

IN RE: PETITION FOR SPECIAL EXCEPTION
N/S Janellen Drive, 1085' E of the c/l of
Dorian Road
(3405 Janellen Drive)
3rd Election District
2nd Council District

Estela Abosch
Petitioner

* BEFORE THE
* ZONING COMMISSIONER
* OF BALTIMORE COUNTY
* Case No. 03-532-X

*

* * * * *

FINDINGS OF FACT AND CONCLUSIONS OF LAW

This matter comes before the Zoning Commissioner for consideration of a Petition for Special Exception filed by the owner of the subject property, Estela Abosch, through her attorney, Arnold G. Foreman, Esquire. The Petitioner requests a special exception to permit a home office on the subject property for a certified social worker-clinical. The subject property and requested relief are more particularly described on the site plan submitted which was accepted into evidence and marked as Petitioner's Exhibit 4.

Appearing at the requisite public hearing in support of the request were Estela Abosch, property owner, and Arnold Foreman, Esquire, attorney for the Petitioners. Appearing as interested citizens/Protestants were Helen Cohen, adjacent property owner, and Gary S. Posner, Susan Dudley and Naomi Ginsberg, nearby residents of the area.

Testimony and evidence offered revealed that the subject property is an irregular shaped parcel located on the south side of Janellen Drive, east of Dorian Road and Stevenson Road in Pikesville. The property contains a gross area of 23,522 sq.ft. (0.54 acres), zoned D.R.2, and is improved with a single family dwelling and inground swimming pool. Ms. Abosch has owned and resided on the property for approximately 23 years. She is a certified Social Worker-Clinical, licensed by the State of Maryland, a copy of which was submitted into evidence as Petitioner's Exhibit 1, and is Board Certified in her specialty. Ms. Abosch has an impressive educational background, including Masters Degrees in Psychology and Social Work, and has qualified and testified as an expert witness in federal court in her capacity as a Certified Social Worker-Clinical. Ms. Abosch is employed by a non-profit firm located in Baltimore

ORDER RECEIVED FOR FILING

Date

By

8/21/03
[Signature]

County as a Clinical Social Worker and renders services at that firm for individuals who have come to the U.S. seeking political asylum. Many of her clients at that non-profit organization have been tortured and are in need of counseling and similar services.

Ms. Abosch also maintains a small, private social work practice at another location, approximately 20 to 30 hours per week, which she would like to establish in her home. In this regard, Ms. Abosch presently leases a small office from a co-practitioner in Cross Keys and that office will be closed. Testimony indicated that none of the individuals for whom services are provided through the non-profit organization are treated in her private practice. The clients in her private practice are typically those individuals who have gone through divorce, have difficulties at work, or are grieving the death of a family member. Ms. Abosch does not treat individuals with substance abuse problems, does not accept any referrals from the Courts or those with legal problems, and does not treat individuals with criminal backgrounds.

Further testimony indicated that the proposed hours of operation will be 10:00 AM to 1:00 PM and 4:00 PM to 7:00 PM Monday, Tuesday and Wednesday. It was also indicated that clients are typically seen by appointment only and each session lasts approximately 50 minutes. Counseling sessions would be scheduled on the hour. There are no other practitioners or doctors who will work at her home office. Additionally, Ms. Abosch has no receptionist; this is strictly a small practice which she will maintain and operate herself.

Insofar as the dwelling is concerned, testimony indicated that the house is a one-story, four-bedroom structure in which one bedroom has been converted into a study. Additionally, there is a small reception/counseling area. It was also indicated that she has a two-car garage and typically parks her vehicle therein. There is room for clients to park in the driveway and she does not anticipate that there will be any additional traffic or a significant increase in public parking associated with her practice. There is also no signage proposed.

Testimony was also received from Gary Posner, who resides in the neighborhood. He produced a number of general studies and reports that he had obtained through the Internet regarding Social Workers. He generally feels that the proposal will bring dangerous and unwelcome people to the neighborhood. He is

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particularly concerned about the children who attend the Fort Garrison Elementary School, which is located adjacent to the subject property. Although he produced documentary evidence, there was no testimony or evidence presented which related to Ms. Abosch' specific practice. His testimony was very general in nature and was not persuasive that her practice would cause a dangerous or detrimental situation in the neighborhood. His testimony contained unsupported fears and stereotyped people who might be seen by the applicant as dangerous and unstable. This does not appear to be the case. Although her clients are in need of counseling, Ms. Abosch' testimony was persuasive that they are not dangerous or threats to the wellbeing of individuals and children in the neighborhood.

As noted above, the subject property is zoned D.R.2. Section 1B01.1.C of the B.C.Z.R. identifies uses permitted by special exception in the D.R. zones. Section 1B01.1.C.12 thereof permits an "Office or studio of physicians, dentists, lawyers, architects, engineers, artists musicians or other professional persons, provided that any such office or studio is established within the same building as that serving as the professional person's primary residence at the time of application; does not occupy more than 25% of the total floor area o such residence; and does not involve the employment of more than one non-resident professional associate nor two other non-resident employees."

Based upon the testimony and evidence offered, it is clear that Ms. Abosch is a "professional person" as contemplated in the statute. The fact that she is licensed by the State of Maryland is a persuasive factor. Moreover, her education and qualification as an expert witness within a Court of law are compelling factors.

The Petitioner did not submit a floor plan at the hearing depicting the size of the proposed office. It appears from the testimony and evidence presented that the office does not occupy more than 25% of the total floor area of the residence; however, a floor plan of the building should be submitted for inclusion in the case file. As to the other requirements of Section 1B01.1.C.12, it is clear that the proposed residence does serve as the Petitioner's residence and that she will not employ any other individuals.

In considering any special exception, the undersigned must apply the provisions of Section 502.1 of the B.C.Z.R. Essentially, that Section requires an examination as to whether the proposed use will be detrimental to the health, safety and general welfare of the surrounding locale. Based upon the testimony

and evidence offered, I am persuaded that the proposal will not cause detrimental impacts to adjacent properties. In my judgment, the proposed office will generate little traffic and have minimal impact on the neighborhood. Moreover, Ms. Abosch' testimony was persuasive that her patients are not dangerous and there is no indication that her proposal will bring an unwarranted threat into the neighborhood. Thus, the relief shall be granted.

Pursuant to the advertisement, posting of the property and public hearing on this Petition held, and for the reasons set forth herein, the relief requested shall be granted.

2108
THEREFORE, IT IS ORDERED by the Zoning Commissioner for Baltimore County this day of August 2003 that the Petition for Special Exception to permit a home office on the subject property for a certified social worker-clinical, in accordance with Petitioner's Exhibit 4, be and is hereby GRANTED, subject to the following restrictions:

- 1) The Petitioner is hereby made aware that proceeding at this time is at her own risk until the 30-day appeal period from the date of this Order has expired. If an appeal is filed and this Order is reversed, the relief granted herein shall be rescinded.
- 2) Within thirty (30) days of the date hereof, the Petitioner shall submit a floor plan to the Department of Permits and Development Management for inclusion in the case file. Said plan shall clearly show that the square footage of the office and reception area does not comprise more than 25% of the total floor area of the dwelling.
- 3) There will be no signs on the subject property. Moreover, but for the Petitioner, there will be no other employees.
- 4) The hours of operation will be limited to Monday, Tuesday and Wednesday, from 10:00 AM to 1:00 PM and from 4:00 PM to 7:00 PM.
- 5) When applying for any permits, the site plan filed must reference this case and set forth and address the restrictions of this Order.



LAWRENCE E. SCHMIDT
Zoning Commissioner
for Baltimore County

8/21/03
LES:bjs



Baltimore County
Zoning Commissioner

August 21, 2003

Suite 405, County Courts Bldg.
401 Bosley Avenue
Towson, Maryland 21204
410-887-4386
Fax: 410-887-3468

Arnold Foreman, Esquire
29 W. Susquehanna Avenue, #707
Towson, Maryland 21204

RE: PETITION FOR SPECIAL EXCEPTION
N/S Janellen Drive, 1085' E of the c/l Dorian Road
(3405 Janellen Drive)
3rd Election District – 2nd Council District
Estela Abosch - Petitioner
Case No. 03-532-X

Dear Mr. Foreman:

Enclosed please find a copy of the decision rendered in the above-captioned matter. The Petition for Special Exception has been granted, in accordance with the attached Order.

In the event any party finds the decision rendered is unfavorable, any party may file an appeal to the County Board of Appeals within thirty (30) days of the date of this Order. For further information on filing an appeal, please contact the Department of Permits and Development Management office at 887-3391.

Very truly yours,

LAWRENCE E. SCHMIDT
Zoning Commissioner
for Baltimore County

LES:bjs

cc: Ms. Estela Abosch
3405 Janellen Drive, Baltimore, Md. 21208
Mr. Gary S. Posner, 8503 Arborwood Road, Pikesville, Md. 21208
Ms. Susan Dudley, 3400 Keyser Road, Baltimore, Md. 21208
Ms. Naomi Ginsberg, 3307 Janellen Drive, Baltimore, Md. 21208
Ms. Helen Cohen, 3403 Janellen Drive, Baltimore, Md. 21208
People's Counsel; Case File

Come visit the County's Website at www.co.ba.md.us





Petition for Special Exception

to the Zoning Commissioner of Baltimore County

for the property located at 3405 Janellen Drive

which is presently zoned DR-2 formerly R-20

This Petition shall be filed with the Department of Permits and Development Management. The undersigned, legal owner(s) of the property situate in Baltimore County and which is described in the description and plat attached hereto and made a part hereof, hereby petition for a Special Exception under the Zoning Regulations of Baltimore County, to use the herein described property for

A home office for a certified social worker-clinical.

Property is to be posted and advertised as prescribed by the zoning regulations.

I, or we, agree to pay expenses of above Special Exception, advertising, posting, etc. and further agree to and are to be bounded by the zoning regulations and restrictions of Baltimore County adopted pursuant to the zoning law for Baltimore County.

I/We do solemnly declare and affirm, under the penalties of perjury, that I/we are the legal owner(s) of the property which is the subject of this Petition.

Contract Purchaser/Lessee:

Name - Type or Print

Signature

Address

Telephone No.

City

State

Zip Code

Attorney For Petitioner:

ARNOLD G. FOREMAN

Name - Type or Print

Signature

Legal Owner(s):

ESTELA ABOSCH

Name - Type or Print

Signature

Name - Type or Print

Signature

3405 Janellen Drive

410-484-6402

Address

Baltimore,

MD

21208 Telephone No.

City

State

Zip Code

Representative to be Contacted:

ARNOLD G. FOREMAN

Name

29 W. Susquehanna Ave., Suite 707 410-337-8600

Address

Towson

MD

21204 Telephone No.

City

State

Zip Code

OFFICE USE ONLY

ESTIMATED LENGTH OF HEARING

UNAVAILABLE FOR HEARING

Reviewed By D. THOMPSON Date 5/7/03

ORDER RECEIVED FOR
Date
BY

Company

29 W. Susquehanna Ave., Suite 707 410-337-8600

Address

Towson

MD

21204 Telephone No.

City

State

Zip Code

Case No. 03-532-X

REV 09/15/98



Baltimore County
Department of Permits and
Development Management

Director's Office
County Office Building
111 West Chesapeake Avenue
Towson, Maryland 21204
410-887-3353
Fax: 410-887-5708

June 27, 2003

Arnold F. Foreman
29 W. Susquehanna Avenue, Suite 707
Towson, MD 21204

Dear Mr. Foreman:

RE: Case Number: 03-532-X, 3405 Janellen Drive

The above matter, previously scheduled for July 7, 2003, has been postponed. Once the hearing has been rescheduled you will be notified by mail.

Please be advised that the responsibility of the appropriate posting of the property is with the Petitioners. The petitioner or his/her agent may not personally post or change a zoning sign. One of the currently approved vendors/posters must be contacted to do so. If the property has been posted with the notice of the original hearing date, as quickly as possible after you have been notified, the new hearing date should be affixed to the sign(s).

Very truly yours,

A handwritten signature in black ink, reading "Timothy Kotroco".

Timothy Kotroco
Director

TK:klm

C: Estela Abosch, 3405 Janellen Drive, Baltimore 21208



E. F. Raphael & Associates
Registered Professional Land Surveyors
205 Courtland Avenue
Towson, Maryland 21204

Phone (410) 825-3908

Fax (410) 825-1331

Thursday, April 24, 2003

ZONING DESCRIPTION FOR # 3405 JANELLEN DRIVE

BEGINNING AT A POINT on the North side of Janellen Drive which is 1085 feet East of the intersection formed by the East side of Dorian Road, 50 feet wide, and the South side of Janellen Drive, 50 feet wide. Being Lot # 9, Block D, Section 3, in the resubdivision of Sections 3 & 4 Glenmar as recorded among the Land Records of Baltimore County in Liber G.L.B. 25, folio 3, containing 23,522.00 square feet. Also known as # 3405 Janellen Drive and located in the 3rd Election District, and the 2nd Councilmanic District, Baltimore County, Maryland.

03-532-X

IMORE COUNTY, MARYLAND
E OF BUDGET & FINANCE
ELLANEOUS RECEIPT

No. 22386

5/7/03 ACCOUNT 0010066150

AMOUNT \$ 380.00

D ARNOLD G. FORMAN

PETITION FOR SPECIAL EXC. 03-532-X

405 JANELLEN DR. BY D. THOMPSON

TION
CASHIER PINK - AGENCY YELLOW - CUSTOMER

CASHIER'S

PAID RECEIVED
FEDERAL RESERVE
DEPOSIT SLIP
NO. 100
DATE 5/7/03
AMOUNT \$380.00
DEPOSITED BY
D. THOMPSON
FOR DEPOSIT
TO THE
TREASURY
DEPARTMENT
OF THE
FEDERAL RESERVE
SYSTEM
WASHINGTON, D.C.
20535

**NOTICE OF ZONING
HEARING**

The Zoning Commissioner of Baltimore County, by authority of the Zoning Act and Regulations of Baltimore County will hold a public hearing in Towson, Maryland on the property identified herein as follows:

Case: #03-532-X
3405 Janelen Drive
North side of Janelen Drive,
1085 feet East of Dorian
Road
3rd Election District
2nd Councilmanic District
Legal Owner(s): Estela
Abosch

Special Exception: to permit a home office for a certified social worker-clinical.
Hearing: Thursday, July 30, 2003 at 10:00 a.m. in Room 106, County Office Building, 111 W. Chesapeake Avenue.

LAWRENCE E. SCHMIDT
Zoning Commissioner for
Baltimore County

NOTES: (1) Hearings are Handicapped Accessible; for special accommodations Please Contact the Zoning Commissioner's Office at (410) 887-4386.

(2) For information concerning the File and/or Hearing, Contact the Zoning Review Office at (410) 887-3391

JT/7/7/18 July 15 C615034

CERTIFICATE OF PUBLICATION

7/17, 2003

THIS IS TO CERTIFY, that the annexed advertisement was published in the following weekly newspaper published in Baltimore County, Md., once in each of 1 successive weeks, the first publication appearing on 7/15, 2003.

- ☒ The Jeffersonian
- ☐ Arbutus Times
- ☐ Catonsville Times
- ☐ Towson Times
- ☐ Owings Mills Times
- ☐ NE Booster/Reporter
- ☐ North County News

S. Wilkinson

LEGAL ADVERTISING

CERTIFICATE OF POSTING

RE: Case No.: 03-532-X

Petitioner/Developer: _____

Estela Abosch

Date of Hearing/Closing: 7-30-03

Baltimore County Department of
Permits and Development Management
County Office Building, Room 111
111 West Chesapeake Avenue
Towson, MD 21204

Attention: Ms. Gwendolyn Stephens

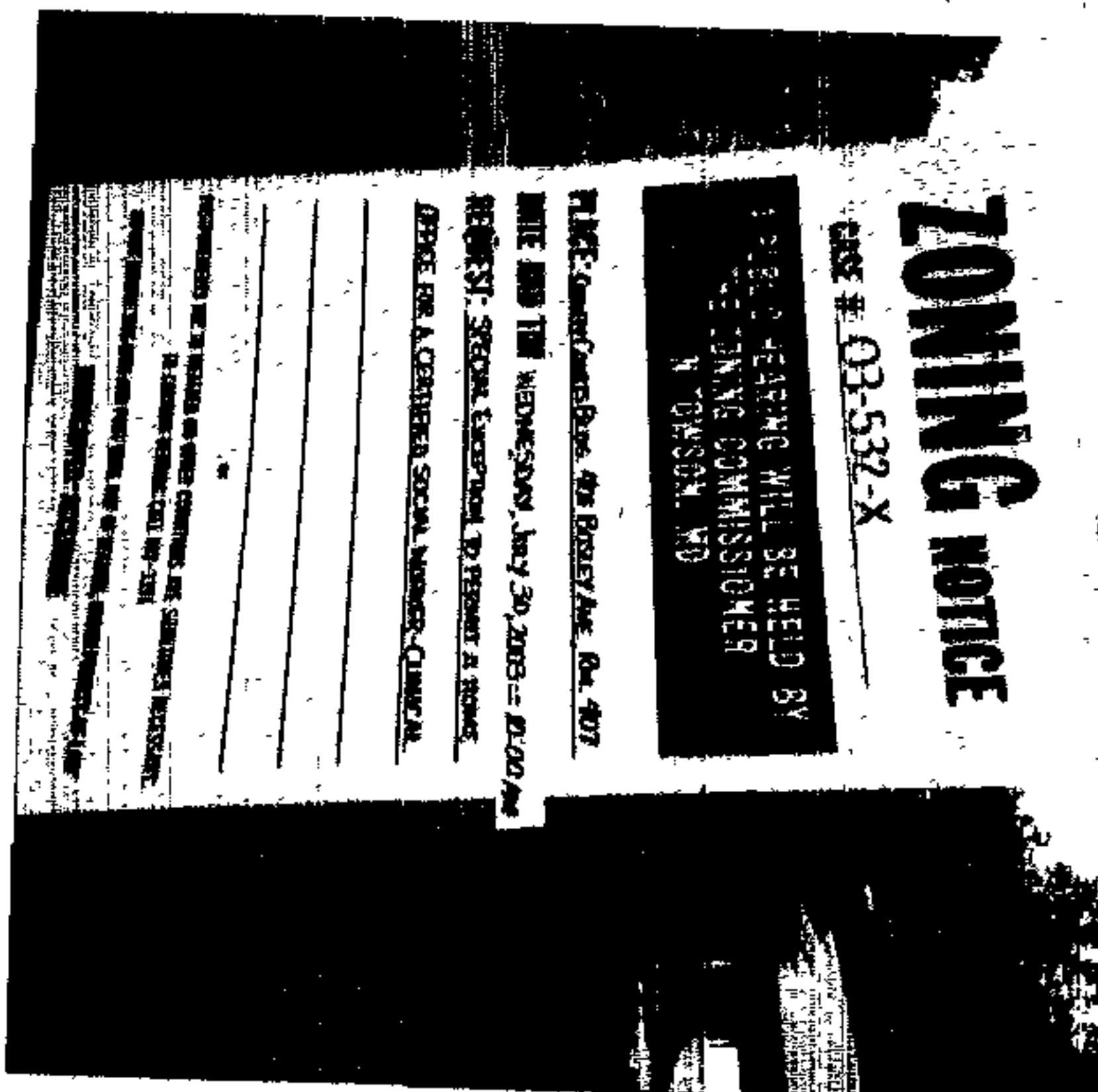
Ladies and Gentlemen:

