments
1. Does the practice have a written workplace violence prevention program?					
2. Is the workplace violence prevention program incorporated into the security management plan?					
3. Does the program include clear goals and objectives for preventing workplace violence?					
4. Are the goals appropriate for the size and complexity of the workplace?					
5. Did frontline caregivers as well as management employees participate in the creation of the workplace violence prevention program?					
6. Does the plan address:					
a. Policy, purpose, and scope of the plan?					
b. Roles and responsibilities of all staff (clinicians, direct caregivers, administration, managers, supervisors, security personnel)?					

* N/I stands for "Needs Improvement"

		Yes	No	N/I*	N/A	Comments
	c. Procedures for handling media requests regarding violent incidents?					
7.	Is the workplace violence prevention program evaluated annually?					
8.	Does the program's definition of violence include:					
	a. Fatalities?					
	b. Physical assaults?					
	c. Intimidation?					
	d. Harassment?					
	e. Aggressive behavior?					
	f. Threats?					
	g. Verbal abuse?					
	h. Sexual assaults?					
	i. Intimate partner violence?					
9.	Does the workplace violence prevention program provide a way to both select and implement controls based on the specific risks identified in the work-site analysis?					
10.	Is a system in place for prompt notification of employees of specific security hazards or threats that arise?					
11.	Does the program include a policy on possession of weapons by visitors, patients, and employees?					
12.	Does the program include procedures to confiscate safely any weapons found in possession of building occupants?					
13.	Does the program include a plan for responding to active shooter or hostage situations?					

Administration

14.	Does the practice have a zero tolerance policy regarding violence?					
15.	Is management's commitment to the zero tolerance policy demonstrated by follow-through on all potential or actual violent incidents?					
16.	Is a system in place for employees to report violent incidents or perceived					

		Yes	No	N/I*	N/A	Comments
	threats of violence?					
17.	Are employees encouraged to use the reporting system?					
18.	Does practice leadership ensure that employees who report violence or potential violence do not face reprisal?					
19.	Are workers notified of past violent acts in the workplace?					
20.	Is there a consistent method by which workers are notified of past violent acts by patients, visitors, or families?					
21.	Did a threat assessment team perform a work-site analysis that includes both a records review and a physical walkthrough to determine the organization's violence risk level?					
22.	Does the walkthrough include both inside and outside areas?					
23.	Does practice leadership maintain awareness of whether community facilities and businesses have experienced violence or crime?					
24.	Do the organization's medical staff bylaws prohibit and provide consequences for disruptive behavior by medical staff members (e.g., verbal or physical abuse of nurses by physicians)?					
25.	During the planning process for construction and renovation projects, is consideration routinely given to workplace renovations that could reduce identified risks of violence (e.g., enclosure of nursing stations, installation of deep service counters)?					
26.	During construction, is consideration given to additional interventions needed to ensure worker and patient safety?					

Risk Factor Identification

27.	Does the organization evaluate its risk for:					
	a. Employees having contact with the public?					
	b. Employees exchanging money with the public?					

	Yes	No	N/I*	N/A	Comments
c. Employees working alone?					
d. Employees working late at night or during early morning hours?					
e. Workplace often understaffed?					
f. Workplace located in an area with a high crime rate?					
g. Employees entering areas with a high crime rate?					
h. Employees having a mobile workplace (patrol vehicle, work van, etc.)?					
i. Employees delivering passengers or goods?					
j. Employees performing jobs that might put them in conflict with others?					
k. Employees performing duties that could upset people (e.g., denying benefits, confiscating property, terminating child custody)?					
l. Employees dealing with people known or suspected of having a history of violence?					
m. Employees or supervisors having a history of assault, verbal abuse, harassment, or other threatening behavior?					

28. Has the organization put in place as security measures, if deemed necessary in accordance with the violence risk assessment:

a. Physical barriers (e.g., high countertops, customer window, Plexiglas partitions, bullet-resistant glass)?					
b. Security cameras or closed-circuit TV in high-risk areas?					
c. Additional door locks?					
d. Internal telephone system to contact emergency assistance?					
e. Telephones with an outside line programmed for 911?					
f. Two-way radios, pagers, or cellular telephones?					
g. Panic buttons?					

