

# VERITAS: Changes Are Coming

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WORKPLACE VIOLENCE AND REPORTING  
FOR STAFF/EMPLOYEES

# What is Workplace Violence

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Any act or threat of physical violence, harassment, intimidation or other threatening disruptive behavior that occurs at the work site.

About 1 in 10 workplace injury fatalities are homicides

2 million American workers report having been victims of workplace violence each year – and that is just the reported incidences.

The rate of serious workplace violence lost time events in healthcare settings is four times greater than other industries. Healthcare accounts for as many serious violent injuries as all other industries combined.

<https://www.osha.gov/SLTC/workplaceviolence/> [https://www.osha.gov/dsg/hospitals/workplace\\_violence.html](https://www.osha.gov/dsg/hospitals/workplace_violence.html)

# OSHA (Occupational Safety and Health Administration) GUIDELINES

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Healthcare industry (HCI) is considered “High Risk”

Each workplace violence incident is an OSHA recordable event

OSHA categorizes workplace violence into 4 subgroups:

- Criminal Intent (Example-Someone attempts to rob the pharmacy)
- Patient on Worker (This is patients and visitors)
- Coworker (Example-A co-worker bullies another co-worker)
- Personal (Generally considered domestic violence)

# These are the Veritas Categories Containing the Question

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Property Damage

Complaint

Fall

Home Health

Safety/Security/Restraint

Other

Injury/Illness

Work Related Injury or Illness

**NOTE: IF THE VICTIM IS AN EMPLOYEE, YOU MUST  
CHOOSE “WORK RELATED INJURY OR ILLNESS**

# WHAT IS THE QUESTION?

Is this a workplace violence event?  
Yes or No

General Submission Form

Table of Contents

- General Event Information
- Person Affected
- Event Details
- Specific Event Details

File Status

Elapsed time: 02:53

3 of 30 total fields completed.

3 of 15 mandatory fields completed.

**VANDERBILT**

**General Event Information**

General Incident Type \* SAFETY/SECURITY/RESTRAINT

Classification of Person Affected \*

Is this a workplace violence event? \* Yes

Equipment/Device Involved/Malfunctioned? \*

**Person Affected**

Last Name \*

First Name

DOB

**Event Details**

Incident Date \*

Incident Time (military time)

Delete More Actions Submit

# IF THE EVENT IS RELATED TO WORKPLACE VIOLENCE ADDITIONAL QUESTIONS APPEAR

The screenshot shows a web browser window displaying a "General Submission Form" for workplace violence events. The browser address bar shows the URL: [https://rltest.mc.vanderbilt.edu/RL6\\_Test/submission.aspx?Form=RSK\\_GENERA](https://rltest.mc.vanderbilt.edu/RL6_Test/submission.aspx?Form=RSK_GENERA). The page title is "General Submission Form".

The form is divided into several sections:

- Table of Contents:** Lists sections like General Event Information, Person Affected, Event Details, Specific Event Details, and File Status.
- File Status:** Shows "Elapsed time: 05:13", "3 of 30 total fields completed.", and "3 of 15 mandatory fields completed."
- Form Fields:**
  - Perpetrator MRN (only if patient):
  - Could this be related to a current medical condition?: Not Specified (Add/Modify)
  - Reported Incident Severity:
  - Brief Factual Description:
  - Who Was Involved/Witnessed/Notified:** A table with columns for Party Involved Name, Classification of Party, and Department. The current entry is "Not Specified".
  - Workplace Violence Details:** (This section is circled in red in the image)
    - Classification Of Individual Who Committed The Violence:
    - Name of Person Who Committed the Violence:
    - Classification Of Circumstances: Not Specified (Add/Modify)
    - Reported Type Of Violence:
- Buttons:** Delete, More Actions, and Submit.

# WORKPLACE VIOLENCE ADDITIONAL QUESTIONS (continued)

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## Classification of Individual Who Committed the Violence

- Patient
- Employee
- Visitor
- Student

## Classification of Circumstances

- Community setting
- Completing usual job duties
- High crime area
- Isolated or alone
- Low staffing level
- Poorly lit area
- Rushed
- Unable to get help or assistance
- Unfamiliar or new location

## Name of Perpetrator Who Committed Violence

## Reported Type of Violence

- Criminal Intent
- Patient on Patient
- Patient on Visitor
- Patient/Visitor on Worker
- Personal Relationship
- Visitor on Patient
- Worker on Worker

IF THE VICTIM IS AN EMPLOYEE

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THE EVENT MUST BE REPORTED AS A  
WORK RELATED INJURY/ILLNESS



# Need to File a Report or Have Questions?? Risk Management Contact

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Veritas (from any CWS or in StarPanel or Medical Center main page Resources for Employees)

OR

615-936-0660

OR

Operator and ask for Risk Management

OR

After Hours On Call Phone 615-878-0705