

Emergency Department Assessment Tool

Metric	Includes	Initial Assessment: MM/DD/YYYY		
		Yes	No	Comments
The hospital security guidelines in place support an initiative of safety in the emergency department. (Obtain copies of all policies and procedures related to interface of hospital security with the emergency department)	Is there 24/7 presence of hospital security in the emergency department?	x		
	Are there policies and procedures in place for hospital security response in common area (waiting room)?		x	
	Are there policies and procedures in place for hospital security response in secured area (emergency department treatment rooms)?		x	
	Are there policies and procedures in place to outline hospital security interventions during escalating situations?		x	
	Is there a standard policy for staff safety escorts?		x	
	Is there a hospital-wide response to an incident of workplace violence in the		x	
	Is there a training program in place for hospital security officers relevant to potentially violent situations specific to the emergency department?		x	
	Is there a policy in place for initiation of supervision (e.g. non-clinical sitter) for patients at high risk for violent behavior?	x		
	Does the hospital have a violence rapid response team?	x		
The physical design of the emergency department offers protection from occurrences of violence	Is public (visitor) access to treatment areas restricted?	x		
	Is there a protective barrier between the check in area and the staff?		x	
	Is there an alarm system in place for staff to use to alert others of an escalating or violent situation?	x		
	Does a hospital security officer monitor the flow of traffic into the emergency department from outside?		x	
	Do treatment rooms have doors that can be closed?	x		

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Do treatment rooms have doors that can be locked?	x	All the rooms have doors that close, but only one room locks. The room that locks is identified as the psychiatric room, but is left unlocked the majority of the time. Security has the only key to the room.
Do patient rooms have any objects readily available that have a high potential for being used as weapons? (e.g. catheters, injection syringes, glass blood tubes, etc.)	x	The psychiatric room has a door that closes over all of the equipment (ie. Oxygen, suction, sharps container, gloves, etc.)
Is there a protective barrier between the nurses' station and the public/visitor area or throughway?	x	The nurses' station is enclosed in glass. The glass is not bullet proof and serves mainly as a sound barrier.
Can nurse/patient interaction be viewed or heard from common nursing areas?	x	
Are there rooms that are secluded from regular foot traffic, out of view, or out of range of hearing from the centrally-staffed and populated areas (nurses' station, triage, waiting room, etc.)?	x	
Where are nurses' stations located?		The nurses's station is located in the center of the emergency department with the patient rooms on the outside periphery.
Are staff members typically present at the nurses' station?	x	
Where are the medication access points located?		There is one medication room with a keyed entry located just off the nurses' station.
Are there locked medication rooms with limited access?	x	Key entry only and then with a Pyxis system that uses biofeed back in the medication room. The medication room is not identified by a sign.
Is there a medication area located within the nurses' station and is it identifiable to patients/visitors?	x	
Are the parking lot and ambulance area monitored for safety? How?	x	There are cameras located inside the ambulance bay. Security can monitor the bay, but the officer was not sure the system was functioning.
Is the ambulance entrance a restricted access point of entry?	x	
Is the ambulance entrance located near treatment areas?	x	

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	Are transport teams and other staff able to readily communicate with the emergency department staff from the ambulance entry?	x		
	Are the parking lot and ambulance entrance well-lit?	x		
	Does hospital security patrol the surrounding exterior of the emergency department?	x		The security rounds occur at the top of every hour.
There is administrative support for reporting violence in the emergency department	Is there surveillance equipment being used inside the emergency department and/or on the grounds surrounding the emergency department?	x		
	If there is surveillance equipment being used, note where the cameras are located, who monitors the surveillance video and how frequently this occurs.			There are cameras in the four trauma bays and the psychiatric room. The monitors are located in the corner of the rooms covered with a protective plate. There are monitors in the emergency department and in the security office. Five nurses were asked to operate the surveillance equipment and 5 nurses were not familiar with the equipment. Security knew where the monitors were and that there were video tapes, but did not know if the equipment was operational.
	Is there a support system in place through occupational health, human resources or employee assistance program?	x		
There is a reporting mechanism in place that follows the chain of command and includes proper follow-up.	Is there a visible, hospital-wide initiative to prevent violence in the workplace?		x	
	Are there institutional policies and procedures in place for prevention, responding and reporting violent occurrences?	x		
	Is there an occurrence report specific to reporting workplace violence?		x	
	Is there a policy that describes the process for responding and reporting after an incident has occurred? Is reporting an incident mandatory?	x		Each employee has full access to a help line. A general communication sheet is also available, as well as, the use of an incident report.

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	Can emergency department leaders/supervisors tell you what their responsibilities are following a report of a violent incident?	x		When the director of the department was asked to verbalize his responsibilities on a reported incident, he easily stated the informal the process.
	Is data compiled and summarized from accumulated reports of violent occurrences?		x	
	If data is collected, do hospital administration, human resources and/or risk management participate in the review of violent occurrence report summaries?			Not applicable
	Can emergency department staff describe the process of review and disposition of an occurrence report that they complete?	x		
The emergency department nursing staff receives annual education on violence	Does the staff member receive verbal and/or written feedback on the disposition of an occurrence report they have completed?	x		Follow-up with the staff member is completed with all incidents reported.
	If a Staff Assessment Survey was completed, to what extent are nurses able to identify what constitutes a violent act (physical and verbal abuse)?			Not applicable
	Is violence prevention, response and reporting training included in emergency department staff orientation?		x	
	If violence prevention training is provided, is the training mandatory? If so, how frequently must the employee participate in this training?		x	Not applicable
	If violence prevention training is provided, does the training include instruction on de-escalation techniques?			Not applicable
	If violence prevention training is provided, does the training include physical prevention and response measures?			Not applicable
	If violence prevention training is provided, does the training include reporting procedures?			Not applicable
The local law enforcement have a role in emergency department safety	Is there a comprehensive program in place that includes prevention, responding and reporting?	x		A written agreement is in place between the hospital and local law enforcement to respond if called by the hospital.

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	Is there a lock down policy in place? If yes, is local law enforcement aware of/included in lock-down policies and procedures?		x	
	If there is a lock down policy in place, are there periodic safety lock down drills?		x	Not applicable
	Is the area the hospital serves rural or urban?			Rural
	Is the hospital located in a high crime area?		x	

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