		Yes	No	N/I*	N/A	Comments
	h. Alarm systems?					
	i. Security mirrors (e.g., convex mirrors)?					
	j. Secured entry (e.g., "buzzers")?					
	k. "Drop safes" to limit the amount of cash on hand?					
	l. Metal detectors?					
	m. Security screening devices?					
	n. Personal alarm devices?					
29.	Does the organization have a policy and procedure in place for identification of patients at risk for acute aggressive or violent behavior and for management of such behaviors?					
30.	Does the practice have a policy that addresses what an employee should do if a person wants to steal on-site medications (e.g., sample drugs, drugs used in treatments)?					
31.	Does the practice conduct proactive assessments of patient behavioral health?					
32.	Does the practice conduct proactive assessments of substance use disorders?					
33.	Does the organization place information in a patient's health record that indicates he or she has a history of aggressive or violent behavior?					

Personnel Management: Hiring, Disciplining, and Firing of Employees

34.	Are strict prescreening procedures in place for hiring healthcare workers, including (as appropriate):					
	a. Checking criminal records (e.g., local, state, and multistate, as appropriate)?					
	b. Checking employment references?					
	c. Checking civil records?					
	d. Tracing social security numbers?					
35.	Are identification tags required for staff (omitting personal information such as					

		Yes	No	N/I*	N/A	Comments
	the person's last name and social security number)?					
36.	Are employees given maps and clear directions, when necessary, in order to navigate the areas where they will be working?					
37.	Does the organization have an employee assistance program (EAP)?					
38.	Are staff who experience a workplace violence event promptly offered access to EAP services?					
39.	Are there policies for firing and disciplining healthcare workers?					
40.	Do these policies reflect union agreements, if any?					
41.	Are supervisors taught to be consistent in their disciplining and firing practices?					
42.	Are all staff given a copy of these policies and the correlating disciplinary actions?					
43.	Does practice leadership monitor staff turnover rates to identify risk of workplace violence?					
44.	Is a security officer available when a healthcare worker is fired?					
45.	If not, is a second person in the room during the firing discussion with the terminated employee?					
46.	Is the terminated employee escorted off the premises?					
47.	Are keys and/or swipe cards promptly collected from terminated employees and other healthcare workers when an employee is no longer authorized to be on the premises?					
48.	Are keypad codes promptly changed when an employee is no longer authorized to be on organization premises?					
49.	Is computer access promptly blocked at the time of termination or when an employee is no longer authorized to have access?					
50.	Does the EAP provide job counseling for terminated or laid-off employees?					

Training

	Yes	No	N/I*	N/A	Comments
51. Are orientation and training sessions documented?					
52. Are clinical staff trained to conduct proactive assessments of patient behavioral health and history of substance use?					
53. Are clinical healthcare workers trained to recognize cues of violent behavior in patients, including:					
a. History of violence flagged on charts?					
b. Excessive restlessness and agitation?					
c. Paranoia or excessive questioning?					
d. Threatening behavior?					
e. Toxic levels of some medications?					
f. Some forms of head trauma?					
g. Hallucinations?					
h. Substance use?					
54. Do healthcare workers receive education on the organization's violence-reporting system?					
55. Are healthcare workers trained in basic violence prevention, including:					
a. How to recognize early signs or cues of behavioral health needs?					
b. Causes and early recognition of escalating violent behavior?					
c. Use of nonoffensive techniques (e.g., staying a safe distance from the agitated person, maintaining a nonthreatening posture)?					
d. Techniques to demonstrate listening and responding empathetically?					
e. De-escalation techniques?					
f. Cultural diversity awareness?					
g. Methods of restraint (especially for psychiatric healthcare workers)?					
h. Self-defense?					
i. Techniques to deal with agitated family					

	Yes	No	N/I*	N/A	Comments
members or friends of patients?					
j. Use of devices (e.g., panic button alarm systems, emergency telephone systems)?					
k. Required maintenance schedules for safety devices (if appropriate for the staff position)?					
l. Appropriate work attire to discourage clothing used as a mean of strangulation?					
m. Use of caution in elevators and stairwells?					
n. Response to notification of a violent event (active shooter)?					
56. Are employees trained on the procedures to follow in the event of violence, including:					
a. Notification of practice staff?					
b. Notification of the security and/or police department, including who is responsible for notifying them?					
c. Notification of practice leadership, including who is responsible for notifying them?					
d. Use of force?					
e. Response by nonsecurity personnel?					
f. Protection of patients in the affected area?					
g. Protection of patients in nonaffected areas?					
57. Are staff trained in how to respond to threats regarding stealing medications stored on-site?					
58. Are all staff trained to escort visitors or clients to treatment areas during appointments?					
59. Are all staff encouraged to use their judgment and intuition when approaching a potentially violent person or entering into a potentially violent situation?					
60. Are clinical staff trained to recognize diagnoses that may create an increased risk for violence, such as:					