This letter is to certify under the penalties of perjury that the necessary sign(s) required by law
were posted conspicuously on the property located at 3405 Janellen Drive
Pikesville, MD 21208

The sign(s) were posted on _____

July 1, 2003

(Month, Day, Year)



Sincerely,

Stacy Gardner 7/1/03
(Signature of Sign Poster and Date)

Stacy Gardner

UN-BADIM SIGNS INC.
105 COMPETITIVE GOALS DR.
ELDERSBURG, MD. 21784

(Address)

410-781-4000

(City, State, Zip Code)

CERTIFICATE OF POSTING

RE: Case No.: 03-532-X

Petitioner/Developer: _____

Estela Abosch

Date of Hearing/Closing: 7-17-03

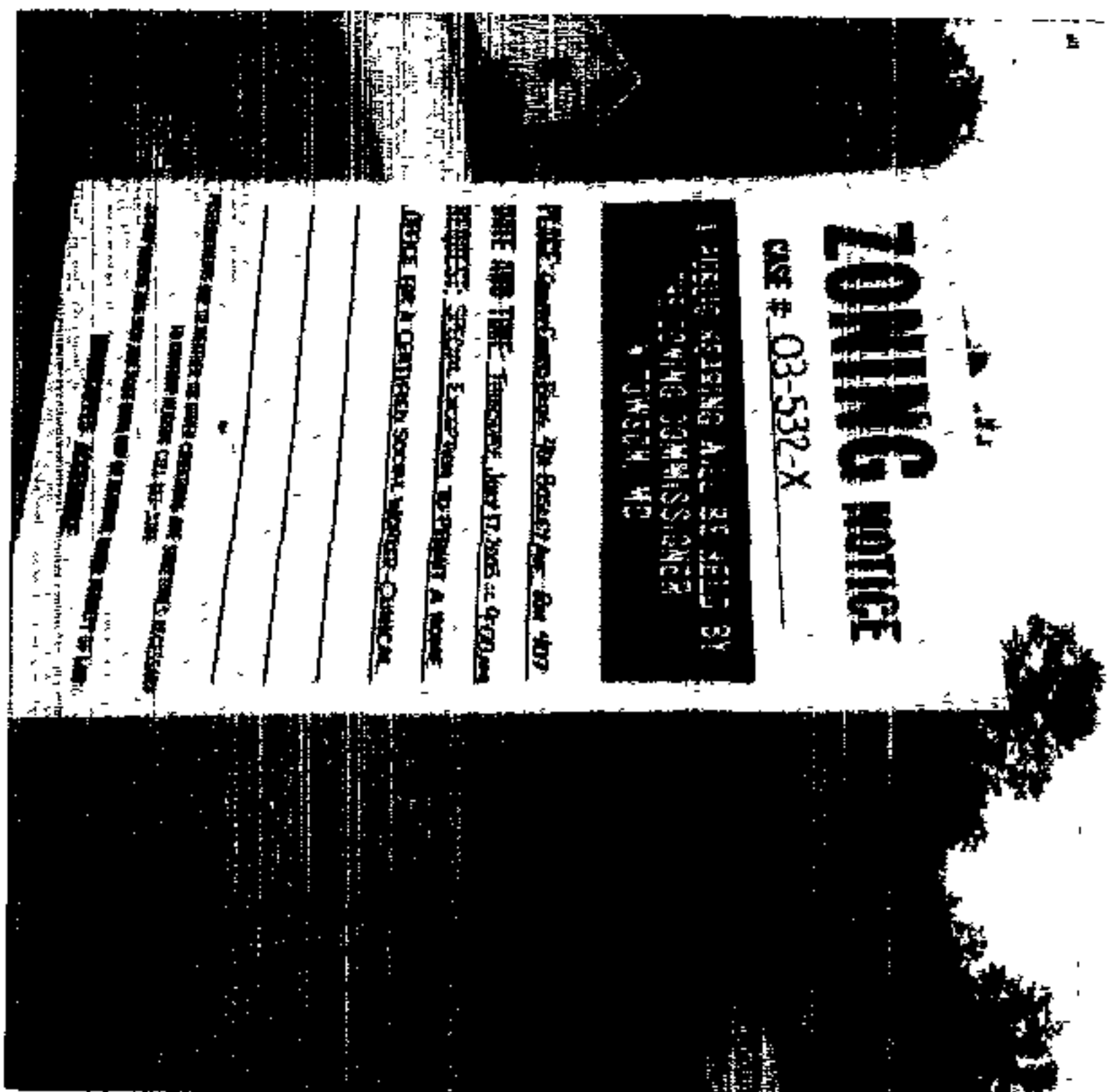
Baltimore County Department of
Permits and Development Management
County Office Building, Room 111
111 West Chesapeake Avenue
Towson, MD 21204

Attention: Ms. Gwendolyn Stephens

Ladies and Gentlemen:

This letter is to certify under the penalties of perjury that the necessary sign(s) required by law
were posted conspicuously on the property located at 3405 Janellen Dr.
Pikesville, MD 21208

The sign(s) were posted on June 27, 2003
(Month, Day, Year)



Sincerely,

Stacy Gardner 6/27/03
(Signature of Sign Poster and Date)

Stacy Gardner

(Printed Name)

SHANNON-BAUM SIGNS INC.
105 COMPETITIVE GOALS DR.
ELDERSBURG, MD. 21784

(City, State, Zip Code)

410-781-4000



Baltimore County
Department of Permits and
Development Management

Director's Office
County Office Building
111 West Chesapeake Avenue
Towson, Maryland 21204
410-887-3353
Fax: 410-887-5708

June 30, 2003

CORRECTED NOTICE OF ZONING HEARING

The Zoning Commissioner of Baltimore County, by authority of the Zoning Act and Regulations of Baltimore County, will hold a public hearing in Towson, Maryland on the property identified herein as follows:

CASE NUMBER: 03-532-X

3405 Janellen Drive

North side of Janellen Drive, 1085 feet East of Dorian Road,
3rd Election District – 2nd Councilmanic District

Legal Owner: Estela Abosch

Special Exception to permit a home office for a certified social worker-clinical.

Hearings: Thursday, July 30, 2003 at 10:00 a.m., in Room 106, County Office Building, 111 W. Chesapeake Avenue

A handwritten signature in black ink, appearing to read "Timothy Kotroco".

Timothy Kotroco
Director

TK:klm

C: Arnold G. Foreman, 29 W. Susquehanna Ave., Ste. 707, Towson 21204
Estela Abosch, 3405 Janellen Drive, Baltimore 21208

- NOTES: (1) THE PETITIONER MUST HAVE THE ZONING NOTICE SIGN POSTED BY AN APPROVED POSTER ON THE PROPERTY BY TUESDAY, JULY 15, 2003.
(2) HEARINGS ARE HANDICAPPED ACCESSIBLE; FOR SPECIAL ACCOMMODATIONS PLEASE CALL THE ZONING COMMISSIONER'S OFFICE AT 410-887-4386.
(3) FOR INFORMATION CONCERNING THE FILE AND/OR HEARING, CONTACT THE ZONING REVIEW OFFICE AT 410-887-3391.

TO: PATUXENT PUBLISHING COMPANY
Tuesday, July 15, 2003 Issue - Jeffersonian

Please forward billing to:
Ms. Estela Abosch
3405 Janellen Drive
Baltimore, MD 21208

410-484-6402

CORRECTED NOTICE OF ZONING HEARING

The Zoning Commissioner of Baltimore County, by authority of the Zoning Act and Regulations of Baltimore County, will hold a public hearing in Towson, Maryland on the property identified herein as follows:

CASE NUMBER: 03-532-X

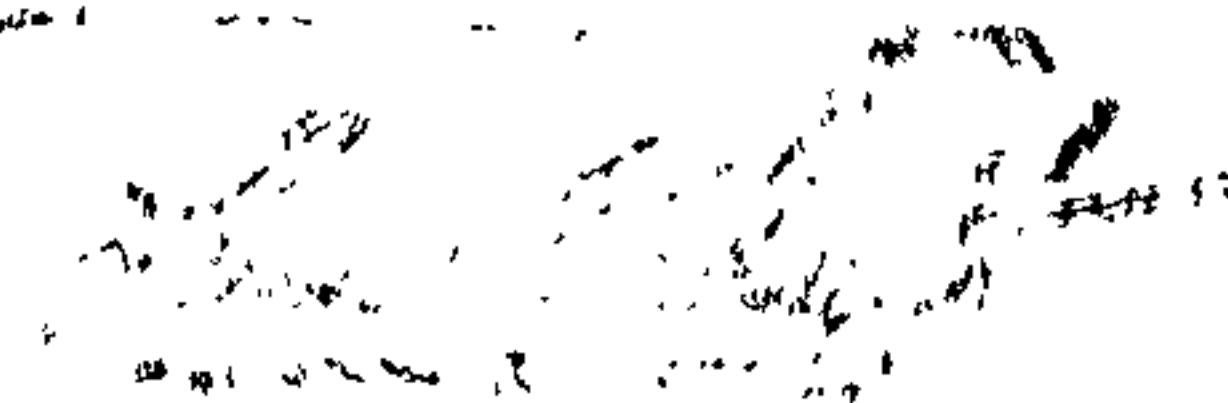
3405 Janellen Drive

North side of Janellen Drive, 1085 feet East of Dorian Road,
3rd Election District – 2nd Councilmanic District

Legal Owner: Estela Abosch

Special Exception to permit a home office for a certified social worker-clinical.

Hearings: Thursday, July 30, 2003 at 10:00 a.m., in Room 106, County Office Building, 111 W. Chesapeake Avenue



LAWRENCE E. SCHMIDT
ZONING COMMISSIONER FOR BALTIMORE COUNTY

- NOTES: (1) HEARINGS ARE HANDICAPPED ACCESSIBLE; FOR SPECIAL ACCOMODATIONS, PLEASE CONTACT THE ZONING COMMISSIONER'S OFFICE AT 410-887-4386.
(2) FOR INFORMATION CONCERNING THE FILE AND/OR HEARING, CONTACT THE ZONING REVIEW OFFICE AT 410-887-3391.



Baltimore County
Department of Permits and
Development Management

Director's Office
County Office Building
111 West Chesapeake Avenue
Towson, Maryland 21204
410-887-3353
Fax: 410-887-5708

May 19, 2003

NOTICE OF ZONING HEARING

The Zoning Commissioner of Baltimore County, by authority of the Zoning Act and Regulations of Baltimore County, will hold a public hearing in Towson, Maryland on the property identified herein as follows:

CASE NUMBER: 03-532-X

3405 Janellen Drive, 1085 feet of Dorian Road
N/side Janellen Drive
3rd Election District -- 2nd Councilmanic District
Legal Owner: Estela Abosch

Special Exception to permit a home office for a certified social worker-clinical.

Hearings: Thursday, July 17, 2003 at 9:00 a.m. in Room 407, County Courts
Building, 401 Bosley Avenue

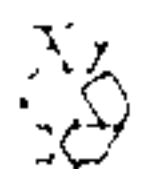
A handwritten signature in black ink, appearing to read "Arnold Jablon".

Arnold Jablon
Director

AJ:rlh

C: Arnold G. Foreman, 29 W. Susquehanna Avenue, Suite 707, Towson 21204
Estela Abosch, 3405 Janellen Drive, Baltimore 21208

- NOTES: (1) **THE PETITIONER MUST HAVE THE ZONING NOTICE SIGN POSTED BY AN APPROVED POSTER ON THE PROPERTY BY WEDNESDAY, JULY 2, 2003.**
- (2) HEARINGS ARE HANDICAPPED ACCESSIBLE; FOR SPECIAL ACCOMMODATIONS PLEASE CALL THE ZONING COMMISSIONER'S OFFICE AT 410-887-4386.
- (3) FOR INFORMATION CONCERNING THE FILE AND/OR HEARING, CONTACT THE ZONING REVIEW OFFICE AT 410-887-3391.



TO: PATUXENT PUBLISHING COMPANY
Tuesday, July 1, 2003 Issue - Jeffersonian

Please forward billing to:

Estela Abosch
3405 Janellen Drive
Baltimore, MD 21208

410-484-6402

NOTICE OF ZONING HEARING

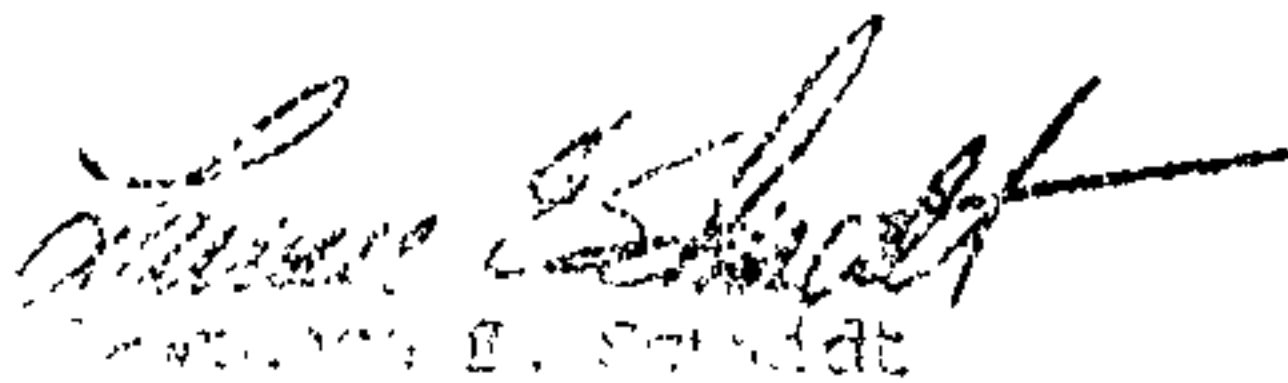
The Zoning Commissioner of Baltimore County, by authority of the Zoning Act and Regulations of Baltimore County, will hold a public hearing in Towson, Maryland on the property identified herein as follows:

CASE NUMBER: 03-532-X

3405 Janellen Drive, 1085 feet of Dorian Road
N/side Janellen Drive
3rd Election District – 2nd Councilmanic District
Legal Owner: Estela Abosch

Special Exception to permit a home office for a certified social worker-clinical.

Hearings: Thursday, July 17, 2003 at 9:00 a.m. in Room 407, County Courts Building, 401 Bosley Avenue



Lawrence E. Schmidt

LAWRENCE E. SCHMIDT
ZONING COMMISSIONER FOR BALTIMORE COUNTY

- NOTES: (1) HEARINGS ARE HANDICAPPED ACCESSIBLE; FOR SPECIAL ACCOMODATIONS, PLEASE CONTACT THE ZONING COMMISSIONER'S OFFICE AT 410-887-4386.
- (2) FOR INFORMATION CONCERNING THE FILE AND/OR HEARING, CONTACT THE ZONING REVIEW OFFICE AT 410-887-3391.

DEPARTMENT OF PERMITS AND DEVELOPMENT MANAGEMENT
ZONING REVIEW

ADVERTISING REQUIREMENTS AND PROCEDURES FOR ZONING HEARINGS

The Baltimore County Zoning Regulations (BCZR) require that notice be given to the general public/neighboring property owners relative to property which is the subject of an upcoming zoning hearing. For those petitions which require a public hearing, this notice is accomplished by posting a sign on the property (responsibility of the petitioner) and placement of a notice in a newspaper of general circulation in the County, both at least fifteen (15) days before the hearing.

Zoning Review will ensure that the legal requirements for advertising are satisfied. However, the petitioner is responsible for the costs associated with these requirements. The newspaper will bill the person listed below for the advertising. This advertising is due upon receipt and should be remitted directly to the newspaper.

OPINIONS MAY NOT BE ISSUED UNTIL ALL ADVERTISING COSTS ARE PAID.

For Newspaper Advertising:

Item Number or Case Number: 03-532-X

Petitioner ARBOSCH

Address or Location 3405 JANELLEN DR. 21208

PLEASE FORWARD ADVERTISING BILL TO:

Name: MS. ESTELA ARBOSCH

Address: 3405 JANELLEN DR.

BALTO. MD 21208

Telephone Number: 410-484-6402

Revised 2/20/98 - SCJ



Baltimore County
Department of Permits and
Development Management

Development Processing
County Office Building
111 West Chesapeake Avenue
Towson, Maryland 21204
pdmlandacq@co.ba.md.us

July 25, 2003

Arnold Foreman
29 Susquehanna Avenue, Suite 707
Towson, MD 21204

Dear Mr. Foreman:

RE: Case Number: 03-532-X, 3405 Janellen Drive

The above referenced petition was accepted for processing by the Bureau of Zoning Review, Department of Permits and Development Management (PDM) on May 7, 2003.

