

Safety You Can See:

A Practical Model for WPV Prevention from Intake Through Reporting



2015 Akron, OH



A Culture of Safety

Objectives / Agenda

- 01** Understand the need for, and role a WPV committee plays
- 02** Learn the core components of a WPV committee
- 03** How to implement proactive safety strategies
- 04** Q&A

Defining Workplace Violence

- Workplace violence includes:
 - Threats
 - Harassment
 - Physical or verbal abuse
 - Bullying
 - Assaults

Types of Workplace Violence

- **Type I – Criminal Intent**
- Type II – Client or Patient
- Type III – Worker-on-Worker
- Type IV – Personal Relationship

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Defining Workplace Violence

“An act or threat occurring at the workplace that can include any of the following: **verbal, nonverbal, written**, or physical aggression; **threatening, intimidating, harassing, or humiliating words** or actions; bullying; sabotage; sexual harassment; physical assaults; or **other behaviors of concern** involving staff, licensed practitioners, patients, or visitors.”

2025 Joint Commission Update

- Effective January 1, 2025, two new and one revised workplace violence prevention requirements.
- Apply to all Joint Commission–accredited home care organizations.

2025 Joint Commission Update

New EP 9:

The organization has a **workplace violence prevention program** led by a designated individual and developed by a multidisciplinary team that includes the following:

- An annual analysis of possible safety and security risks related to workplace violence
- **Policies and procedures** to prevent and respond to workplace violence
- A **process to report incidents** and to **analyze incidents and trends**, which are then reported to governance
- A process for follow-up and support for victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary

2025 Joint Commission Update

New EP 29:

As part of its workplace violence prevention program, the organization provides training, education, and resources to leadership, staff, and licensed practitioners.

The organization determines what aspects of training are appropriate for individuals based on their roles and responsibilities.

2025 Joint Commission Update

The training, education, and resources address prevention, recognition, response, and reporting of workplace violence as follows:

- What constitutes workplace violence
- Education on the roles and responsibilities of leadership, staff, external law enforcement and, when utilized, security personnel
- Training in de-escalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents
- The reporting process for workplace violence incidents

State Legislation

- **States with active or pending legislation:**
 - AK, CA, CT, IL, LA, MA, ME, MD, MN, NJ, NY, OR, PA, TX, VA, WA, WY
- **Key Themes:**
 - Implement risk assessments
 - Create violence prevention plans
 - A **process to report incidents** and to **analyze incidents and trends**
 - Provide training to protect employees from workplace violence

State Legislation

- **Illinois Health Care Violence Prevention Act (Public Act 100-1051):**
 - Must have a formal, documented WPV program (not just a policy)
 - Frontline involvement + reporting structure are required
 - Organizations accountable for prevention and response

But the law is written for facilities and does not extend to caregivers delivering care in the home.

A grid of 60 small images, each featuring a number from 1 to 10. The numbers are presented in a wide variety of styles, colors, and backgrounds. Some are simple and bold, while others are artistic, decorative, or weathered. For example, the number 5 is shown as a red sign with 'MPH', a blue sign with a white border, a white sign with a red border, a white sign with a floral wreath, a white sign with a red border, a white sign with a red border, a white sign with a red border, a white sign with a red border, a white sign with a red border, and a white sign with a red border. The number 8 is shown as a white sign with a red border, a white sign with a red border, a white sign with a red border, a white sign with a red border, a white sign with a red border, a white sign with a red border, a white sign with a red border, a white sign with a red border, a white sign with a red border, and a white sign with a red border. The number 10 is shown as a white sign with a red border, a white sign with a red border, a white sign with a red border, a white sign with a red border, a white sign with a red border, a white sign with a red border, a white sign with a red border, a white sign with a red border, a white sign with a red border, and a white sign with a red border.

Surprising Numbers?

96.1%

of healthcare professionals have experienced verbal abuse or intimidation in the workplace

61%

of home health workers report experiencing physical assaults from patients – making home-based care one of the highest-risk settings in all of healthcare.

NIOSH / OJIN Research

79.2%

Annual turnover rate across home care – and workers exposed to violence are among the top drivers of departure.

Home Health Care News, 2024

47%

Only 47% of nurses report incidents to their employers, often due to perceived inaction from management.

20%

Workers exposed to violence experience a 20% drop in productivity, impacting team performance and patient care.