	Yes	No	N/I*	N/A	Comments
a. Paranoid schizophrenia?					
b. Alcoholism (including distinguishing between alcoholism and an insulin attack)?					
c. Drug abuse?					
61. Are mock drills conducted frequently to practice staff's response to aggression?					
62. Is there a written evaluation of the drill to aid with identifying gaps in response techniques?					
63. Is feedback solicited from employees regarding the effectiveness of training?					
64. Is it a requirement that agency/contract workers receive the same violence prevention training as permanent staff before working at the practice?					
65. Do healthcare workers know what to do if they find an unauthorized individual in a restricted area?					

Post-Violent-Incident Procedures

66. Does the organization have a post-violent-incident support policy?					
67. Are employees encouraged to be compassionate toward coworkers involved in a violent incident?					
68. Does the policy include procedures for:					
a. Providing medical care for victims?					
b. Restricting access to the scene of the incident until cleared by police?					
c. Restricting access to the scene until it has been cleaned (e.g., removal of blood and broken glass)?					
d. Debriefing healthcare workers following an incident?					
e. Internal and external reporting of incidents?					
f. Investigating incidents?					
g. Providing help in filing workers' compensation reports?					

	Yes	No	N/I*	N/A	Comments
h. Providing counseling and EAP services to those who were involved in or who witnessed (second victims) the incident?					
i. Following up with involved employees to ensure that appropriate medical treatment and counseling have been provided?					
69. Are worker injuries that include fatalities, hospitalization of more than three employees, amputations, or loss of an eye reported to OSHA?					

Physical Walkthrough

70. Does a physical walkthrough of the premises include a survey and evaluation of:					
a. Access control, including window and door security?					
b. Control of public access to the site?					
c. Staffing levels during different times of day?					
d. Room layout that could result in an individual becoming trapped in a room by a violent perpetrator?					
e. Mechanisms to relieve overcrowding?					
f. Location and function of alarm systems and panic buttons?					
g. Situations in which healthcare workers are required to work alone?					
h. Security-related floor plans/site plans posted that show building entrances, exits, and location of security personnel?					
i. Floor plans/site plans that are visible only to staff and not to outsiders? (This security floor plan is not to be confused with emergency exit postings that are available to all occupants of the site.)					
j. Posting of other emergency information, such as telephone numbers?					
k. Protection of healthcare workers who work alone (e.g., use of an open walkie-talkie connected to main desk)?					
l. Staff knowledge of emergency					

		Yes	No	N/I*	N/A	Comments
	notification process and how to respond?					
	m. Other concerns or fears of healthcare workers?					
	n. Signage marking fire exits and escape routes?					
	o. The internal phone system for activating emergency assistance?					
	p. Visibility of patients and visitors to staff in reception and work areas?					
	q. Availability of private areas for distraught family members?					
	r. Safe location of human resources or practice manager offices (i.e., not centrally located but not in an isolated area, as personnel may be exposed to potentially violent, disgruntled employees)?					
71.	Are actions taken immediately to correct any violence-exposure hazards (e.g., poor lighting, broken windows, and broken locks) identified during the physical walk-through?					
72.	Are security devices (e.g., locks, cameras, alarms) tested on a regular basis and repaired promptly when necessary?					
73.	Are fixed “panic buttons” or other fixed signaling devices that are used to summon staff located throughout the unit and in patient care areas that are not visible from the nursing station?					
74.	Do healthcare workers have secure places to store their personal belongings?					
75.	Are all healthcare workers wearing required ID tags with the worker’s photograph and name?					
76.	Does a physical walkthrough include evaluation of quality of lighting, including:					
	a. Identification of areas where lighting is insufficient?					
	b. Identification of areas where there is glare?					

		Yes	No	N/I*	N/A	Comments
	c. Identification of areas where lighting creates shadows?					
	d. Evaluation of whether light at exits is consistent with the lighting outside?					
77.	Is there a receptionist at the main entrance to greet all visitors or suppliers?					
78.	Are nonvisitor entrances secure on the outside (e.g., requiring use of keypad or swipe card) and unlocked on the inside in accordance with fire and building code requirements?					
79.	Is access restricted in areas where expensive equipment is stored?					
80.	Is access restricted to the pharmacy and other locations where drugs are stored?					