The Zoning Advisory Committee (ZAC), which consists of representatives from several approval agencies, has reviewed the plans that were submitted with your petition. All comments submitted thus far from the members of the ZAC are attached. These comments are not intended to indicate the appropriateness of the zoning action requested, but to ensure that all parties (zoning commissioner, attorney, petitioner, etc.) are made aware of plans or problems with regard to the proposed improvements that may have a bearing on this case. All comments will be placed in the permanent case file.

If you need further information or have any questions, please do not hesitate to contact the commenting agency.

Very truly yours,

A handwritten signature in black ink, reading "W. Carl Richards, Jr.".

W. Carl Richards, Jr.
Supervisor, Zoning Review

WCR:klm

Enclosures

c: People's Counsel
Estela Abosch, 3405 Janellen Drive, Baltimore 21208

Come visit the County's Website at www.co.ba.md.us



Printed with Soybean Ink
on Recycled Paper



Robert L. Ehrlich, Jr., Governor
Michael S. Steele, Lt. Governor

Robert L. Flanagan, Secretary
Neil J. Pedersen, Acting Administrator

MD DEPARTMENT OF TRANSPORTATION

Date: 5.27.03

Ms. Rebecca Hart
Baltimore County Office of
Permits and Development Management
County Office Building, Room 109
Towson, Maryland 21204

RE: Baltimore County
Item No. 532 DT

Dear Ms. Hart:

This office has reviewed the referenced item and we have no objection to approval as it does not access a State roadway and is not affected by any State Highway Administration projects.

Should you have any questions regarding this matter, please contact Larry Gredlein at 410-545-5606 or by E-mail at (lgredlein@sha.state.md.us).

Very truly yours,

Kenneth A. McDonald Jr., Chief
Engineering Access Permits Division

My telephone number/toll-free number is _____

Maryland Relay Service for Impaired Hearing or Speech 1.800.735.2258 Statewide Toll Free

Street Address: 707 North Calvert Street Baltimore, Maryland 21202 Phone 410.545.0300 www.marylandroads.com



**Baltimore County
Fire Department**

700 East Joppa Road
Towson, Maryland 21286-5500
410-887-4500

County Office Building, Room 111
Mail Stop #1105
111 West Chesapeake Avenue
Towson, Maryland 21204

June 3, 2002

ATTENTION: Rebecca Hart

Distribution Meeting of: May 19, 2003

Item No.: (532) 536, 538-542

Dear Ms. Hart:

Pursuant to your request, the referenced property has been surveyed by this Bureau and the comments below are applicable and required to be corrected or incorporated into the final plans for the property.

7. The Fire Marshal's Office has no comments at this time.

LIEUTENANT JIM MEZICK
Fire Marshal's Office
PHONE 887-4881
MS-1102F

cc: File



2/19/03
7/30

BALTIMORE COUNTY, MARYLAND

INTER-OFFICE CORRESPONDENCE

TO: Arnold Jablon, Director
Department of Permits and
Development Management

DATE: May 30, 2003

FROM: Arnold F. 'Pat' Keller, III
Director, Office of Planning

SUBJECT: 3405 Janellen Road

INFORMATION:

Item Number: 03-532

Petitioner: Estela Abosch

Zoning: DR 2

Requested Action: Special Exception

SUMMARY OF RECOMMENDATIONS:

The petitioner has requested a Special Exception for a professional office within a residence to operate as a certified clinical social worker. The site plan and the petition do not specify the square footage of the proposed office or the number of professional associates and employees. In addition, the applicant must be licensed with the State of Maryland and must demonstrate proof of advanced professional education in order to meet the definition of "other professional person."

The Office of Planning does not oppose the petitioner's request provided the following conditions are met:

1. Limit the size of the office area to 25% of the total floor area of the dwelling.
2. Only one (1) professional associate and two (2) employees shall be permitted.
3. Exterior evidence that the dwelling is used for office purposes shall be prohibited.

Prepared by: Mark A. Coughlin

Section Chief: Lyman Jenkins
AFK/LL:MAC:

BALTIMORE COUNTY, MARYLAND
INTEROFFICE CORRESPONDENCE

TO: Arnold Jablon, Director
Department of Permits &
Development Management

DATE: May 30, 2003

FROM: *rub* Robert W. Bowling, Supervisor
Bureau of Development Plans
Review

SUBJECT: Zoning Advisory Committee Meeting
For May 27, 2003
Item Nos. 532, 533, 534, 535, 536,
538, 542, and 543

The Bureau of Development Plans Review has reviewed the subject-zoning items, and we have no comments.

RWB:CEN:jrb

cc: File

RE: PETITION FOR SPECIAL EXCEPTION * BEFORE THE
3405 Janellen Dr; N/side Janellen Dr, *
1085' of Dorian Rd * ZONING COMMISSIONER
3rd Election & 2nd Councilmanic Districts *
Legal Owner(s): Estela Abosch * FOR
Petitioner(s) * BALTIMORE COUNTY
* 03-532-X

* * * * *

ENTRY OF APPEARANCE

Please enter the appearance of People's Counsel in the above-captioned matter. Notice should be sent of any hearing dates or other proceedings in this matter and the passage of any preliminary or final Order. All parties should copy People's Counsel on all correspondence sent/ documentation filed in the case.

Peter Max Zimmerman
PETER MAX ZIMMERMAN
People's Counsel for Baltimore County
Carole S. Demilio
CAROLE S. DEMILIO
Deputy People's Counsel
Old Courthouse, Room 47
400 Washington Avenue
Towson, MD 21204
(410) 887-2188

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 23rd day of May, 2003, a copy of the foregoing Entry of Appearance was mailed to Arnold G. Foreman, Esquire, 29 W Susquehanna Avenue, Suite 707, Towson, MD 21204, Attorney for Petitioner(s).

Peter Max Zimmerman
PETER MAX ZIMMERMAN
People's Counsel for Baltimore County

Robert L. Ehrlich, Jr.
Governor

Michael S. Steele
Lt. Governor

MDP
Maryland Department of Planning

Audrey E. Scott
Secretary

Florence E. Burian
Deputy Secretary

May 19, 2003

Ms. Rebecca Hart
Baltimore County Department of Permits and Development Management
County Office Building
111 West Chesapeake Avenue, Room 111
Mail Stop #1105
Towson MD 21204

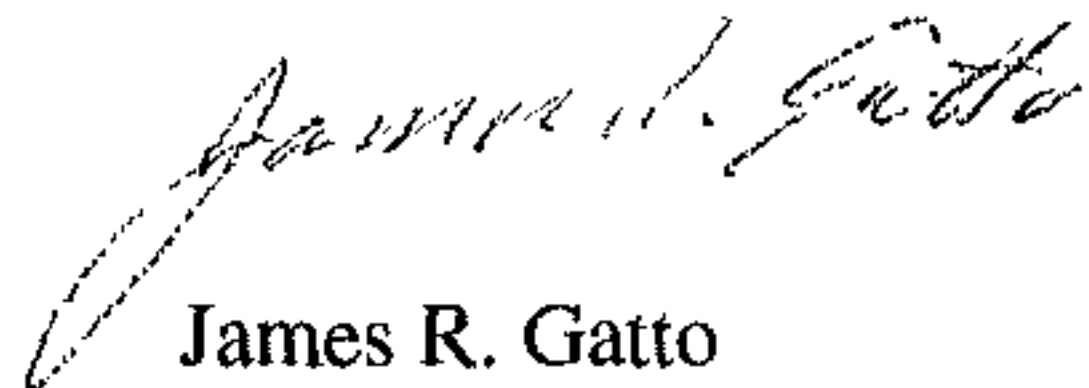
Re: **Zoning Advisory Committee Agenda 05/27/03 re: case numbers 03-532-X, 03-533-A, 03-534-SPH, 03-535-A, 03-536-SPH, 03-537-XA, 03-538-A, 03-539-A, 03-540-A, 03-541-A, 03-542-A, 03-543-X**

Dear Ms. Hart:

The Maryland Department of Planning has received the above-referenced information on 05/19/03. The information has been submitted to Mr. Mike Nortrup.

Thank you for your cooperation in this review process. Please contact me at 410.767.4550 or the above noted reviewer if you have any questions.

Sincerely,



James R. Gatto
Manager
Metropolitan Planning
Planning Services

cc: Mike Nortrup

MEMO TO FILE

TO: Zoning Commissioner

FROM: Donna Thompson, Zoning Review

SUBJECT: 03-532-X 3405 Janellen Drive

Attorney for petitioner, Arnold G. Foreman, was confident that a certified social worker – clinical was a professional. Will bring documentation to hearing confirming professional status.

MEMO TO FILE

TO: Zoning Commissioner

FROM: Donna Thompson
Planner II, Zoning Review

SUBJECT: 03-532-X
3405 Janellen Drive

The plan submitted for this Special Exception for a professional office shows a driveway less than 20 feet in width. Advised Arnold Foreman, attorney for the petitioner as to the requirements of the driveway for two-way traffic.

DT

NOTE TO FILE

PETITION FOR 03-532-X

PLEASE DO NOT SCHEDULE THIS HEARING
FOR THESE DATES:

~~6/16, 6/17, 6/19, 6/20, 6/27/03~~

7/2, 7/9, 7/10, 7/11, 7/14, 7/15, 7/16

ATTORNEY WILL BE OUT OF TOWN

In re: Case # 03532-X
Page 1 of 3

RECEIVED

AUG 11 2003

ZONING COMMISSIONER

We, the undersigned, residents of the Stevenson, Fort Garrison Elementary School District, object to the establishment of a social work clinical office in our family community.

Inviting patients who require counseling into our residential neighborhood is a threat to our health, safety and general welfare or a risk of danger.

The particular location of Mrs. Abosch's home is especially objectionable as the property line of her house abuts to the public school property. Three playgrounds, sports fields and a basketball court are all located directly behind her home.

A pathway immediately behind her home, erected forty years ago, is the designated route for children to walk to and from Ft. Garrison Elementary School.

A recently erected sign is posted to alert drivers to be cautious on Janellen Drive because of the large numbers of children who use the road.

No sidewalk exists on Janellen Drive. Strollers, joggers, bicycles, skateboards are frequently encountered on the road.

The road is curvy and narrow. When cars are parked on both sides of the road, it has been necessary for drivers to leave their vehicles in order to try to find someone who can move a car to let the otherwise blocked vehicles pass.

Mrs. Abosch's driveway is only one and a half cars wide. Because patients may be scheduled back to back, many patients will choose to park on the street, rather than block in the previous patient and then have to move his own car.

Patients may prefer to wait in their cars or pace outside the house. The neighborhood hired a security patrol driver to notice any unfamiliar people or cars; also neighbors agree to beware of those they don't recognize. Neighbors act as safe refuge block parents for children who might be scared of someone they don't know. The business of inviting strangers into the neighborhood makes it harder to provide for the general safety and welfare of the community.

According to Mrs. Abosch, many of her patients regularly use mood-altering pharmaceutical drugs, which must be prescribed and monitored by a Medical Doctor. Their driving skills could be impaired due to medication their mental state.

Mrs. Abosch is not a doctor, which for zoning purposes would be described as a professional. Doctors, dentists and lawyers are professionals who attend many years of school following their bachelor degrees. Social Workers are merely licensed.

Mrs. Abosch wants to stop paying rent on her Cross Keys office and simply use her home as a business office as a cost saving plan for her, although she is capable of driving. In fact, she maintains another office in Towson where she treats a different kind of patient.

At her Towson office, a large part of her practice, she treats and testifies in court for people who are seeking sanctuary in the U.S. because they have been victims of TORTURE, ABUSE, and TRAUMA in their own homelands. Although she says those patients would not be seen in her neighborhood office, she also made other statements that when challenged, she later had to retract. First she only saw six patients, and then ten, then twelve and she requested enough office hour time to see eighteen patients per week during the morning and evening hours.

Evidence introduced at the hearing showed that social workers are at a high risk of being physically confronted by patients in crisis. The National Society of Social Workers publishes guidelines as to how to protect yourself from deranged patients. A violent incident in the neighborhood would be traumatic for young and old people and therefore, be detrimental to the health of people living nearby.

If a variance is granted, in light of the risk to children, please eliminate evening office hours; her hours should be limited to between 10 a.m. and 2 p.m. Also the variance should apply solely to Mrs. Abosch and only so long as she owns the house.

A business office of the kind proposed would be Detrimental to the Health, Safety and General Welfare of the community. Because the location abuts an elementary school and a pathway particularly provided for young children, I think a higher standard to minimize risk to the community exists in this case.

Thank you.

SIGNATURES AND ADDRESSES

Susan Dudley
Jane F. Grier
Loretta Suenberg
Kathleen Shogin
Theresa Skew
Charles Kurland
Barbara & Mike
Stovner

3400 Keyser Road
8210 Marcie Drive
3300 Jonella Drive
3421 Jonella Drive
3318 Keyser Rd.
3402 Keyser Rd.
3401 Birch Hollow Rd
21208

Guidelines for Preventing Workplace Violence for Health-Care and Social-Service Workers

OSHA 3148
2003 (Revised)



**Occupational
Safety and Health
Administration**

www.osha.gov

U.S. Department of Labor

This informational booklet provides a generic, non-exhaustive overview of a particular topic related to OSHA standards. It does not alter or determine compliance responsibilities in OSHA standards or the *Occupational Safety and Health Act of 1970*. Because interpretations and enforcement policy may change over time, you should consult current administrative interpretations and decisions by the Occupational Safety and Health Review Commission and the Courts for additional guidance on OSHA compliance requirements.

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This information is available to sensory impaired individuals upon request. Voice phone: (202) 693-1999; teletypewriter (TTY) number: (877) 889-5627.

Guidelines for Preventing Workplace Violence for Health-Care and Social-Service Workers



U.S. Department of Labor
Elaine L. Chao, Secretary

Occupational Safety and Health Administration
John L. Henshaw, Assistant Secretary

OSHA 3148
2003 (Revised)

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Notice

These guidelines are not a new standard or regulation. They are advisory in nature, informational in content, and intended to help employers establish effective workplace violence prevention programs adapted to their specific worksites. The guidelines do not address issues related to patient care. They are performance-oriented, and how employers implement them will vary based on the site's hazard analysis.

Violence inflicted on employees may come from many sources—external parties such as robbers or muggers and internal parties such as coworkers and patients. These guidelines address only the violence inflicted by patients or clients against staff. However, OSHA suggests that workplace violence policies indicate a zero-tolerance for all forms of violence from all sources.

The *Occupational Safety and Health Act of 1970 (OSH Act)*¹ mandates that, in addition to compliance with hazard-specific standards, all employers have a general duty to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm. OSHA will rely on Section 5(a)(1) of the *OSH Act*, the “General

Duty Clause,”² for enforcement authority. Failure to implement these guidelines is not in itself a violation of the General Duty Clause. However, employers can be cited for violating the General Duty Clause if there is a recognized hazard of workplace violence in their establishments and they do nothing to prevent or abate it.

When Congress passed the *OSH Act*, it recognized that workers' compensation systems provided state-specific remedies for job-related injuries and illnesses. Determining what constitutes a compensable claim and the rate of compensation were left to the states, their legislatures, and their courts. Congress acknowledged this point in Section 4(b)(4) of the *OSH Act*, when it stated categorically: “Nothing in this chapter shall be construed to supersede or in any manner affect any workmen's compensation law. . . .”³ Therefore, these non-mandatory guidelines should not be viewed as enlarging or diminishing the scope of work-related injuries. The guidelines are intended for use in any state and without regard to whether any injuries or fatalities are later determined to be compensable.

¹ Public Law 91-596, December 29, 1970; and as amended by P.L. 101-552, Section 3101, November 5, 1990.

² “Each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees.”

³ 29 U.S.C. 653(b)(4).

Acknowledgments

Many people have contributed to these guidelines. They include health-care, social-service, and employee-assistance experts; researchers; educators; unions and other stakeholders; OSHA professionals; and the National Institute for Occupational Safety and Health (NIOSH).

Also, several states have developed relevant standards or recommendations, such as California OSHA's *CAL/OSHA Guidelines for Workplace Security* and *Guidelines for Security and Safety of Health Care and Community Service Workers*; New Jersey Public Employees Occupational Safety and Health's *Guidelines on Measures and Safeguards in Dealing with Violent or Aggressive Behavior in Public Sector Health Care Facilities*; and the State of Washington Department of Labor and Industries' *Violence in Washington Workplaces*, and *Study of Assaults on Staff in Washington State Psychiatric Hospitals*. Other organizations with relevant recommendations include the Joint Commission on Accreditation of Health Care Organizations' *Comprehensive Accreditation Manuals for Hospitals*, the Metropolitan Chicago Healthcare Council's *Guidelines for Dealing with Violence in Health Care*, and the American Nurses Association's *Promoting Safe Work Environments for Nurses*. These and other agencies have information available to assist employers.

Introduction

What is workplace violence and how does it affect health-care and social-service workers?

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as “violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.”⁴ This includes terrorism as illustrated by the terrorist acts of September 11, 2001 that resulted in the deaths of 2,886 workers in New York, Virginia, and Pennsylvania. Although these guidelines do not address terrorism specifically, this type of violence remains a threat to U.S. workplaces.

For many years, health-care and social-service workers have faced a significant risk of job-related violence. Assaults represent a serious safety and health hazard within these industries. OSHA’s violence prevention guidelines provide the agency’s recommendations for reducing workplace violence, developed following a careful review of workplace violence studies, public and private violence prevention programs, and input from stakeholders. OSHA encourages employers to establish violence prevention programs and to track their progress in reducing work-related assaults. Although not every incident can be prevented, many can, and the severity of injuries sustained by employees can be reduced. Adopting practical measures such as those outlined here can significantly reduce this serious threat to worker safety.