Almost all Post-Acute Care Providers are also serving Behavioral Health Needs

- 2% have a personality disorder
- 2% have PTSD
- 5% have Schizophrenia & Other Psychoses
- 6% have Bipolar Disorder
- 8% have an Alcohol or Drug Use Disorder
- 14% have a Tobacco Use Disorder
- 26% have Alzheimer's & Other Dementias
- 39% have Anxiety Disorder
- 40% have Depression
- 44% have a Mood Disorder

Medicare, 2023

The Case for a Committee

- Perception that it is "part of the job"
- Poor or non-existent policies, procedures, staff training or supports
- Complex reporting procedures
 - Time-consuming to report every event, lack of response when time is taken to report
- Will reflect poorly on the caregiver
- Belief that some patients won't (or can't) be held accountable

Why Safety Committees Matter

- Reduce risk and liability
- Promote culture of safety
- Support recruitment & retention

Building Your Committee

- Include staff from clinical, HR, field, and operations
- Define roles clearly
- Establish regular meeting cadence

Building Your Committee

Examples of Key Roles:

- **Chair or facilitator** to guide meetings and ensure accountability
- **Data lead** to bring incident trends and reports
- **Field staff rep(s)** to bring real-world frontline insight
- **Training liaison** to help drive education and rollout of changes

Key Functions of a Safety Committee

- Risk assessment
- Policy development
- Incident response
- Education & communication

A top-down view of a white surface covered with a variety of electronic components and tools. The items include several blue printed circuit boards (PCBs) of different shapes and sizes, some with integrated circuits and other components. There are numerous resistors in various colors (red, blue, green, yellow), capacitors (black, blue, yellow), and integrated circuits in different packages (DIP, SMD). Tools like a pair of red-handled pliers and a pair of silver-handled wire cutters are also visible. The text "Components of a Committee" is overlaid in the center in a large, white, sans-serif font.

Components of a Committee

Conducting Risk Assessments

- Review incidents (this includes near-misses/risks!)
- Use OSHA and other tools
- Map high-risk zones and roles

Policy Development

- Create zero-tolerance policy
- Detail response protocol
 - Outline a clear, step-by-step process for how to report, respond, and follow up on incidents or near-misses.
 - Include guidance on when to notify leadership, involve law enforcement, or consider discharge for cause if a patient or household poses an ongoing threat.
- Include in patient handbook

Worker Safety Client User Agreement

Patient Name: _____ Date of Birth: _____

Today's Date: _____

HOME HEALTH WORKER VISIT SAFETY AGREEMENT

Upon admission to home health or hospice service, each patient receives and consents to services as outlined in the Patient Bill of Rights and Responsibilities. To receive services in the home the patient must make adequate physical arrangements in the home to allow for safe and appropriate care by home health care workers.

By signing below, you agree to the following home visit safety plan (check all that apply):

- All guns and/or weapons will be secured and locked in a safe or lock-box during all home visits
- Dogs and other pets will be crated or put in another room during all home visits
- No smoking during all home visits
- Maintenance of a pest-free home environment
- No drug activities by you, family members, or other individuals during all home visits
- Ensure staff will not be subjected to verbal, sexual, or physical abuse during all home visits
- Other (please specify): _____

Worker Safety Client User Agreement

Home health care staff have identified the following worker safety concern/s:

- | | |
|--|--|
| <input type="checkbox"/> Unsecured guns and/or weapons | <input type="checkbox"/> Actual or suspected drug activities, substance/alcohol abuse |
| <input type="checkbox"/> Dogs or other pets | <input type="checkbox"/> Actual or threat of abuse, verbal or physical |
| <input type="checkbox"/> Second-hand smoke | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Pest infestation | <input checked="" type="checkbox"/> No worker safety concerns were identified at this time. |

**note: a new home health safety worker agreement may be required if new risks are identified during the episode of home care services.*

Due to the above risk/s, patient/responsible party agrees to the following safety plan for all home visits (specify):

Additional safety measures required are:

- Co-visits by security personnel are required during all home visits
- Family member/caregiver present during all home visits
- Specific family members or individuals will not be present during all home visits

I understand that failure to abide by the above safety plan will result in immediate termination from home health care services.

Patient/Responsible Party Signature

Date

Clinician Signature

Date

Build Controls & Prevention Strategies

- Mobile safety tools / emergency dispatch process
- Staff check-in/out protocols
- Lighting, exits, threat signage/documentation

Training & Education

- Orientation + just in time + annual training
- De-escalation tactics
- Reporting procedures

Fostering a Culture of Safety

- Leadership visibility
- Transparent reporting
- Celebrate reporting

In a strong safety culture, **reporting is seen as a contribution**, not a complaint.

Metrics & Accountability

- “Near-miss” tracking
- Staff surveys
- Monthly review of incidents

What gets measured gets managed, and what gets *shared* gets improved.

Common Pitfalls

- No field staff voice
- Ignored reports
- Lack of follow-through
- Caregiver Bias

You don't need perfection — but you do need progress that your team can see and feel

Pattern 1: The Committee Becomes an Incident Review Club

Every meeting turns into a case review. Something happened, the committee hears about it, members discuss what went wrong. Useful. But not prevention.

Prevention requires looking forward: at patterns, at near misses, at intake signals, at trends. When 100% of airtime goes to reviewing what already happened, nothing changes about what's coming.

The Data Point:

Organizations spending more than 70% of meeting time on post-incident review see no measurable reduction in WPV rates over 12 months.

The fix: Balance the agenda. Target 30% on incident review, 70% on risk prevention and proactive analysis.