Inspecting Work Areas

81.	Are workers who exchange money (e.g., cash or checks) located in a visible area so others could help in the event of an emergency?					
82.	Is a limited amount of cash kept on hand?					
83.	Are appropriate signs posted that inform visitors of this?					
84.	Could someone hear a worker who calls for help?					
85.	Can employees observe patients or clients in waiting areas from the front desk workstation?					
86.	Do patient treatment areas allow coworkers to hear or observe any problems?					
87.	Do common areas such as intake and checkout areas used for patient or client interviews allow coworkers to observe any problems?					
88.	Is furniture in common areas arranged to prevent entrapment of workers?					
89.	Do patient or client waiting areas maximize comfort and minimize stress?					
90.	Are patients or clients in waiting areas clearly informed how to use the					

	Yes	No	N/I*	N/A	Comments
department's services so they will not become frustrated?					
91. Are waiting times kept short to prevent frustration?					
92. Are communication mechanisms in place if there are longer unforeseen delays?					
93. Are private, locked restrooms available for employees?					

Inspecting Exterior Buildings

94. Do workers feel safe walking to and from the workplace?					
95. Are building entrances clearly visible from the street?					
96. Is the area surrounding the premises free of bushes or other hiding places?					
97. Is lighting sufficient in outside areas?					
98. Is there signage outside indicating that cash is not kept on the premises?					
99. Is video surveillance used outside the building?					
100. Are all exterior walkways visible?					

Inspecting Parking Areas

101. Is there is a nearby parking lot reserved for employees only?					
102. Is the parking lot attended or otherwise secured?					
103. Depending on the level of risk identified for the parking lot, have controls have been considered including:					
a. Improved lighting?					
b. Landscape trimming, if the parking lot is not free of blind spots?					
c. Accessible call boxes or panic buttons?					
d. Electronic surveillance cameras?					
e. Perimeter door access control?					
f. Restriction of night shift parking to the safest parking area?					

	Yes	No	N/I*	N/A	Comments
104. Are special security measures taken to protect people who work late at night (escorts, locked entrances, etc.)?					
105. Are security personnel provided outside the building?					
106. Can an employee request an escort to his or her car?					
107. If needed, is a buddy escort system available to staff to walk to remote parking areas?					

Performance Improvement Metrics: Records to Review

108. Do performance improvement review records include:					
a. OSHA 300 injury and illness log?					
b. Law enforcement crime statistics for the area?					
c. Workers' compensation and other insurance reports or claims?					
d. Event reports and postevent reports?					
e. Safety committee reports?					
f. Suggestions submitted by healthcare workers?					
g. Healthcare worker training records for violence prevention, violence de-escalation, etc.?					
h. Employee termination records?					
i. Supervisors' reports, providing that appropriate confidentiality is maintained?					
j. Existing security- or violence-related policies and procedures?					
k. Any relevant union agreements regarding disciplinary actions?					
l. Security logs?					
109. Does the security liaison or the threat assessment team determine the number of violent incidents that occurred in the surrounding community during the past two years?					
110. Does the security liaison or the threat					

	Yes	No	N/I*	N/A	Comments
assessment team determine the number of violent incidents that occurred on organization property during the past two years?					
111. Are incidents involving employees as victims broken down by type of injury to victim, lost workdays, and cost of injury to organization?					
112. Does the security liaison, or designee, determine how often the assailant was:					
a. A healthcare worker?					
b. A family member, friend, or associate of a worker?					
c. A patient?					
d. A family member, friend, or associate of a patient?					
e. An outsider?					
113. Does the security liaison or designee determine:					
a. What type of violent incidents occurred most often?					
b. Where incidents occurred most often?					
c. When incidents occurred most often, including day of week, time, and shift?					
d. Which workers were affected most often, including gender, age, and job classification?					
e. Whether healthcare workers are properly and regularly filling out event reports?					
f. Whether the organization's violent event report form provides spaces for all the information requested above?					

Intimate Partner Violence, Stalkers, and Violent Healthcare Workers

114. Does the workplace violence prevention program include policies addressing intimate partner violence, stalkers, or other personal issues that overflow into the workplace?					