How extensive is the problem?

The Bureau of Labor Statistics (BLS) reports that there were 69 homicides in the health services from 1996 to 2000. Although workplace homicides may attract more attention, the vast majority of workplace violence consists of non-fatal assaults. BLS data shows that in 2000, 48 percent of all non-fatal injuries from

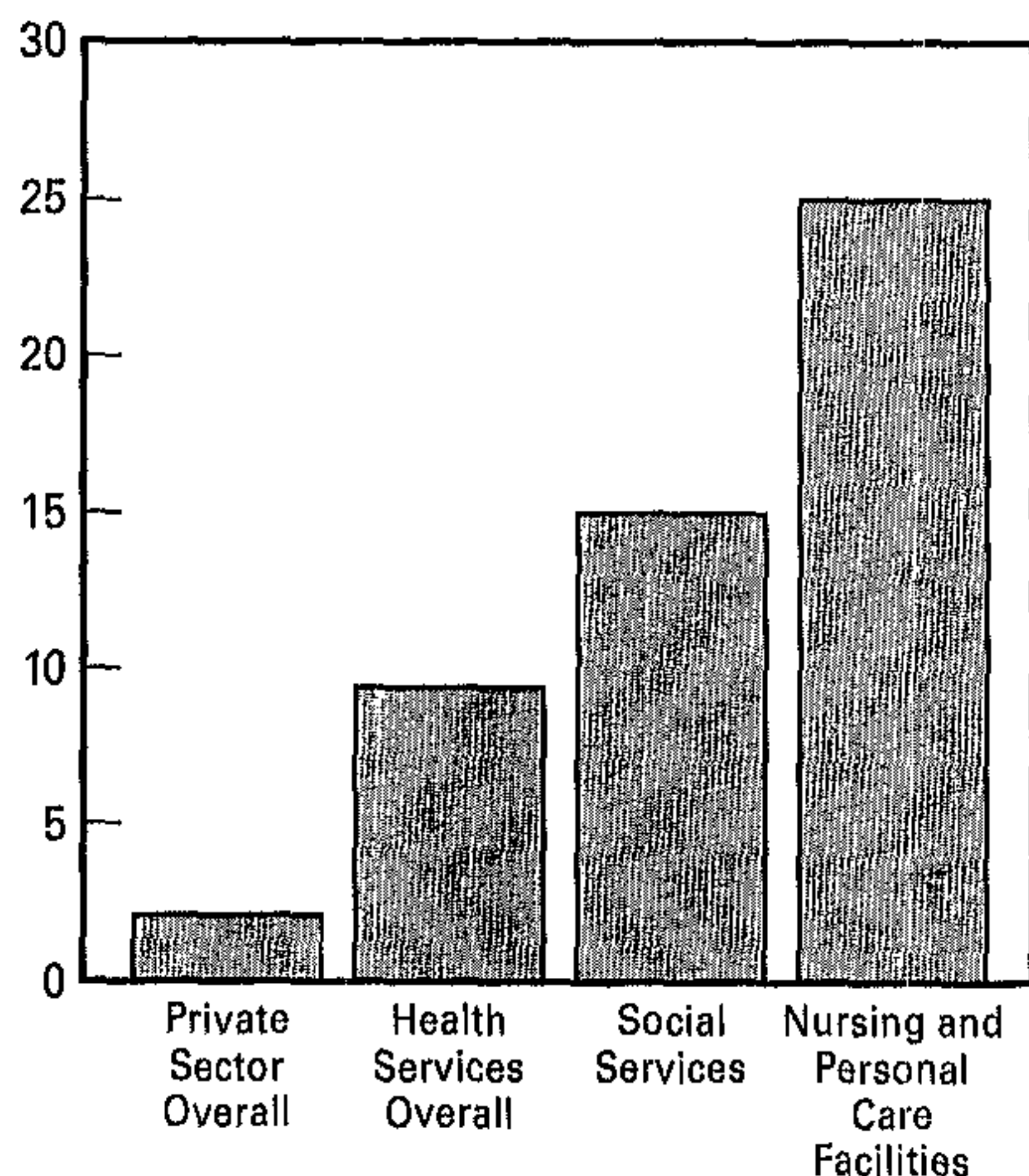
occupational assaults and violent acts occurred in health care and social services. Most of these occurred in hospitals, nursing and personal-care facilities, and residential-care services. Nurses, aides, orderlies, and attendants suffered the most non-fatal assaults resulting in injury.

Injury rates also reveal that health-care and social-service workers are at high risk of violent assault at work. BLS rates measure the number of events per 10,000 full-time workers—in this case, assaults resulting in injury. In 2000, health-service workers overall had an incidence rate of 9.3 for injuries resulting from assaults and violent acts. The rate for social-service workers was 15, and for nursing and personal-care facility workers, 25. This compares to an overall private sector injury rate of 2.

The Department of Justice’s (DOJ) National Crime Victimization Survey for 1993 to 1999 lists average annual rates of non-fatal violent

Incidence rates for nonfatal assaults and violent acts by industry, 2000

Incidence rate per 10,000 full-time workers



⁴CDC/NIOSH. *Violence. Occupational Hazards in Hospitals*. 2002.

crime by occupation. The average annual rate for non-fatal violent crime for all occupations is 12.6 per 1,000 workers. The average annual rate for physicians is 16.2; for nurses, 21.9; for mental health professionals, 68.2; and for mental-health custodial workers, 69. (Note: These data do not compare directly to the BLS figures because DOJ presents violent incidents per 1,000 workers and BLS displays injuries involving days away from work per 10,000 workers. Both sources, however, reveal the same high risk for health-care and social-service workers.)

As significant as these numbers are, the actual number of incidents is probably much higher. Incidents of violence are likely to be underreported, perhaps in part due to the persistent perception within the health-care industry that assaults are part of the job. Underreporting may reflect a lack of institutional reporting policies, employee beliefs that reporting will not benefit them, or employee fears that employers may deem assaults the result of employee negligence or poor job performance.

What are the risk factors?

Health-care and social-service workers face an increased risk of work-related assaults stemming from several factors. These include:

- The prevalence of handguns and other weapons among patients, their families, or friends;
- The increasing use of hospitals by police and the criminal justice system for criminal holds and the care of acutely disturbed, violent individuals;
- The increasing number of acute and chronic mentally ill patients being released from hospitals without follow-up care (these patients have the right to refuse medicine and can no longer be hospitalized involuntarily unless they pose an immediate threat to themselves or others);
- The availability of drugs or money at hospitals, clinics, and pharmacies, making them likely robbery targets;
- Factors such as the unrestricted movement of the public in clinics and hospitals and long waits in emergency or clinic areas that lead to client frustration over an inability to obtain needed services promptly;
- The increasing presence of gang members, drug or alcohol abusers, trauma patients, or distraught family members;
- Low staffing levels during times of increased activity such as mealtimes, visiting times, and when staff are transporting patients;
- Isolated work with clients during examinations or treatment;
- Solo work, often in remote locations with no backup or way to get assistance, such as communication devices or alarm systems (this is particularly true in high-crime settings);
- Lack of staff training in recognizing and managing escalating hostile and assaultive behavior; and
- Poorly lit parking areas.

Overview of Guidelines

In January 1989, OSHA published voluntary, generic safety and health program management guidelines for all employers to use as a foundation for their safety and health programs, which can include workplace violence prevention programs.⁵ OSHA's violence prevention guidelines build on these generic guidelines by identifying common risk factors and describing some feasible solutions. Although not exhaustive, the workplace violence guidelines include policy recommendations and practical corrective methods to help prevent and mitigate the effects of workplace violence.

The goal is to eliminate or reduce worker exposure to conditions that lead to death or injury from violence by implementing effective security devices and administrative work practices, among other control measures.

The guidelines cover a broad spectrum of workers who provide health care and social services in psychiatric facilities, hospital emergency departments, community mental health clinics, drug abuse treatment clinics, pharmacies, community-care facilities, and long-term-care facilities. They include physicians, registered nurses, pharmacists, nurse practitioners, physicians' assistants, nurses' aides, therapists, technicians, public health nurses, home health-care workers, social workers, welfare workers, and emergency medical care personnel. The guidelines may also be useful in reducing risks for ancillary personnel such as maintenance, dietary, clerical, and security staff in the health-care and social-service industries.

⁵OSHA's *Safety and Health Program Management Guidelines* (Federal Register 54 (16):3904-3916, January 26, 1989).

Violence Prevention Programs

What should a violence prevention program include?

A written program for job safety and security, incorporated into the organization's overall safety and health program, offers an effective approach for larger organizations. In smaller establishments, the program does not need to be written or heavily documented to be satisfactory.

What is needed are clear goals and objectives to prevent workplace violence suitable for the size and complexity of the workplace operation and adaptable to specific situations in each establishment. Employers should communicate information about the prevention program and startup date to all employees.

At a minimum, workplace violence prevention programs should:

- Create and disseminate a clear policy of zero tolerance for workplace violence, verbal and nonverbal threats, and related actions. Ensure that managers, supervisors, coworkers, clients, patients, and visitors know about this policy.
- Ensure that no employee who reports or experiences workplace violence faces reprisals.⁶
- Encourage employees to promptly report incidents and suggest ways to reduce or eliminate risks. Require records of incidents to assess risk and measure progress.
- Outline a comprehensive plan for maintaining security in the workplace. This includes establishing a liaison with law enforcement

representatives and others who can help identify ways to prevent and mitigate workplace violence.

- Assign responsibility and authority for the program to individuals or teams with appropriate training and skills. Ensure that adequate resources are available for this effort and that the team or responsible individuals develop expertise on workplace violence prevention in health care and social services.
- Affirm management commitment to a worker-supportive environment that places as much importance on employee safety and health as on serving the patient or client.
- Set up a company briefing as part of the initial effort to address issues such as preserving safety, supporting affected employees, and facilitating recovery.

What are the elements of an effective violence prevention program?

The five main components of any effective safety and health program also apply to the prevention of workplace violence:

- Management commitment and employee involvement;
- Worksite analysis;
- Hazard prevention and control;
- Safety and health training; and
- Recordkeeping and program evaluation.

⁶ Section 11 (c)(1) of the OSH Act applies to protected activity involving the hazard of workplace violence as it does for other health and safety matters: "No person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this Act or has testified or is about to testify in any such proceeding or because of the exercise by such employee on behalf of himself or others of any right afforded by this Act."

Management Commitment and Employee Involvement

What role do management commitment and employee involvement play?

Management commitment and employee involvement are complementary and essential elements of an effective safety and health program. To ensure an effective program, management and front-line employees must work together, perhaps through a team or committee approach. If employers opt for this strategy, they must be careful to comply with the applicable provisions of the *National Labor Relations Act*.⁷

Management commitment, including the endorsement and visible involvement of top management, provides the motivation and resources to deal effectively with workplace violence. This commitment should include:

- Demonstrating organizational concern for employee emotional and physical safety and health;
- Exhibiting equal commitment to the safety and health of workers and patients/clients;
- Assigning responsibility for the various aspects of the workplace violence prevention program to ensure that all managers, supervisors, and employees understand their obligations;
- Allocating appropriate authority and resources to all responsible parties;
- Maintaining a system of accountability for involved managers, supervisors, and employees;
- Establishing a comprehensive program of medical and psychological counseling and debriefing for employees experiencing or witnessing assaults and other violent incidents; and

- Supporting and implementing appropriate recommendations from safety and health committees.

Employee involvement and feedback enable workers to develop and express their own commitment to safety and health and provide useful information to design, implement, and evaluate the program.

Employee involvement should include:

- Understanding and complying with the workplace violence prevention program and other safety and security measures;
- Participating in employee complaint or suggestion procedures covering safety and security concerns;
- Reporting violent incidents promptly and accurately;
- Participating in safety and health committees or teams that receive reports of violent incidents or security problems, make facility inspections, and respond with recommendations for corrective strategies; and
- Taking part in a continuing education program that covers techniques to recognize escalating agitation, assaultive behavior, or criminal intent and discusses appropriate responses.

Worksite Analysis

What is a worksite analysis, and what is its value?

A worksite analysis involves a step-by-step, common-sense look at the workplace to find existing or potential hazards for workplace violence. This entails reviewing specific procedures or operations that contribute to hazards and specific areas where hazards may develop. A threat assessment team, patient assault team, similar task force, or coordinator may assess the vulnerability to workplace

⁷ Title 29 U.S.C., Section 158(a)(2).

violence and determine the appropriate preventive actions to be taken. This group may also be responsible for implementing the workplace violence prevention program. The team should include representatives from senior management, operations, employee assistance, security, and occupational safety and health, legal, and human resources staff.

The team or coordinator can review injury and illness records and workers' compensation claims to identify patterns of assaults that could be prevented by workplace adaptation, procedural changes, or employee training. As the team or coordinator identifies appropriate controls, they should be instituted.

What does a worksite analysis include?

The recommended program for worksite analysis includes, but is not limited to:

- Analyzing and tracking records;
- Screening surveys; and
- Analyzing workplace security.

What does records analysis and tracking involve?

This activity should include reviewing medical, safety, workers' compensation, and insurance records—including the OSHA Log of Work-Related Injury and Illness (OSHA 300), if the employer is required to maintain one—to pinpoint instances of workplace violence. Scan unit logs and employee and police reports of incidents or near-incidents of assaultive behavior to identify and analyze trends in assaults relative to particular:

- Departments;
- Units;
- Job titles;
- Unit activities;
- Work stations; and
- Time of day.

Tabulate these data to target the frequency and severity of incidents to establish a baseline for measuring improvement. Monitor trends and analyze incidents. Contacting similar local businesses, trade associations, and community and civic groups is one way to learn about their experiences with workplace violence and to help identify trends. Use several years of data, if possible, to trace trends of injuries and incidents of actual or potential workplace violence.

What is the value of screening surveys?

One important screening tool is an employee questionnaire or survey to get employees' ideas on the potential for violent incidents and to identify or confirm the need for improved security measures. Detailed baseline screening surveys can help pinpoint tasks that put employees at risk. Periodic surveys—conducted at least annually or whenever operations change or incidents of workplace violence occur—help identify new or previously unnoticed risk factors and deficiencies or failures in work practices, procedures, or controls. Also, the surveys help assess the effects of changes in the work processes. The periodic review process should also include feedback and follow-up.

Independent reviewers, such as safety and health professionals, law enforcement or security specialists, and insurance safety auditors, may offer advice to strengthen programs. These experts can also provide fresh perspectives to improve a violence prevention program.

How do you conduct a workplace security analysis?

The team or coordinator should periodically inspect the workplace and evaluate employee tasks to identify hazards, conditions, operations, and situations that could lead to violence.

To find areas requiring further evaluation, the team or coordinator should:

- Analyze incidents, including the characteristics of assailants and victims, an account of what happened before and during the incident, and the relevant details of the situation and its outcome. When possible, obtain police reports and recommendations.
- Identify jobs or locations with the greatest risk of violence as well as processes and procedures that put employees at risk of assault, including how often and when.
- Note high-risk factors such as types of clients or patients (for example, those with psychiatric conditions or who are disoriented by drugs, alcohol, or stress); physical risk factors related to building layout or design; isolated locations and job activities; lighting problems; lack of phones and other communication devices; areas of easy, unsecured access; and areas with previous security problems.
- Evaluate the effectiveness of existing security measures, including engineering controls. Determine if risk factors have been reduced or eliminated and take appropriate action.

Hazard Prevention and Control

After hazards are identified through the systematic worksite analysis, the next step is to design measures through engineering or administrative and work practices to prevent or control these hazards. If violence does occur, post-incident response can be an important tool in preventing future incidents.

What engineering controls and workplace adaptations can minimize risk?

Engineering controls remove the hazard from the workplace or create a barrier between the worker and the hazard. There are several measures that can effectively prevent or control workplace hazards, such as those described in

the following paragraphs. The selection of any measure, of course, should be based on the hazards identified in the workplace security analysis of each facility. Among other options, employers may choose to:

- Assess any plans for new construction or physical changes to the facility or workplace to eliminate or reduce security hazards.
- Install and regularly maintain alarm systems and other security devices, panic buttons, hand-held alarms or noise devices, cellular phones, and private channel radios where risk is apparent or may be anticipated. Arrange for a reliable response system when an alarm is triggered.
- Provide metal detectors—installed or hand-held, where appropriate—to detect guns, knives, or other weapons, according to the recommendations of security consultants.
- Use a closed-circuit video recording for high-risk areas on a 24-hour basis. Public safety is a greater concern than privacy in these situations.
- Place curved mirrors at hallway intersections or concealed areas.
- Enclose nurses' stations and install deep service counters or bullet-resistant, shatter-proof glass in reception, triage, and admitting areas or client service rooms.
- Provide employee "safe rooms" for use during emergencies.
- Establish "time-out" or seclusion areas with high ceilings without grids for patients who "act out" and establish separate rooms for criminal patients.
- Provide comfortable client or patient waiting rooms designed to minimize stress.
- Ensure that counseling or patient care rooms have two exits.
- Lock doors to staff counseling rooms and treatment rooms to limit access.
- Arrange furniture to prevent entrapment of staff.

- Use minimal furniture in interview rooms or crisis treatment areas, and ensure that it is lightweight, without sharp corners or edges, and affixed to the floor, if possible. Limit the number of pictures, vases, ashtrays, or other items that can be used as weapons.
- Provide lockable and secure bathrooms for staff members separate from patient/client and visitor facilities.
- Lock all unused doors to limit access, in accordance with local fire codes.
- Install bright, effective lighting, both indoors and outdoors.
- Replace burned-out lights and broken windows and locks.
- Keep automobiles well maintained if they are used in the field.
- Lock automobiles at all times.

What administrative and work practice controls can minimize risk?