Pattern 2: Reactive Response Gets All the Attention

Most Programs Focus On (Reactive)	Where Prevention Actually Lives (Proactive)
Post-incident documentation	Intake risk screening
Incident report review	Near-miss capture and analysis
Response protocol training	Pre-visit caregiver safety briefings
Hardware and alert devices	Trend identification across visits
Annual policy updates	Real-time risk communication to field staff

Pattern 3: No Intake Risk Alignment

WPV prevention starts at intake. When a patient is admitted, risk signals first become visible: address history, patient background, household composition, prior incidents in the area.

Most committees never see intake data. They're downstream from the decision-making, reacting to problems that were identifiable weeks earlier.

Is Caregiver Safety Input Biased?

- Asking about safety isn't about judging communities, it's about supporting your staff
- Psychological safety is valid data, recognized by OSHA and The Joint Commission
- Ignoring staff input risks missing early warning signs
- Caregiver insight helps prevent harm, not assign blame

Real Stories: When Safety Perceptions Mattered

- Parking Lot Flag Ignored → Car Break-In
- Subtle Behavior → Pattern of Harassment
 - Caregiver insights weren't biased; they were early alerts.
 - Safety committees help sort signals from noise, not assign blame.



Your Next Steps

Your Next Steps

- Commit to one change in the next month
- Bring up proactive safety at your next team meeting
- Start (or take another look at) a risk audit

A 30/60/90-Day Roadmap

Days 1–30

- Identify your safety champion
- Conduct a baseline risk audit
- Review existing incident reports — or document the absence of them

Days 30–60

- Build your committee structure
- Hold your first committee meeting
- Draft or review your zero-tolerance policy

Days 60–90

- Launch first staff training
- Establish near-miss reporting system
- Report findings and committee activity to leadership

Resources

- [osha.gov/workplace-violence](https://www.osha.gov/workplace-violence)
 - OSHA Guidelines
- [CDC.gov/niosh/healthcare](https://www.cdc.gov/niosh/healthcare)
 - NIOSH WPV Toolkit
 - Training modules

Scenario 1: The Creepy Greeting

A nurse enters a senior high-rise and a man in the lobby says, "Hey beautiful, coming to see me today?" She feels uncomfortable but walks past and completes her visit.

Scenario 2: The Angry Son

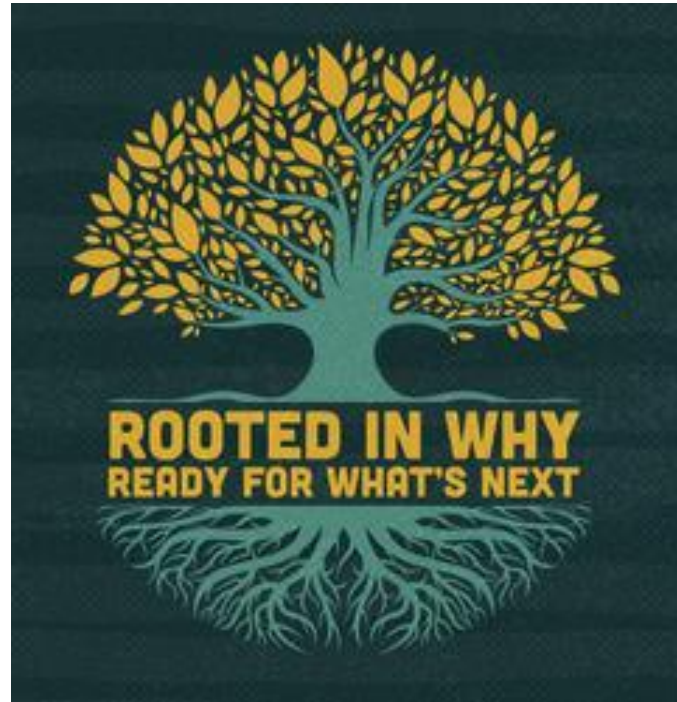
During a home visit, a patient's adult son becomes agitated when asked to leave the room during medication administration. He raises his voice, slams a door, but doesn't touch anyone.

Scenario 3: The Isolated Address

A clinician is scheduled to visit a patient in a rural area with poor cell reception. She texts a coworker before heading in, just in case. Nothing happens—but she felt uneasy.

Scenario 4: The Patient with a Past

A caregiver discovers through word of mouth that a new patient has a past history of violence, but it wasn't flagged in the intake notes. The visit goes fine, but he's hesitant to return.



THANK YOU!

Be Proactive. Not Reactive.

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Appendix

References

- [Workplace Violence Prevention Strategies and Research Needs](#)
- [OSHA Workplace Violence Fact Sheet](#)
- [2025 Joint Commission Updates on WPV Prevention in Home Care Settings](#)
- [H.R. 2531- Workplace Violence Prevention for Health Care and Social Service Workers Act](#)
- [Unsafe Haven: The rise of violence against physicians in the workplace](#)
- [Hennepin Healthcare Survey, 2022](#)
- [Engaged, energized, and effective safety committees | Oregon OSHA](#)
- [Call To Action: Protecting Home Care Employees from Workplace Violence | NACH](#)
- [Workplace Violence Prevention Course for Nurses | CDC](#)
- [OSHA Workplace Violence](#)