	Yes	No	N/I*	N/A	Comments
115. Are healthcare workers encouraged to bring personal threats of harm to the attention of human resources, the practice manager, or security, as appropriate?					
116. Do healthcare workers know that this information will be kept confidential?					
117. If a healthcare worker is being stalked, are provisions made to shift duty hours or duty assignments?					
118. If a healthcare worker or a patient is a victim of domestic abuse or of a stalker, do procedures exist to protect him or her while on site (e.g., photographs of abuser or stalker are distributed to receptionists, security, and floor staff; approved visitor lists are compiled)?					
119. Are supervisors taught to recognize signs that an employee may be experiencing domestic violence?					
120. Are supervisors and staff taught to recognize warning signs that a healthcare worker or other individual may become a perpetrator of violence?					
121. Are all healthcare workers encouraged to report observations of signs of aggressiveness in colleagues or others?					

Security Officers

122. Is there a security management plan?					
123. Has practice leadership considered the pros and cons of hiring a security officer for the office?					
124. If the practice does not have a designated security officer, does the security plan include:					
a. Designation of an individual to oversee security concerns, i.e., a security liaison?					
b. Informing staff how to identify who is responsible for security?					
c. Designation of employees (emergency response team) to respond to violent incidents?					
125. Are members of the emergency response					

		Yes	No	N/I*	N/A	Comments
	team specifically trained in:					
	a. Recognition of unmet health needs?					
	b. Cultural competence?					
	c. De-escalation techniques?					
	d. The assault cycle?					
	e. Verbal/physical maneuvers to avoid violent behaviors?					
	f. Use of restraints?					
	g. Protection of patients, visitors, and healthcare workers?					
126.	Are members of the emergency response team trained about when to call security or law enforcement for assistance?					
127.	Are they provided contact information for security or law enforcement assistance?					
128.	Are periodic mock drills conducted using different scenarios of workplace violence events to train staff how to respond and to identify gaps in response techniques?					
129.	In practices with shared security officer services (e.g., hospital campus, university campus, large shopping mall grounds), does the practice have authority to screen security officers during the hiring process?					
130.	If not, does the practice leadership communicate with the hiring entity about the needs and considerations of working with healthcare providers and patients?					
131.	Does the practice have the opportunity to discuss safety requirements unique to working with patients in their healthcare setting with:					
	a. The security company?					
	b. Any scheduled security officers?					
132.	If there are shared security officers, are they trained in:					
	a. Recognition of unmet health needs?					
	b. Cultural competence?					
	c. De-escalation techniques?					
	d. The assault cycle?					

	Yes	No	N/I*	N/A	Comments
e. Verbal/physical maneuvers to avoid violent behaviors?					
f. Use of restraints?					
g. Protection of patients, visitors, and healthcare workers?					
133. Do the staff know whether the security officer carries a weapon?					
134. Have the risks and concerns about carrying a weapon into a situation with agitated patients been discussed with the officer and the security company?					
135. If security officers carry firearms or other weapons, such as batons or pepper spray, has compliance been evaluated with:					
a. Weapon use approved by local law enforcement agencies?					
b. Periodic retesting in the use of weapons required?					
c. Written policy carefully delineating where and when it is appropriate to use each type of weapon?					
d. Training of security officers in use of weapons, especially firearms?					
136. If the organization has assigned security officers, does human resources or the practice manager carefully screen security officers during the hiring process?					
137. Is the role of security officer discussed during the interview, at hire, and at least annually?					
138. Are the roles and limitations of security officers outlined in their job description?					

Relationship with Local Law Enforcement

139. Does a physician practice liaison work with state and local police and counseling agencies?					
140. Does the organization have a good working relationship with local law enforcement departments?					

	Yes	No	N/I*	N/A	Comments
141. Does the organization know the types of incidents to which the police will respond?					
142. Have local police been given a map of the premises (in order to expedite investigations)?					
143. If the practice handles patients in police custody on a regular basis, is there a written policy specifically addressing, among other things:					
a. The fact that, by law, police have the ultimate responsibility for guarding the prisoner?					
b. When and under what circumstances prisoners must remain handcuffed?					
c. Care management of well-known prisoners?					
144. Have the local police reviewed copies of these policies or discussed them with the security liaison?					
145. Does the organization have a policy on law enforcement's use of weapons in the organization or on the premises?					

Action Plan

Assessment Completed By: _____ Date: _____

Question No.	Action Required	Responsibility	Target Date	Action Completed	
				Date	Initials

Question No.	Action Required	Responsibility	Target Date	Action Completed	
				Date	Initials

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