Administrative and work practice controls affect the way staff perform jobs or tasks. Changes in work practices and administrative procedures can help prevent violent incidents. Some options for employers are to:

- State clearly to patients, clients, and employees that violence is not permitted or tolerated.
- Establish liaison with local police and state prosecutors. Report all incidents of violence. Give police physical layouts of facilities to expedite investigations.
- Require employees to report all assaults or threats to a supervisor or manager (for example, through a confidential interview). Keep log books and reports of such incidents to help determine any necessary actions to prevent recurrences.
- Advise employees of company procedures for requesting police assistance or filing charges when assaulted, and help them do so, if necessary.
- Provide management support during emergencies. Respond promptly to all complaints.
- Set up a trained response team to respond to emergencies.
- Use properly trained security officers to deal with aggressive behavior. Follow written security procedures.
- Ensure that adequate and properly trained staff are available to restrain patients or clients, if necessary.
- Provide sensitive and timely information to people waiting in line or in waiting rooms. Adopt measures to decrease waiting time.
- Ensure that adequate and qualified staff are available at all times. *Times* of greatest risk occur during patient transfers, emergency responses, mealtimes, and at night. *Areas* with the greatest risk include admission units and crisis or acute-care units.
- Institute a sign-in procedure with passes for visitors, especially in a newborn nursery or pediatric department. Enforce visitor hours and procedures.
- Establish a list of "restricted visitors" for patients with a history of violence or gang activity. Make copies available at security checkpoints, nurses' stations, and visitor sign-in areas.
- Review and revise visitor check systems, when necessary. Limit information about hospitalized victims of violence given to outsiders.
- Supervise the movement of psychiatric clients and patients throughout the facility.
- Control access to facilities other than waiting rooms, particularly drug storage or pharmacy areas.
- Prohibit employees from working alone in emergency areas or walk-in clinics,

particularly at night or when assistance is unavailable. Do not allow employees to enter seclusion rooms alone.

- Establish policies and procedures for secured areas and emergency evacuations.
- Determine the behavioral history of new and transferred patients to learn about any past violent or assaultive behaviors.
- Establish a system—such as chart tags, log books, or verbal census reports—to identify patients and clients with assaultive behavior problems. Keep in mind patient confidentiality and worker safety issues. Update as needed.
- Treat and interview aggressive or agitated clients in relatively open areas that still maintain privacy and confidentiality (such as rooms with removable partitions).
- Use case management conferences with coworkers and supervisors to discuss ways to effectively treat potentially violent patients.
- Prepare contingency plans to treat clients who are “acting out” or making verbal or physical attacks or threats. Consider using certified employee assistance professionals or in-house social-service or occupational health-service staff to help diffuse patient or client anger.
- Transfer assaultive clients to acute care units, criminal units, or other more restrictive settings.
- Ensure that nurses and physicians are not alone when performing intimate physical examinations of patients.
- Discourage employees from wearing necklaces or chains to help prevent possible strangulation in confrontational situations. Urge community workers to carry only required identification and money.
- Survey the facility periodically to remove tools or possessions left by visitors or maintenance staff that could be used inappropriately by patients.

- Provide staff with identification badges, preferably without last names, to readily verify employment.
- Discourage employees from carrying keys, pens, or other items that could be used as weapons.
- Provide staff members with security escorts to parking areas in evening or late hours. Ensure that parking areas are highly visible, well lit, and safely accessible to the building.
- Use the “buddy system,” especially when personal safety may be threatened. Encourage home health-care providers, social-service workers, and others to avoid threatening situations.
- Advise staff to exercise extra care in elevators, stairwells, and unfamiliar residences; leave the premises immediately if there is a hazardous situation; or request police escort if needed.
- Develop policies and procedures covering home health-care providers, such as contracts on how visits will be conducted, the presence of others in the home during the visits, and the refusal to provide services in a clearly hazardous situation.
- Establish a daily work plan for field staff to keep a designated contact person informed about their whereabouts throughout the workday. Have the contact person follow up if an employee does not report in.

How should an employer respond to an incident of violence?

Post-incident response and evaluation are essential to an effective violence prevention program. All workplace violence programs should provide comprehensive treatment for employees who are victimized personally or may be traumatized by witnessing a workplace violence incident. Injured staff should receive prompt treatment and psychological evaluation whenever an assault takes place, regardless of

its severity. Provide the injured transportation to medical care if it is not available onsite.

Victims of workplace violence suffer a variety of consequences in addition to their actual physical injuries. These may include:

- Short- and long-term psychological trauma;
- Fear of returning to work;
- Changes in relationships with coworkers and family;
- Feelings of incompetence, guilt, powerlessness; and
- Fear of criticism by supervisors or managers.

Consequently, a strong follow-up program for these employees will not only help them to deal with these problems but also help prepare them to confront or prevent future incidents of violence.

Several types of assistance can be incorporated into the post-incident response. For example, trauma-crisis counseling, critical-incident stress debriefing, or employee assistance programs may be provided to assist victims. Certified employee assistance professionals, psychologists, psychiatrists, clinical nurse specialists, or social workers may provide this counseling, or the employer may refer staff victims to an outside specialist. In addition, the employer may establish an employee counseling service, peer counseling, or support groups.

Counselors should be well trained and have a good understanding of the issues and consequences of assaults and other aggressive, violent behavior. Appropriate and promptly rendered post-incident debriefings and counseling reduce acute psychological trauma and general stress levels among victims and witnesses. In addition, this type of counseling educates staff about workplace violence and positively influences workplace and organizational cultural norms to reduce trauma associated with future incidents.

Safety and Health Training

How can training help reduce the risk of violence?

Training and education ensure that all staff are aware of potential security hazards and how to protect themselves and their coworkers through established policies and procedures.

What training should all employees receive?

Every employee should understand the concept of “universal precautions for violence”—that is, that violence should be expected but can be avoided or mitigated through preparation. Frequent training also can reduce the likelihood of being assaulted.

Employees who may face safety and security hazards should receive formal instruction on the specific hazards associated with the unit or job and facility. This includes information on the types of injuries or problems identified in the facility and the methods to control the specific hazards. It also includes instructions to limit physical interventions in workplace altercations whenever possible, unless enough staff or emergency response teams and security personnel are available. In addition, all employees should be trained to behave compassionately toward coworkers when an incident occurs.

The training program should involve all employees, including supervisors and managers. New and reassigned employees should receive an initial orientation before being assigned their job duties. Visiting staff, such as physicians, should receive the same training as permanent staff. Qualified trainers should instruct at the comprehension level appropriate for the staff. Effective training programs should involve role playing, simulations, and drills.

Topics may include management of assaultive behavior, professional assault-response training, police assault-avoidance programs, or personal safety training such as how to prevent and

avoid assaults. A combination of training may be used depending on the severity of the risk.

Employees should receive required training annually. In large institutions, refresher programs may be needed more frequently, perhaps monthly or quarterly, to effectively reach and inform all employees.

What should training cover?

The training should cover topics such as:

- The workplace violence prevention policy;
- Risk factors that cause or contribute to assaults;
- Early recognition of escalating behavior or recognition of warning signs or situations that may lead to assaults;
- Ways to prevent or diffuse volatile situations or aggressive behavior, manage anger, and appropriately use medications as chemical restraints;
- A standard response action plan for violent situations, including the availability of assistance, response to alarm systems, and communication procedures;
- Ways to deal with hostile people other than patients and clients, such as relatives and visitors;
- Progressive behavior control methods and safe methods to apply restraints;
- The location and operation of safety devices such as alarm systems, along with the required maintenance schedules and procedures;
- Ways to protect oneself and coworkers, including use of the “buddy system;”
- Policies and procedures for reporting and recordkeeping;
- Information on multicultural diversity to increase staff sensitivity to racial and ethnic issues and differences; and

- Policies and procedures for obtaining medical care, counseling, workers’ compensation, or legal assistance after a violent episode or injury.

What training should supervisors and managers receive?

Supervisors and managers need to learn to recognize high-risk situations, so they can ensure that employees are not placed in assignments that compromise their safety. They also need training to ensure that they encourage employees to report incidents.

Supervisors and managers should learn how to reduce security hazards and ensure that employees receive appropriate training. Following training, supervisors and managers should be able to recognize a potentially hazardous situation and to make any necessary changes in the physical plant, patient care treatment program, and staffing policy and procedures to reduce or eliminate the hazards.

What training do security personnel require?

Security personnel need specific training from the hospital or clinic, including the psychological components of handling aggressive and abusive clients, types of disorders, and ways to handle aggression and defuse hostile situations.

The training program should also include an evaluation. At least annually, the team or coordinator responsible for the program should review its content, methods, and the frequency of training. Program evaluation may involve supervisor and employee interviews, testing and observing, and reviewing reports of behavior of individuals in threatening situations.

Recordkeeping and Program Evaluation

How can an employer determine the program's effectiveness?

Recordkeeping and evaluation of the violence prevention program are necessary to determine its overall effectiveness and identify any deficiencies or changes that should be made.

What records should employers keep?

Recordkeeping is essential to the program's success. Good records help employers determine the severity of the problem, evaluate methods of hazard control, and identify training needs. Records can be especially useful to large organizations and for members of a business group or trade association who "pool" data. Records of injuries, illnesses, accidents, assaults, hazards, corrective actions, patient histories, and training can help identify problems and solutions for an effective program.

Important Records:

- OSHA Log of Work-Related Injury and Illness (OSHA 300). Employers who are required to keep this log must record any new work-related injury that results in death, days away from work, days of restriction or job transfer, medical treatment beyond first aid, loss of consciousness, or a significant injury diagnosed by a licensed health-care professional. Injuries caused by assaults must be entered on the log if they meet the recording criteria. All employers must report, within 24 hours, a fatality or an incident that results in the hospitalization of three or more employees.⁸
- Medical reports of work injury and supervisors' reports for each recorded assault. These records should describe the type of assault,

such as an unprovoked sudden attack or patient-to-patient altercation; who was assaulted; and all other circumstances of the incident. The records should include a description of the environment or location, potential or actual cost, lost worktime that resulted, and the nature of injuries sustained. These medical records are confidential documents and should be kept in a locked location under the direct responsibility of a health-care professional.

- Records of incidents of abuse, verbal attacks, or aggressive behavior that may be threatening, such as pushing or shouting and acts of aggression toward other clients. This may be kept as part of an assaultive incident report. Ensure that the affected department evaluates these records routinely. (See sample incident forms in Appendix B.)
- Information on patients with a history of past violence, drug abuse, or criminal activity recorded on the patient's chart. All staff who care for a potentially aggressive, abusive, or violent client should be aware of the person's background and history. Log the admission of violent patients to help determine potential risks.
- Documentation of minutes of safety meetings, records of hazard analyses, and corrective actions recommended and taken.
- Records of all training programs, attendees, and qualifications of trainers.

What should a program evaluation involve?

As part of their overall program, employers should evaluate their safety and security measures. Top management should review the program regularly, and with each incident, to evaluate its success. Responsible parties (including managers, supervisors, and employees) should reevaluate policies and procedures on a regular basis to identify deficiencies and take corrective action.

⁸ Title 29 *Code of Federal Regulations (CFR)*, Part 1904, revised 2001.

Management should share workplace violence prevention evaluation reports with all employees. Any changes in the program should be discussed at regular meetings of the safety committee, union representatives, or other employee groups.

All reports should protect employee confidentiality either by presenting only aggregate data or by removing personal identifiers if individual data are used.

Processes involved in an evaluation include:

- Establishing a uniform violence reporting system and regular review of reports;
- Reviewing reports and minutes from staff meetings on safety and security issues;
- Analyzing trends and rates in illnesses, injuries, or fatalities caused by violence relative to initial or "baseline" rates;
- Measuring improvement based on lowering the frequency and severity of workplace violence;
- Keeping up-to-date records of administrative and work practice changes to prevent workplace violence to evaluate how well they work;
- Surveying employees before and after making job or worksite changes or installing security measures or new systems to determine their effectiveness;
- Keeping abreast of new strategies available to deal with violence in the health-care and social-service fields as they develop;

- Surveying employees periodically if they experience hostile situations about the medical treatment they received;
- Complying with OSHA and state requirements for recording and reporting deaths, injuries, and illnesses; and
- Requesting periodic law enforcement or outside consultant review of the worksite for recommendations on improving employee safety.

Where can employers find sources of assistance?

Employers who would like help in implementing an appropriate workplace violence prevention program can turn to the OSHA Consultation Service provided in their state. To contact this service, see OSHA's website at www.osha.gov or call (800) 321-OSHA.

OSHA's efforts to help employers combat workplace violence are complemented by those of NIOSH, public safety officials, trade associations, unions, insurers, and human resource and employee assistance professionals, as well as other interested groups. Employers and employees may contact these groups for additional advice and information. NIOSH can be reached toll-free at (800) 35-NIOSH.

Conclusion

OSHA recognizes the importance of effective safety and health program management in providing safe and healthful workplaces. Effective safety and health programs improve both morale and productivity and reduce workers' compensation costs.

OSHA's violence prevention guidelines are an essential component to workplace safety and health programs. OSHA believes the performance-oriented approach of these guidelines provides employers with flexibility in their efforts to maintain safe and healthful working conditions.

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Appendix A:

Workplace Violence Program Checklists

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Checklist 1:

Organizational Assessment Questions Regarding Management Commitment and Employee Involvement

- Is there demonstrated organizational concern for employee emotional and physical safety and health as well as that of the patients?
- Is there a written workplace violence prevention program in your facility?
- Did front-line workers as well as management participate in developing the plan?
- Is there someone clearly responsible for the violence prevention program to ensure that all managers, supervisors, and employees understand their obligations?
- Do those responsible have sufficient authority and resources to take all action necessary to ensure worker safety?
- Does the violence prevention program address the kinds of violent incidents that are occurring in your facility?
- Does the program provide for post-assault medical treatment and psychological counseling for health-care workers who experience or witness assaults or violence incidents?
- Is there a system to notify employees promptly about specific workplace security hazards or threats that are made? Are employees aware of this system?
- Is there a system for employees to inform management about workplace security hazards or threats without fear of reprisal? Are employees aware of this system?
- Is there a system for employees to promptly report violent incidents, "near misses," threats, and verbal assaults without fear of reprisal?
- Is there tracking, trending, and regular reporting on violent incidents through the safety committee?
- Are front-line workers included as regular members and participants in the safety committee as well as violence tracking activities?
- Does the tracking and reporting capture all types of violence—fatalities, physical assaults, harassment, aggressive behavior, threats, verbal abuse, and sexual assaults?
- Does the tracking and reporting system use the latest categories of violence so data can be compared?
- Have the high-risk locations or jobs with the greatest risk of violence as well as the processes and procedures that put employees at risk been identified?
- Is there a root-cause analysis of the risk factors associated with individual violent incidents so that current response systems can be addressed and hazards can be eliminated and corrected?
- Are employees consulted about what corrective actions need to be taken for single incidents or surveyed about violence concerns in general?
- Is there follow-up of employees involved in or witnessing violent incidents to assure that appropriate medical treatment and counseling have been provided?
- Has a process for reporting violent incidents within the facility to the police or requesting police assistance been established?

Identifying Risks for Violence by Unit / Work Area

Perform a step-by-step review of each work area to identify specific places and times that violent incidents are occurring and the risk factors that are present. To ensure multiple perspectives, it is best for a team to perform this worksite analysis. Key members of the analysis team should be front-line health-care workers, including nurses from each specialty unit, as well as the facility's safety and security professionals.

Find Out What's Happening on Paper

The first step in this worksite analysis is to obtain and review data that tells the "who, what, when, where, and why" about violent incidents. These sources include:

- Incident report forms
- Workers' compensation reports of injury
- OSHA 300 injury and illness logs
- Security logs
- Reports to police
- Safety committee reports
- Hazard inspection reports
- Staff termination records
- Union complaints

Using this information, attempt to answer the questions in Checklist 2.

Conduct a Walkthrough

It is important to keep in mind that injuries from violence are often not reported. One of the best ways to observe what is really going on is to conduct a workplace walkthrough. A walkthrough, which is really a workplace inspection, is the first step in identifying violence risk factors and serves several important functions. While on a walkthrough, hazards can be recognized and often corrected before anyone's health and safety is affected.

While inspecting for workplace violence risk factors, review the physical facility and note

the presence or absence of security measures. Local police may also be able to conduct a security audit or provide information about experience with crime in the area.

Checklist 2: **Analyze Workplace Violence Records**

- How many incidents occurred in the last 2 years?
- What kinds of incidents occurred most often (assault, threats, robbery, vandalism, etc.)?
- Where did incidents most often occur?
- When did incidents most often occur (day of week, shift, time, etc.)?
- What job task was usually being performed when an incident occurred?
- Which workers were victimized most often (gender, age, job classification, etc.)?
- What type of weapon was used most often?
- Are there any similarities among the assailants?
- What other incidents, if any, are you aware of that are not included in the records?
- Of those incidents you reviewed, which one or two were most serious?

Use the data collected to stimulate the following discussions:

- Are there any important patterns or trends among the incidents?
- What do you believe were the main factors contributing to violence in your workplace?
- What additional corrective measures would you recommend to reduce or eliminate the problems you identified?

Checklist 3:

Identifying Environmental Risk Factors for Violence

Use the following checklist to assist in your workplace walkthrough.

General questions about approach:

- Are safety and security issues specifically considered in the early stages of facility design, construction, and renovation?
- Does the current violence prevention program provide a way to select and implement controls based on the specific risks identified in the workplace security analysis? How does this process occur?

Specific questions about the environment:

- Do crime patterns in the neighborhood influence safety in the facility?
- Do workers feel safe walking to and from the workplace?
- Are entrances visible to security personnel and are they well lit and free of hiding places?
- Is there adequate security in parking or public transit waiting areas?
- Is public access to the building controlled, and is this system effective?
- Can exit doors be opened only from the inside to prevent unauthorized entry?
- Is there an internal phone system to activate emergency assistance?
- Have alarm systems or panic buttons been installed in high-risk areas?

