

Prepublication Requirements

• Issued December 20, 2024 •



New and Revised Workplace Violence Prevention Requirements for the NCC Program

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online *E-dition*®), accredited organizations and paid subscribers can also view them in the monthly periodical *The Joint Commission Perspectives*®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE NURSING CARE CENTERS ACCREDITATION PROGRAM

Effective July 1, 2025

Environment of Care (EC) Chapter

EC.02.01.01

The organization manages safety and security risks.

Element(s) of Performance for EC.02.01.01

New EP 17 The organization conducts an annual worksite analysis related to its workplace violence prevention program. The organization takes actions to mitigate or resolve the workplace violence safety and security risks based upon findings from the analysis.

Note: A worksite analysis includes a proactive analysis of the worksite, an investigation of the organization's workplace violence incidents, and an analysis of how the program's policies and procedures, training, education, and environmental design reflect best practices and conform to applicable laws and regulations.

(See also EC.04.01.01, EP 1)

- Ⓓ Documentation is required

EC.04.01.01

The organization collects information to monitor conditions in the environment.

Element(s) of Performance for EC.04.01.01

EP 1 The organization develops and implements a process(es) for continually monitoring, internally reporting, investigating, and documenting the following:

- Injuries to residents or others within the organization's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others in locations it controls
- Security incidents involving patients, residents, staff, or others in locations it controls
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Medical equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors

Note 1: All the incidents and issues listed above may be reported to staff in quality assessment, improvement, or other functions. A summary of such incidents may also be shared with the person designated to coordinate safety management activities.

Note 2: Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve care, treatment, or services, or to prevent similar incidents, are not lost as a result of following the legal process.

Revised EP 1 The organization develops and implements a process(es) for continually monitoring, internally reporting, investigating, and documenting the following:

- Injuries to residents or others within the organization's facilities
- Occupational illnesses and staff injuries
- Incidents of damage to its property or the property of others in locations it controls
- **Safety and security incidents involving residents, staff, or others in locations it controls, including those related to workplace violence**
- Hazardous materials and waste spills and exposures
- Fire safety management problems, deficiencies, and failures
- Medical equipment management problems, failures, and use errors
- Utility systems management problems, failures, or use errors

Note 1: All the incidents and issues listed above may be reported to staff in quality assessment, improvement, or other functions. A summary of such incidents may also be shared with the person designated to coordinate safety management activities.

Note 2: Review of incident reports often requires that legal processes be followed to preserve confidentiality. Opportunities to improve care, treatment, or services, or to prevent similar incidents, are not lost as a result of following the legal process.

(See also EC.02.01.01, EP 17)

Human Resources (HR) Chapter

HR.01.05.03

Staff participate in education and training.

Element(s) of Performance for HR.01.05.03

New EP 29 As part of its workplace violence prevention program, the organization provides training, education, and resources (at time of hire, annually, and whenever changes occur regarding the workplace violence prevention program) to leadership, staff, and licensed practitioners. The organization determines what aspects of training are appropriate for individuals based on their roles and responsibilities. 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, clinical staff, security personnel, and external law enforcement
 - Training in de-escalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents
- (See also LD.03.01.01, EP 9)

- Ⓓ Documentation is required
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Leadership (LD) Chapter

LD.03.01.01

Leaders create and maintain a culture of safety and quality throughout the organization.

Element(s) of Performance for LD.03.01.01

- New EP 9** The hospital has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team that includes the following:
- Policies and procedures to prevent and respond to workplace violence
 - A process to report incidents in order to analyze incidents and trends
 - A process for follow-up and support to victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary
 - Reporting of workplace violence incidents to the governing body
- (See also HR.01.05.03, EP 29)
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