- Given the history of violence at the facility, is a metal detector appropriate in some entry areas? Closed-circuit TV in high-risk areas?
- Is there good lighting?
- Are fire exits and escape routes clearly marked?
- Are reception and work areas designed to prevent unauthorized entry? Do they provide staff good visibility of patients and visitors? If not, are there other provisions such as security cameras or mirrors?
- Are patient or client areas designed to minimize stress, including minimizing noise?
- Are drugs, equipment, and supplies adequately secured?
- Is there a secure place for employees to store their belongings?
- Are "safe rooms" available for staff use during emergencies?
- Are door locks in patient rooms appropriate? Can they be opened during an emergency?
- Do counseling or patient care rooms have two exits, and is furniture arranged to prevent employees from becoming trapped?
- Are lockable and secure bathrooms that are separate from patient-client and visitor facilities available for staff members?

Ask the Workers

A simple survey can provide valuable information often not found in department walkthroughs and injury logs. Some staff may not report violent acts or threatening situations formally but will share the experiences and suggestions anonymously. This can provide information about previously unnoticed deficiencies or failures in work practices or administrative controls. It also can help increase employee awareness about dangerous conditions and encourage them to become involved in prevention activities.

Types of questions that employees should be asked include:

- What do they see as risk factors for violence?
 - ♦ The most important risk factors in their work areas
 - ♦ Aspects of the physical environment that contribute to violence
 - ♦ Dangerous situations or “near misses” experienced
 - ♦ Assault experiences—past year, entire time at facility
 - ♦ Staffing adequacy
- How are current control measures working?
 - ♦ Hospital practices for handling conflict among staff and patients
 - ♦ Effectiveness of response to violent incidents
 - ♦ How safe they feel in the current environment
- What ideas do employees have to protect workers?
 - ♦ Highest priorities in violence prevention
 - ♦ Ideas for improvements and prevention measures
- How satisfied are they in their jobs?
 - ♦ With managers/fellow workers
 - ♦ Adequacy of rewards and praise
 - ♦ Impact on health

Checklist 4:

Assessing the Influence of Day-to-Day Work Practices on Occurrences of Violence

- Are identification tags required for both employees and visitors to the building?
- Is there a way to identify patients with a history of violence? Are contingency plans put in place for these patients—such as restricting visitors and supervising their movement through the facility?
- Are emergency phone numbers and procedures posted or readily available?
- Are there trained security personnel accessible to workers in a timely manner?
- Are waiting times for patients kept as short as possible to avoid frustration?
- Is there adequate and qualified staffing at all times, particularly during patient transfers, emergency responses, mealtimes, and at night?
- Are employees prohibited from entering seclusion rooms alone or working alone in emergency areas of walk-in clinics, particularly at night or when assistance is unavailable?
- Are broken windows, doors, locks, and lights replaced promptly?
- Are security alarms and devices tested regularly?

Checklist 5:

Post-Incident Response

- Is comprehensive treatment provided to victimized employees as well as those who may be traumatized by witnessing a workplace violence incident? Required services may include trauma-crisis counseling, critical incident stress debriefing, psychological counseling services, peer counseling, and support groups.

Checklist 6:**Assessing Employee and Supervisor Training**

- Does the violence prevention program require training for all employees and supervisors when they are hired and when job responsibilities change?
- Do agency workers or contract physicians and house staff receive the same training that permanent staff receive?
- Are workers trained in how to handle difficult clients or patients?
- Does the security staff receive specialized training for the health-care environment?
- Is the training tailored to specific units, patient populations, and job tasks, including any tasks done in the field?
- Do employees learn progressive behavior control methods and safe methods to apply restraints?
- Do workers believe that the training is effective in handling escalating violence or violent incidents?
- Are drills conducted to test the response of health-care facility personnel?
- Are workers trained in how to report violent incidents, threats, or abuse and obtain medical care, counseling, workers' compensation, or legal assistance after a violent episode or injury?
- Are employees and supervisors trained to behave compassionately toward coworkers when an incident occurs?
- Does the training include instruction about the location and operation of safety devices such as alarm systems, along with the required maintenance schedules and procedures?

Checklist 7:**Recordkeeping and Evaluation**

Does the violence prevention program provide for:

- Up-to-date recording in the OSHA Log of Work-Related Injury and Illness (OSHA 300)?
- Records of all incidents involving assault, harassment, aggressive behavior, abuse, and verbal attack with attention to maintaining appropriate confidentiality of the records?
- Training records?
- Workplace walkthrough and security inspection records?
- Keeping records of control measures instituted in response to inspections, complaints, or violent incidents?
- A system for regular evaluation of engineering, administrative, and work practice controls to see if they are working well?
- A system for regular review of individual reports and trending and analysis of all incidents?
- Employee surveys regarding the effectiveness of control measures instituted?
- Discussions with employees who are involved in hostile situations to ask about the quality of post-incident treatment they received?
- A provision for an outside audit or consultation of the violence programs for recommendations on improving safety?

Appendix B

Violence Incident Report Forms

Sample 1

The following items serve merely as an example of what might be used or modified by employers in these industries to help prevent workplace violence.

(Sample/Draft—Adapt to your own location and business circumstances.)

Confidential Incident Report

To: _____ Date of Incident: _____

Location of Incident (Map/sketch on reverse side or attached): _____

From: _____ Phone: _____ Time of Incident: _____

Nature of the Incident ("X" all applicable boxes):

☐ Assaults or Violent Acts: _____ Type "1" _____ Type "2" _____ Type "3" _____ Other

☐ Preventative or Warning Report

☐ Bomb or Terrorist Type Threat ☐ Yes ☐ No

☐ Transportation Accident

☐ Contacts with Objects or Equipment

☐ Falls

☐ Exposures

☐ Fires or Explosions

☐ Other

Legal Counsel Advised of Incident? ☐ Yes ☐ No

EAP Advised? ☐ Yes ☐ No

Warning or Preventative Measures? ☐ Yes ☐ No

Number of Persons Affected: _____

(For each person, complete a report; however, to the extent facts are duplicative, any person's report may incorporate another person's report.)

Name of Affected Person(s): _____ Service Date: _____

Position: _____ Member of Labor Organization? ☐ Yes ☐ No

Supervisor: _____ Has Supervisor Been Notified? ☐ Yes ☐ No

Family: _____ Has Been Notified by: _____? ☐ Yes ☐ No

Lost Work Time? ☐ Yes ☐ No

Anticipated Return to Work: _____

Third parties or non-employee involvement (include contractor and lease employees, visitors, vendors, customers)? ☐ Yes ☐ No

Nature of the Incident

Briefly describe: (1) event(s); (2) witnesses with addresses and status included; (3) location details; (4) equipment/weapon details; (5) weather; (6) other records of the incident (e.g., police report, recordings, videos); (7) the ability to observe and reliability of witnesses; (8) were the parties possibly impaired because of illness, injury, drugs or alcohol? (were tests taken to verify same?); (9) parties notified internally (employee relations, medical, legal, operations, etc.) and externally (police, fire, ambulance, EAP, family, etc.).

Previous or Related Incidents of This Type? ☐ Yes ☐ No

Or by This Person? ☐ Yes ☐ No

Preventative Steps? ☐ Yes ☐ No

OSHA Log or Other OSHA Action Required? ☐ Yes ☐ No

Incident Response Team: _____

Team Leader: _____

Signature

Date

Source: Reprinted with permission of Karen Smith Keinbaum, Esq., Counsel to the Law Firm of Abbott, Nicholson, Quilter, Esshaki & Youngblood, P. C., Detroit, MI.

Sample 2

The following items serve merely as an example of what might be used or modified by employers in these industries to help prevent workplace violence.

A reportable violent incident should be defined as any threatening remark or overt act of physical violence against a person(s) or property whether reported or observed.

1. Date: _____		2. Specific Location: _____	
Day of Week: _____		_____	
Time: _____		_____	
Assailant: ☐ Female ☐ Male		_____	
3. Violence Directed Toward: ☐ Patient ☐ Staff ☐ Visitor ☐ Other			
Assailant: ☐ Patient ☐ Staff ☐ Visitor ☐ Other			
Assailant's Name: _____			
Assailant: ☐ Unarmed ☐ Armed (weapon)			
4. Predisposing Factors:			
☐ Intoxication		☐ Dissatisfied with Care/Waiting Time	
☐ Grief Reaction		☐ Prior History of Violence	
☐ Gang Related			
☐ Other (Describe) _____			
5. Description of Incident: ☐ Physical Abuse ☐ Verbal Abuse ☐ Other		6. Injuries: ☐ Yes ☐ No	
		7. Extent of Injuries: _____	
8. Detailed Description of the Incident: _____			
9. Did Any Person Leave the Area because of Incident?			
☐ Yes ☐ No		☐ Unable to Determine	
10. Present at Time of Incident:			
☐ Police _____		Name of Department	
☐ Hospital Security Officer			
11. Needed to Call:			
☐ Police _____		Name of Department	
☐ Hospital Security			
12. Termination of Incident:			
Incident Diffused ☐ Yes ☐ No			
Police Notified ☐ Yes ☐ No			
Assailant Arrested ☐ Yes ☐ No			
13. Disposition of Assailant:		14. Restraints Used: ☐ Yes ☐ No	
Stayed on Premises ☐		Type: _____	
Escorted off Premises ☐			
Left on Own ☐			
Other ☐ _____			
15. Report Completed By: _____ Title: _____			
Witnesses: _____			
Supervisor Notified: _____ Time: _____			

Please put additional comments, according to numbered section, on reverse side of form.

Source: Reprinted with permission of the Metropolitan Chicago Healthcare Council, *Guidelines for Dealing with Violence in Health Care*, Chicago, IL, 1995.

Appendix C

Suggested Readings

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Appendix D

OSHA Assistance, Services, and Programs

How can OSHA help me?

OSHA can provide extensive help through a variety of programs, including assistance about safety and health programs, state plans, workplace consultations, voluntary protection programs, strategic partnerships, alliances, and training and education. An overall commitment to workplace safety and health can add value to your business, to your workplace, and to your life.

How does safety and health management system assistance help employers and employees?

Working in a safe and healthful environment can stimulate innovation and creativity and result in increased performance and higher productivity. The key to a safe and healthful work environment is a comprehensive safety and health management system.

OSHA has electronic compliance assistance tools, or eTools, on its website that “walk” users through the steps required to develop a comprehensive safety and health program. The eTools are posted at www.osha.gov and are based on guidelines that identify four general elements critical to a successful safety and health management system:

- Management leadership and employee involvement;
- Worksite analysis;
- Hazard prevention and control; and
- Safety and health training.

What are state programs?

The *Occupational Safety and Health Act of 1970* (OSH Act) encourages states to develop and operate their own job safety and health plans. OSHA approves and monitors these plans and funds up to 50 percent of each

program’s operating costs. State plans must provide standards and enforcement programs, as well as voluntary compliance activities, that are at least as effective as Federal OSHA’s.

Currently, 26 states and territories have their own plans. Twenty-three cover both private and public (state and local government) employees and three states, Connecticut, New Jersey, and New York, cover only the public sector. For more information on state plans, visit OSHA’s website at www.osha.gov.

What is consultation assistance?

Consultation assistance is available on request to employers who want help establishing and maintaining a safe and healthful workplace. Funded largely by OSHA, the service is provided at no cost to small employers and is delivered by state authorities through professional safety and health consultants.

What is the Safety and Health Achievement Recognition Program (SHARP)?

Under the consultation program, certain exemplary employers may request participation in OSHA’s Safety and Health Achievement Recognition Program (SHARP). Eligibility for participation includes, but is not limited to, receiving a full-service, comprehensive consultation visit, correcting all identified hazards, and developing an effective safety and health program management program.

Employers accepted into SHARP may receive an exemption from programmed inspections (not complaint or accident investigation inspections) for 1 year initially, or 2 years upon renewal. For more information about consultation assistance, visit OSHA’s website at www.osha.gov.

What are the Voluntary Protection Programs (VPPs)?

Voluntary Protection Programs are designed to recognize outstanding achievements by companies that have developed and implemented effective safety and health management programs. There are three levels of VPPs: Star, Merit, and Demonstration. All are designed to achieve the following goals:

- Recognize employers that have successfully developed and implemented effective and comprehensive safety and health management programs;
- Encourage these employers to continuously improve their safety and health management programs;
- Motivate other employers to achieve excellent safety and health results in the same outstanding way; and
- Establish a cooperative relationship between employers, employees, and OSHA.

VPP participation can bring many benefits to employers and employees, including fewer worker fatalities, injuries, and illnesses; lost-workday case rates generally 50 percent below industry averages; and lower workers' compensation and other injury- and illness-related costs. In addition, many VPP sites report improved employee motivation to work safely, leading to a better quality of life at work; positive community recognition and interaction; further improvement and revitalization of already-good safety and health programs; and a positive relationship with OSHA.

After a site applies for the program, OSHA reviews an employer's VPP application and conducts a VPP onsite evaluation to verify that the site's safety and health management programs are operating effectively. OSHA conducts onsite evaluations on a regular basis, annually for participants at the Demonstration level, every 18 months for Merit, and every 3 to 5 years for Star. Once a year, all participants

must send a copy of their most recent annual internal evaluation to their OSHA regional office. This evaluation must include the worksite's record of injuries and illnesses for the past year.

Sites participating in VPP are not scheduled for regular, programmed inspections. OSHA does, however, handle any employee complaints, serious accidents, or significant chemical releases that may occur at VPP sites according to routine enforcement procedures.

For more information, visit OSHA's website at www.osha.gov.

How can a partnership with OSHA improve worker safety and health?

OSHA has learned firsthand that voluntary, cooperative partnerships with employers, employees, and unions can be a useful alternative to traditional enforcement and an effective way to reduce worker deaths, injuries, and illnesses. This is especially true when a partnership leads to the development and implementation of a comprehensive workplace safety and health management program.

What is OSHA's Strategic Partnership Program (OSPP)?

OSHA Strategic Partnerships are agreements among labor, management, and government to improve workplace safety and health. These partnerships encourage, assist, and recognize the efforts of the partners to eliminate serious workplace hazards and achieve a high level of worker safety and health. Whereas OSHA's Consultation Program and VPP entail one-on-one relationships between OSHA and individual worksites, most strategic partnerships build cooperative relationships with groups of employers and employees.

There are two major types of OSPPs. Comprehensive partnerships focus on establishing comprehensive safety and health management systems at partnering worksites. Limited partnerships help identify and eliminate

hazards associated with worker deaths, injuries, and illnesses, or have goals other than establishing comprehensive worksite safety and health programs.

For more information about this program, visit the agency's website at www.osha.gov.

What occupational safety and health training does OSHA offer?

The OSHA Training Institute provides basic and advanced training and education in safety and health for federal and state compliance officers, state consultants, other federal agency personnel, and private sector employers, employees, and their representatives.

What is the OSHA Training Grant Program?

OSHA awards grants to nonprofit organizations to provide safety and health training and education to employers and workers in the workplace. Grants often focus on high-risk activities or hazards or may help nonprofit organizations in training, education, and outreach.

OSHA expects each grantee to develop a program that addresses a safety and health topic named by OSHA, recruit workers and employers for the training, and conduct the training. Grantees are also expected to follow up with students to find out how they applied the training in their workplaces.

For more information, contact OSHA Office of Training and Education, 2020 Arlington Heights Rd., Arlington Heights, IL 60005; or call (847) 297-4810.

What other assistance materials does OSHA have available?

OSHA has a variety of materials and tools on its website at www.osha.gov. These include eTools such as Expert Advisors and Electronic Compliance Assistance Tools, information on specific health and safety topics, regulations, directives, publications, videos, and other information for employers and employees.

OSHA also has an extensive publications program. For a list of free or sales items, visit OSHA's website at www.osha.gov or contact the OSHA Publications Office, U.S. Department of Labor, 200 Constitution Avenue, NW, N-3101, Washington, DC 20210. Telephone (202) 693-1888 or FAX to (202) 693-2498.

In addition, OSHA's CD-ROM includes standards, interpretations, directives, and more. It is available for sale from the U.S. Government Printing Office. To order, write to the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402, or phone (202) 512-1800.

What do I do in case of an emergency or to file a complaint?

To report an emergency, file a complaint, or seek OSHA advice, assistance, or products, call (800) 321-OSHA or contact your nearest OSHA regional, area, state plan, or consultation office. The teletypewriter (TTY) number is (877) 889-5627.

Employees can also file a complaint online and get more information on OSHA federal and state programs by visiting OSHA's website at www.osha.gov.

Appendix E

OSHA Regional Office Directory

OSHA Regional Offices

Region I

(CT,* MA, ME, NH, RI, VT*)
JFK Federal Building, Room E340
Boston, MA 02203
(617) 565-9860

Region II

(NJ,* NY,* PR,* VI*)
201 Varick Street, Room 670
New York, NY 10014
(212) 337-2378

Region III

(DE, DC, MD,* PA,* VA,* WV)
The Curtis Center
170 S. Independence Mall West
Suite 740 West
Philadelphia, PA 19106-3309
(215) 861-4900

Region IV

(AL, FL, GA, KY,* MS, NC,* SC,* TN*)
SNAF
61 Forsyth Street SW, Room 6T50
Atlanta, GA 30303
(404) 562-2300

Region V

(IL, IN,* MI,* MN,* OH, WI)
230 South Dearborn Street, Room 3244
Chicago, IL 60604
(312) 353-2220

Region VI

(AR, LA, NM,* OK, TX)
525 Griffin Street, Room 602
Dallas, TX 75202
(214) 767-4731 or 4736 x224

Region VII

(IA,* KS, MO, NE)
City Center Square
1100 Main Street, Suite 800
Kansas City, MO 64105
(816) 426-5861

Region VIII

(CO, MT, ND, SD, UT,* WY*)
1999 Broadway, Suite 1690
P.O. Box 46550
Denver, CO 80202-5716
(303) 844-1600

Region IX

(American Samoa, AZ,* CA,* HI, NV,*
Northern Mariana Islands)
71 Stevenson Street, Room 420
San Francisco, CA 94105
(415) 975-4310

Region X

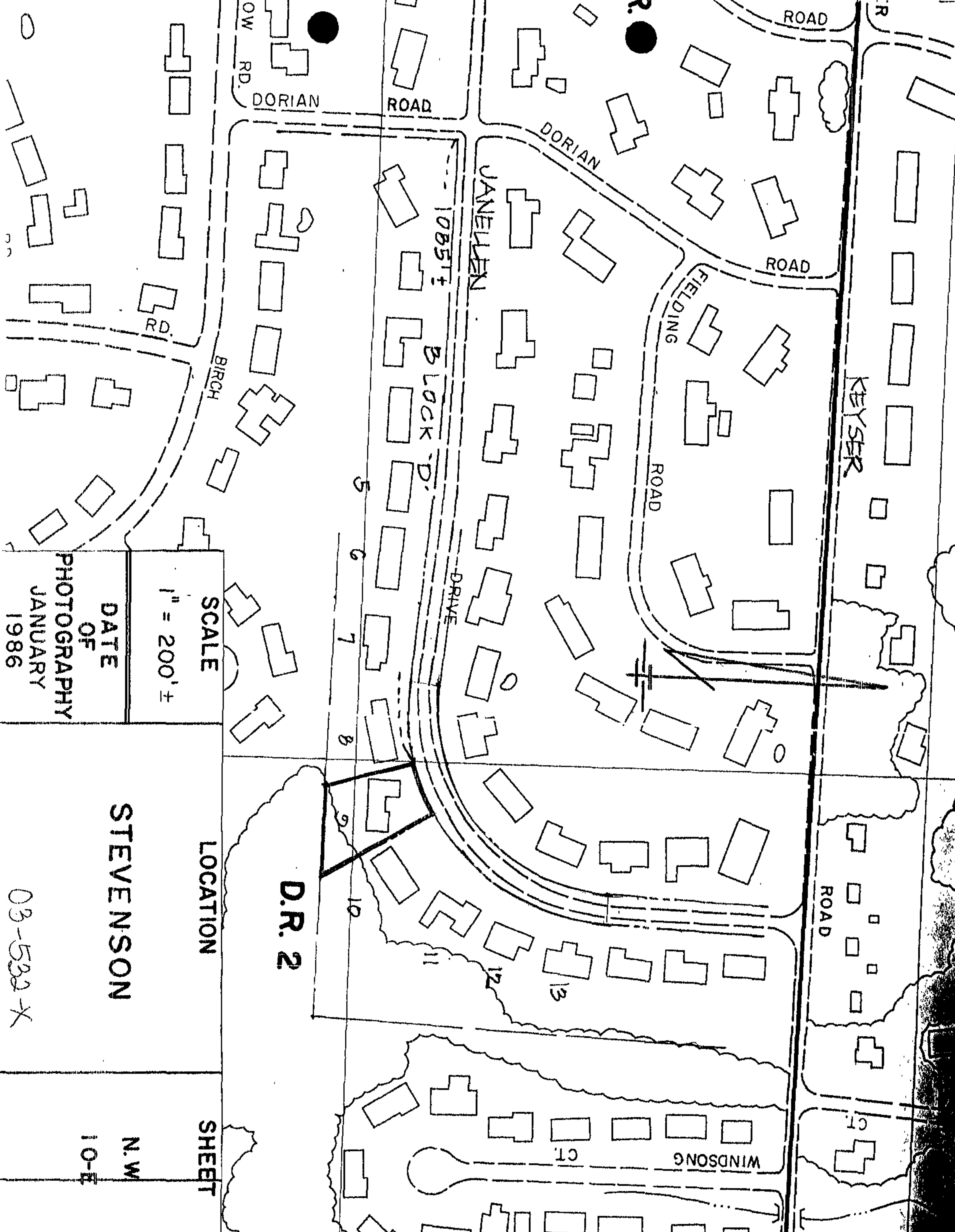
(AK,* ID, OR,* WA*)
1111 Third Avenue, Suite 715
Seattle, WA 98101-3212
(206) 553-5930

*These states and territories operate their own OSHA-approved job safety and health programs. The Connecticut, New Jersey, and New York plans cover public employees only. States with approved programs must have a standard that is identical to or at least as effective as the federal standard.

DATE JUL 30, 1963

E-MAIL

NAME	ADDRESS	CITY, STATE	PHONE
GARY S. POSNER	8503 ARDENWOOD RD	PILLSBURY, MD 21208	posfer11@bepi.net
ARLO FOREMAN	2960, SUSAN LANE AVE #707, 21204		
ESTELA ABOSCH	3405 JANELLEN DR	BALTO MD, 21208	
SUSAN DUDLEY	3400 KEYSER RD	BALTO MD 21208	
Naomi Ginsberg	3307 Janelle Dr.	BALTO MD 21208	nginsberg500@netscape.net
HELEN COHEN	3403 Janelle Dr.	" 21208	



SCALE
1" = 200' ±

DATE
OF
PHOTOGRAPHY
JANUARY
1986

LOCATION

STEVENSON

SHEET

N.W
10-E

03-532-X

LICENSE, REGISTRATION, OR CERTIFICATION RENEWAL

SAVE THIS PORTION OF CARD AND USE REVERSE SIDE
FOR NAME AND/OR ADDRESS CHANGES. BOARD MUST
BE NOTIFIED OF THESE CHANGES IMMEDIATELY.

Board of
SOCIAL WORK EXAMINERS

4201 PATTERSON AVENUE
BALTIMORE MARYLAND 21215

ESTELA ABOSCH

3405 JANELLEN DR
BALTIMORE MD 21208

STATE OF MARYLAND

679320

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LICENSE, REGISTRATION, OR CERTIFICATION RENEWAL

THE MARYLAND STATE BOARD OF

SOCIAL WORK EXAMINERS

CERTIFIES THAT

ESTELA ABOSCH

IS AUTHORIZED

CERTIFIED SOCIAL WORKER - CLINICAL

In accordance with the Health Occupations Article of the Annotated Code of Maryland

LIC. REG. CERT. NO.

95011

EXPIRATION DATE

10/31/2003

SIGNATURE OF BEARER

Way C. Boush
SECRETARY D.H.M.H.



State of

Maryland

679320

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LICENSE, REGISTRATION OR CERTIFICATION RENEWAL

THE MARYLAND STATE BOARD OF SOCIAL WORK EXAMINERS

CERTIFIES THAT ESTELA ABOSCH

IS AUTHORIZED

CERTIFIED SOCIAL WORKER - CLINICAL

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. CERT. NO.

95011

EXPIRATION DATE

10/31/2003

PLEASE REVERSE SIDE AND USE REVERSE SIDE FOR NAME AND/OR ADDRESS CHANGES. BOARD MUST BE NOTIFIED OF THESE CHANGES IMMEDIATELY.

Way C. Boush
SECRETARY D.H.M.H.

Feb 15
No 1

Stevenson Ridge-Halcyon Improvement Association

c/o Barbara Hettleman, President

7 Schloss Court

Baltimore, MD 21208

Phone: 410-484-7811

July 29, 2003

To Whom It May Concern:

The Stevenson Ridge-Halcyon Improvement Association, representing over 500 residences, will not oppose Ms. Estela Abosch's request to be able to see private patients at her resident at 3405 Janellen Dr.

She has assured us that she is seeing only 10 people at the home and is winding down her practice and plans to retire in the near future.

As long as no signage is put out in front of her home to advertise her services, we have no opposition.

Sincerely,

Barbara Hettleman

Pat No 2

Det.
Ex 3A

I. MARSHALL SEIDLER

3407 Jonellen Drive
Pikeville, Md. 21208

Arnold G. Foreman, Esq.
The Susquehanna Bldg.
29 W. Susquehanna Ave, Suite 707
Towson, MD 21204

Dear Mr. Foreman,

Our neighbor, Estella Abosch,
has indicated that she would like to be
able to see patients at her home.
My wife and I have no objection to this
request since Ms. Abosch indicated that
she only plans to see a few patients
each day.

If you need anything further,
please feel free to call me at 410-
486-0211.



(case #35532-X)

7-29-03

Mrs. Arnold M. Applefeld
3409 Janellen Drive
Baltimore, Maryland 21208

W3B

we and neighbors of Estela Abosch,
LCSW
do not object to having her
see patients at 3405
Janellen Drive.

Suzanne Applefeld
Arnold Applefeld
Marilyn D. Scher
3404 Janellen Dr.

Brian L. Brinkley, GRI
Warren M. Robinson

3400 Janellen Drive
Baltimore, MD 21208
410-486-4007

pel 3c

July 29, 2003

Arnold G. Foreman

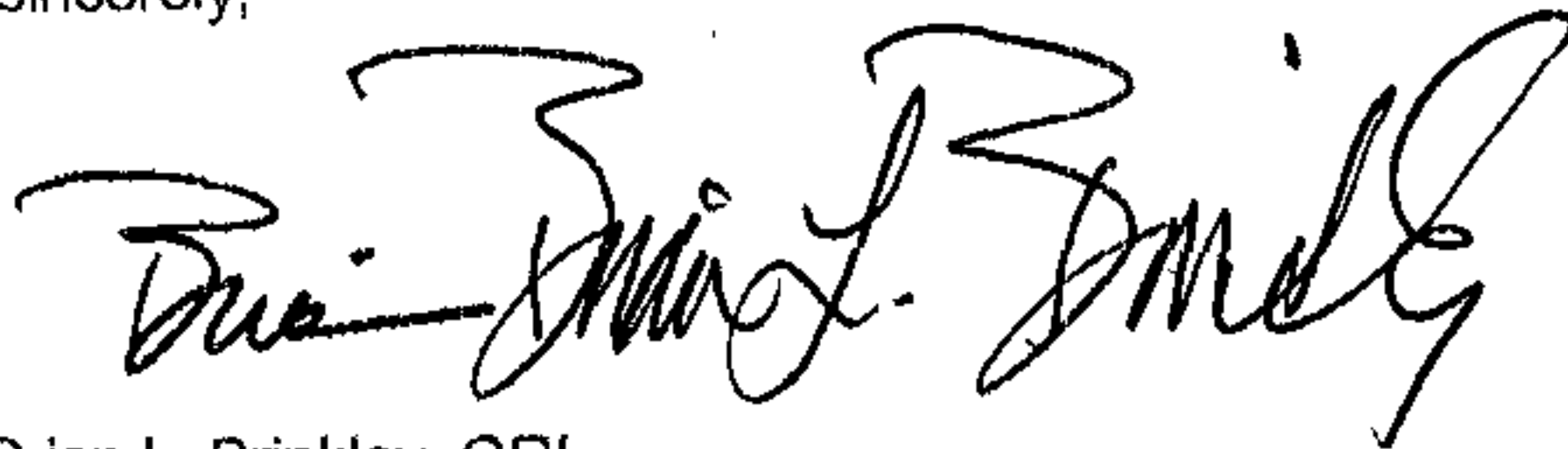
RE: Professional Home Office, Estela Abosch, L.C.S.W.-C, BCD
3405 Janelle Drive, Baltimore, MD 21208

Dear Mr. Foreman,

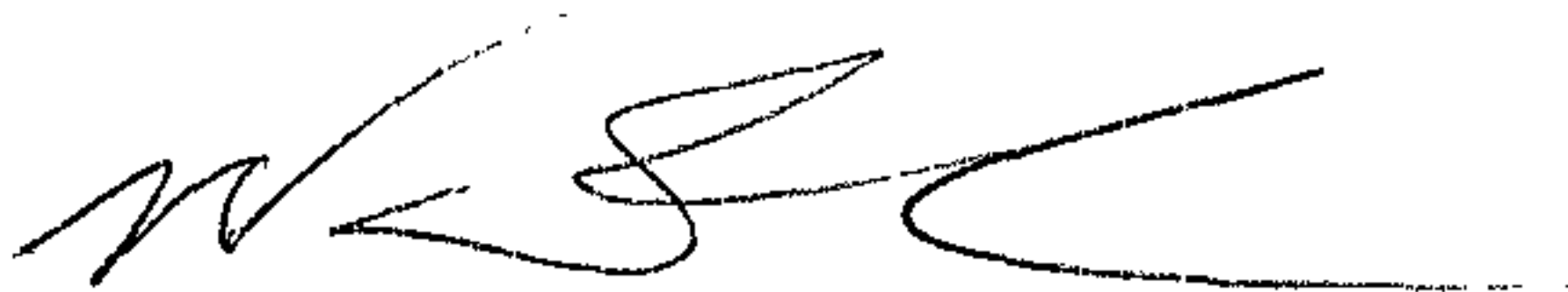
Please convey our full support to the Baltimore County Zoning Office of a zoning change to accommodate Mrs. Abosch's professional home office. As neighbors directly across the street, we feel that this change will in no way affect the community negatively. Mrs. Abosch is a most conscientious neighbor and I'm confident she will continue to be a good neighbor with the addition of her home office.

Please give your full consideration to her wish of working at home.

Sincerely,



Brian L. Brinkley, GRI



Warren M. Robinson

State of Maryland

County of Baltimore

Subscribed and sworn to before me
this 29 day of July, 192003

Robert A. Winkler

Notary Public

My commission expires July 1, 192007



5/13/03

To whom it may concern:

1d38

As a neighbor of Mrs. Estella
Abosch, I want to express my
approval that she be able to
see patients from her home at 3405
Janelle Drive.

This will pose no problem
for me, and I am happy to
lend my support.

Anita Fishbein
3401 Janelle Dr.
Baltimore, MD 21208

Feb 3E

**AMY HELSEL & JEREMY SWERLING
3406 JANELLEN DRIVE
BALTIMORE, MARYLAND 21208
(410)653-8088**

July 28, 2003

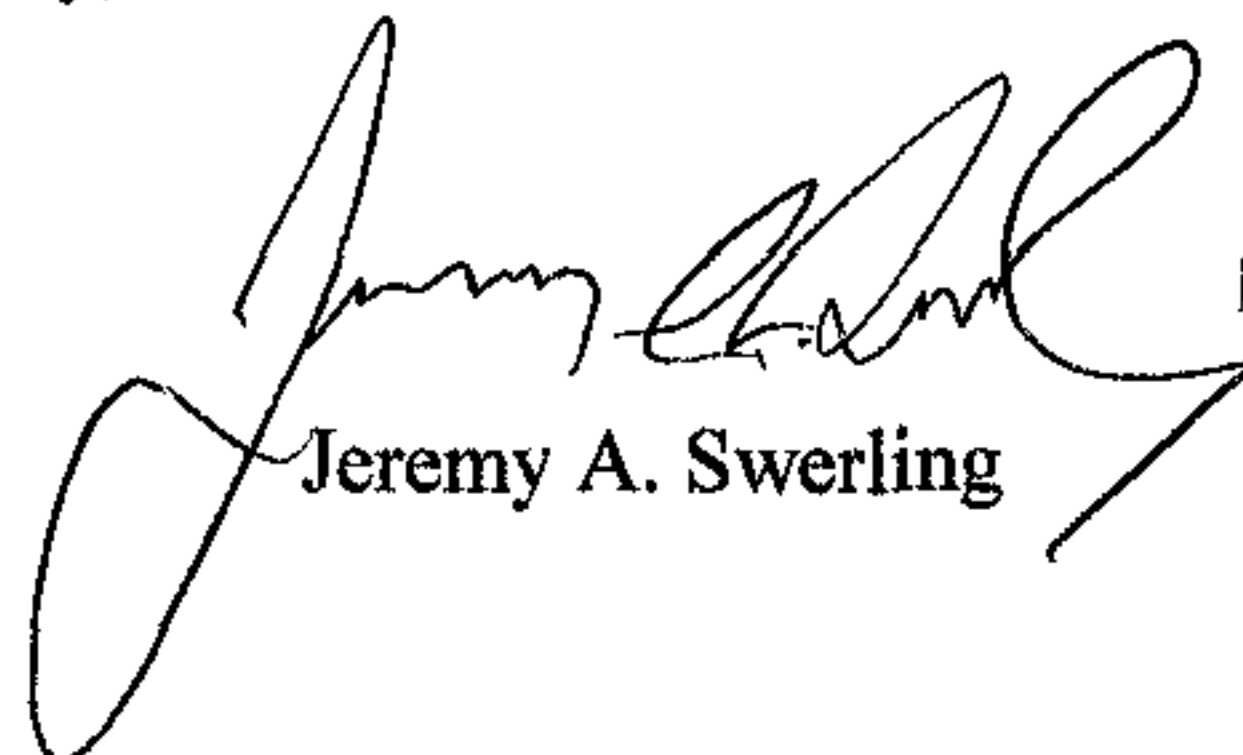
Mr. Arnold G. Foreman
Attorney-at-law
Susquehanna Building
29 West Susquehanna Avenue, Suite 707
Towson, Maryland 21204

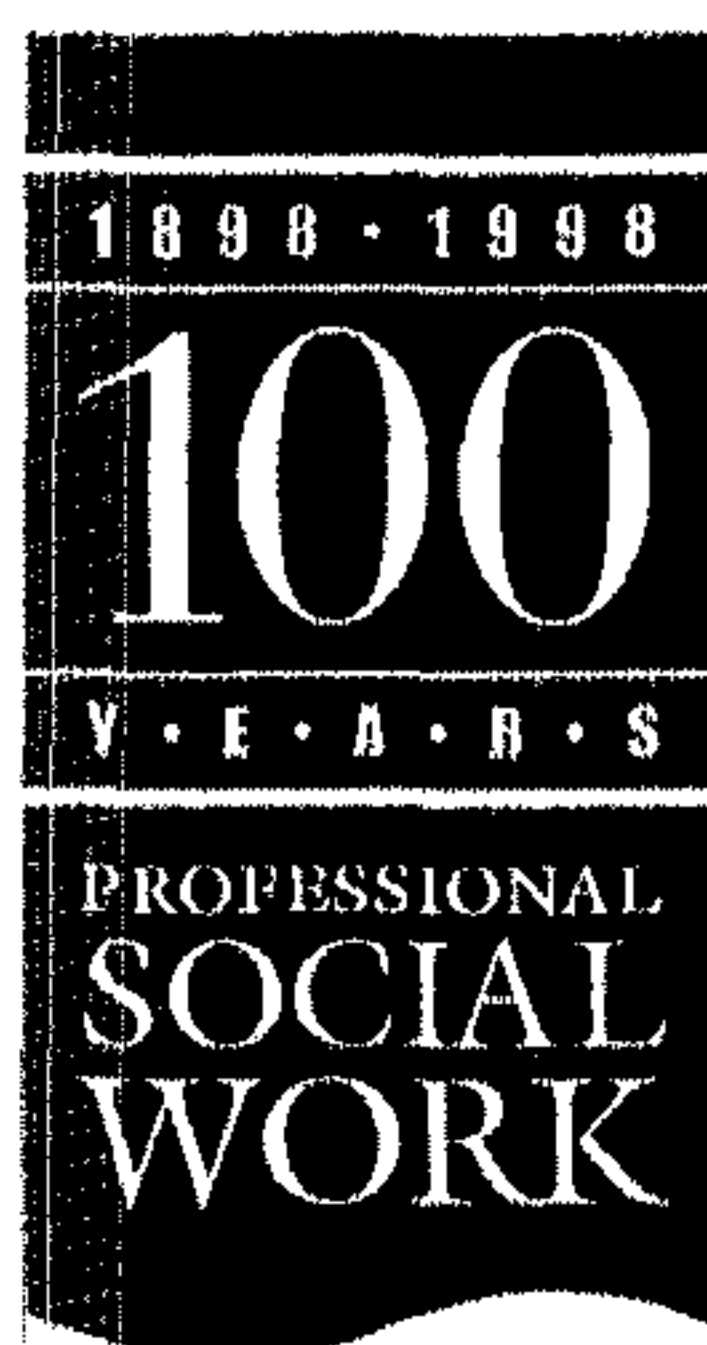
To Whom It May Concern:

We are aware that neighbor Estela Abosch, at 3405 Janellen Drive, has requested a permit to have her social work practice located in her home. We have no objection to her petition.

Sincerely,


Amy M. Helsel


Jeremy A. Swerling

*Probertant
No 1*

1898-1998
100 Years of Professional Social Work
Committee for the Study and
Prevention of Violence against
Social Workers

Safety Guidelines
Revised March 1996

(NASW Massachusetts Chapter, National Association of Social Workers, 14 Beacon Street, Boston, MA 02108)

Work related violence against social workers is a fact of life. It is pervasive and must be addressed by every school of social work, agency and individual worker. Violence includes physical assault, verbal assault, harassment and the threat of assault. Many occurrences of violence can be anticipated and their impact lessened; some may be prevented entirely. If agencies have well conceived safety policies and procedures in place, client and worker safety will be maximized and the agency's liability will be minimized.

NASW Massachusetts Chapter's Committee for the Study and Prevention of Violence Against Social Workers recommends that every agency and private practitioner develop safety policies and procedures that address prevention, intervention and aftermath strategies. Listed below is an outline of requirements for developing a comprehensive policy and safety plan. This outline is general. Each agency or private practice must develop specific guidelines that address their unique characteristics.

I: Safety Plan of Action

A written safety plan specific to the function and layout of each agency, or branch or division of an organization must be developed. Both staff input and expert consultation are important in the planning. Each safety plan must be detailed and comprehensive so that all staff members, clinical and non-clinical, know what to do in case of emergency. The plan must be reviewed and practiced on a regular basis if it is to be useful. A comprehensive safety plan should include:

- How to recognize signs of agitation.
- What to do at first signs of agitation.
- Code words and phrases to signal for help without increasing the client's agitation
- Format for ongoing assessment of a client's level of dangerousness.
- Format for intervention including:
 - When and how to attempt de-escalation.
 - When and how to use non-violent self-defense, physical evasion, force deflection and disengagement skills.
 - When and how to call security or police.

- When and how to evacuate building.

II. Exterior and Physical Layout

- Maintain and furnish the facility so that it presents an organized, calm and respectful appearance to clients. Pay particular attention to the waiting area.
- Ensure adequate lighting inside and out.
- Be aware of traffic patterns with special attention to where clients can go unescorted. If the location of bathrooms and coffee area allows unescorted clients to walk through the building, be aware of the risks.
- Establish a risk room where potentially violent or agitated clients can be seen. This room should be furnished in a sparse, neutral manner, and located in a centrally located area with ready access to help.
- Evaluate the need for safety equipment including buzzers and alarms in offices.
- Furnish offices to allow a comfortable distance between client and worker and to permit easy exit for both. Eliminate items that may be thrown or used as weapons.
- Routinely inspect exterior and interior layout and all safety equipment to ensure all is in working order.

III. Rules, Regulations and Procedures

- Establish a format for taking a required history of violence as a part of regular intake procedure.
- Establish a format for communicating violent history to staff when current danger exists.
- Ensure adequate staffing at all times; no one should work in a building alone.
- Communicate safety policies to clients, when indicated.
- Orient new search to safety policy and plan.
- Formulate and post a policy re: providing services to clients who carry or have guns and weapons.
- Formulate and post a policy re: providing services to clients who are under the influence of alcohol or drugs.
- Provide ongoing supervision, consultation and training in:
 - details of safety policy and plan with regular updates.
 - assessment of client's potential to become violent.
 - treatment and clinical interventions with violent clients.
 - de-escalation techniques.
 - non-violent self-defense, physical evasion, force deflection and disengagement skills.
 - Tarasoff decision - the duty to warn and protect.
 - aftermath of client violence.
- Address institutional practices that unintentionally contribute to client violence.
- Develop a policy on home visits which include:
 - leaving itinerary with office staff so worker location is known at all times.
 - phoning office frequently when in the field.
 - providing portable phones and other safety equipment.
 - providing options for escorts: staff or police.
 - giving permission not to go when risk of violence is high.
- Establish relationships with security and police. Let them know what you do and what you need from them.
- Design a program to address the aftermath of client violence. Address the physical and

emotional needs, short and long term, of the assaulted worker, worker's family, coworkers and affected clients as well as a format for debriefing and communicating with all staff following an occurrence of violence.

- Develop a format to address the consequences of violent behavior with the client. Include the effect of the violence on services. Develop a format to determine when and how legal action against the violent client will be taken.
- Log and communicate to staff all work-related occurrences of violence including threats.
- Re-evaluate policies, procedures and training needs following an occurrence of violence.
- Develop a "Risk Assessment" tool and train all staff to use it.


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[Inquiry](#)
[LegNet](#)
[L/G/B/T](#)
[Mental Health](#)
[Nursing Home](#)
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▶ [Prevention of Violence Against Social Workers](#)
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[SWs Employed Less than Full-time](#)
[SWs for Peace and Justice](#)

Committee for the Study and Prevention of Violence Against Social Workers

The Committee

- Promotes increased safety in all settings in which social workers practice
- Attempts to better understand why violence occurs and develop strategies to diminish violence
- Helps to improve clinical and administrative management of violent clients
- Supports social workers and their families after an occurrence of work related violence

You do not need expertise in client violence to participate. All you need is a desire to help.

What We Do

The NASW Committee for the Study and Prevention of Violence Against Social Workers is a resource for teaching, training, and consulting to individual social workers, agencies and schools of social work in the areas of:

- Clinical treatment of violent clients
- Assessment of the potential for violence
- De-escalation of explosive situations
- Non-violent self defense
- Post-traumatic stress reactions and the aftermath of assaults
- Administrative safety policies and safety procedures
- Analysis of institutional practices contributing to client violence
- Advocacy for safety policy and regulations in all agencies

Help Us Help You

The NASW Committee for the Study and Prevention of Violence Against Social Workers has established a statewide log of violent occurrences and threats of violence against social workers. Our goal is to track and further understand the dangers that social workers may encounter in and around the workplace. This information will be used to make a safer work environment for workers and clients.

We are asking social workers to report to the Committee any physical or verbal assaults or threats which they have experienced or witness.

Reporting may be done anonymously.

Did You Know

- More than 1/2 of social workers in Massachusetts * have been physically assaulted in a work related incident (assaults range from pushing, hitting, and choking to life-threatening attacks)
- More than 3/4 have been verbally abused
- More than 1/3 have had a weapon brought into the workplace
- Over 3/4 have been frightened, even without physical or verbal threat or assault

* Based upon a survey of 1,000 Massachusetts NASW members and review of literature.

Anyone interested in learning more, please write the Committee for the Study and Prevention of Violence Against Social Workers c/o NASW 14 Beacon Street, Suite 409, Boston, Massachusetts 02108, or call the Chairperson, Eva

Items of Interest

[Join a Committee](#)
Get more involved, stay informed, interest you and your colleagues. Join today!

Violence Against Social Workers

Have you experienced physical or verbal threats in the workplace? Know. Call NASW for the Study and Prevention of Violence Against Social Workers at 617-452-1616.

[SW Therapy
Referral Service](#)

Skolnik-Acker at her office (781) 762-0880.

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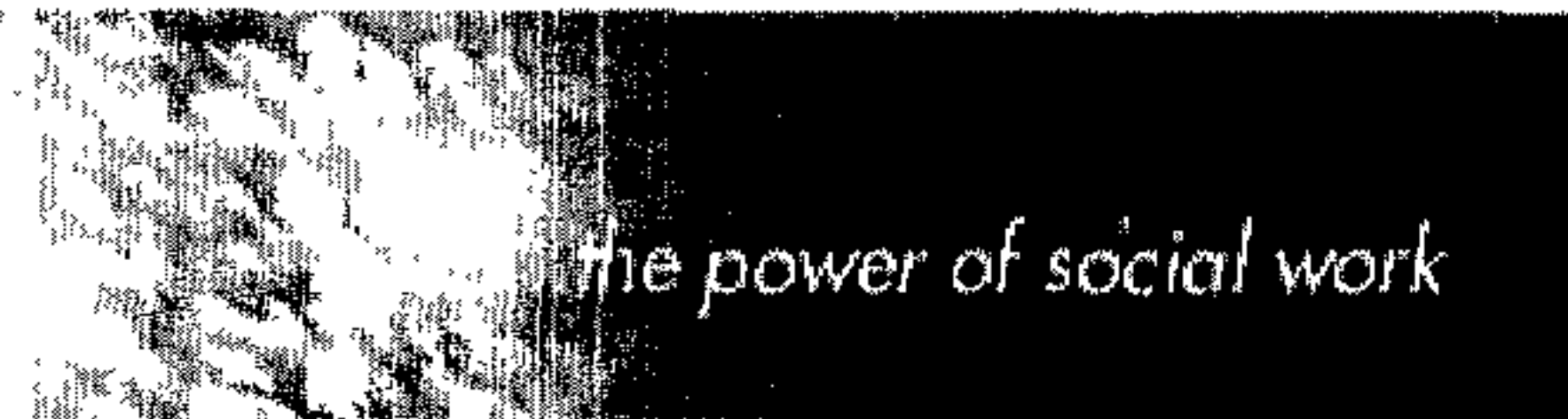
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National Association of Social Workers - Massachusetts Chapter
14 Beacon Street, Suite 409, Boston MA 02108
tel: (617)227-9635 fax: (617)227-9877 email: chapter@naswma.org
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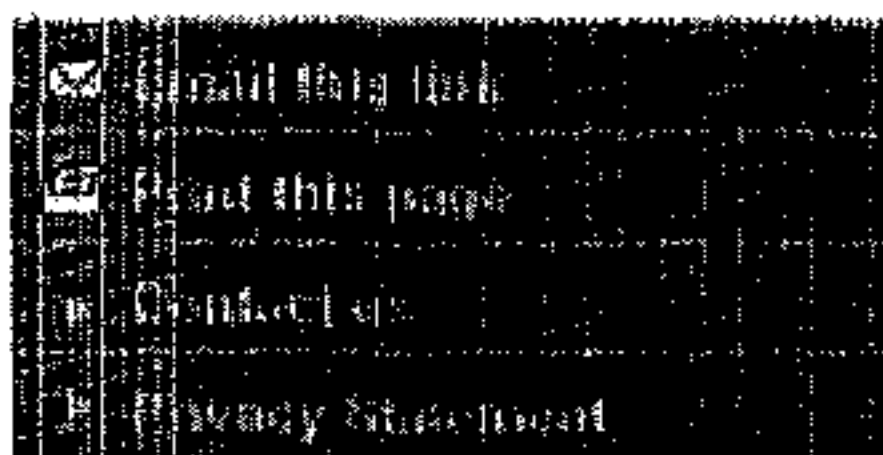
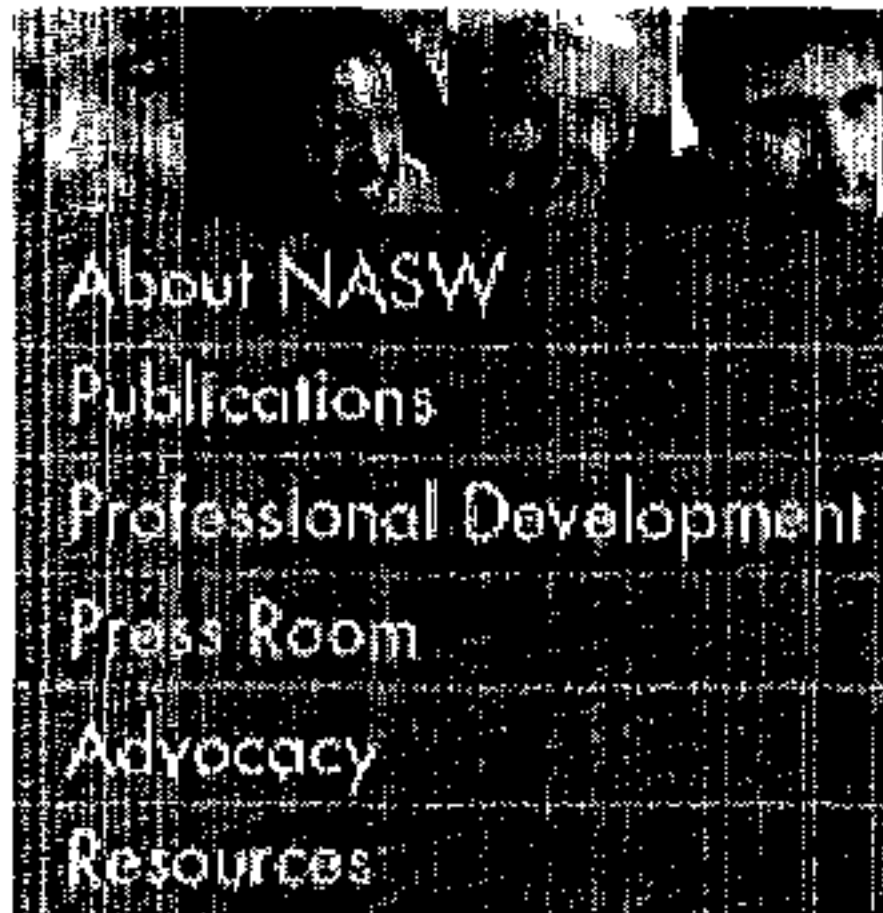
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Code of Ethics

of the National Association of Social Workers

Approved by the 1996 NASW Delegate Assembly and revised
by the 1999 NASW Delegate Assembly

Preamble

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation, administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- service
- social justice
- dignity and worth of the person
- importance of human relationships
- integrity
- competence.

This constellation of core values reflects what is unique to the social work

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profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

Purpose of the NASW Code of Ethics

Professional ethics are at the core of social work. The profession has an obligation to articulate its basic values, ethical principles, and ethical standards. The *NASW Code of Ethics* sets forth these values, principles, and standards to guide social workers' conduct. The *Code* is relevant to all social workers and social work students, regardless of their professional functions, the settings in which they work, or the populations they serve.

The *NASW Code of Ethics* serves six purposes:

- The *Code* identifies core values on which social work's mission is based.
- The *Code* summarizes broad ethical principles that reflect the profession's core values and establishes a set of specific ethical standards that should be used to guide social work practice.
- The *Code* is designed to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise.
- The *Code* provides ethical standards to which the general public can hold the social work profession accountable.
- The *Code* socializes practitioners new to the field to social work's mission, values, ethical principles, and ethical standards.
- The *Code* articulates standards that the social work profession itself can use to assess whether social workers have engaged in unethical conduct. NASW has formal procedures to adjudicate ethics complaints filed against its members.* In subscribing to this *Code*, social workers are required to cooperate in its implementation, participate in NASW adjudication proceedings, and abide by any NASW disciplinary rulings or sanctions based on it.

*For information on NASW adjudication procedures, see *NASW Procedures for the Adjudication of Grievances*.

The *Code* offers a set of values, principles, and standards to guide decision making and conduct when ethical issues arise. It does not provide a set of rules that prescribe how social workers should act in all situations. Specific applications of the *Code* must take into account the context in which it is being considered and the possibility of conflicts among the *Code's* values, principles, and standards. Ethical responsibilities flow from all human relationships, from the personal and familial to the social and professional.

Further, the *NASW Code of Ethics* does not specify which values, principles, and standards are most important and ought to outweigh others in instances when they conflict. Reasonable differences of opinion can and do exist among social workers with respect to the ways in which values, ethical principles, and ethical standards should be rank ordered when they conflict. Ethical decision making in a given situation must apply the informed judgment of the individual social worker and should also consider how the issues would be judged in a peer review process where the ethical standards of the profession would be applied.

Ethical decision making is a process. There are many instances in social work where simple answers are not available to resolve complex ethical issues. Social workers should take into consideration all the values, principles, and standards in this *Code* that are relevant to any situation in which ethical judgment is warranted. Social workers' decisions and actions should be consistent with the spirit as well as the letter of this *Code*.

In addition to this *Code*, there are many other sources of information about ethical thinking that may be useful. Social workers should consider ethical theory and principles generally, social work theory and research, laws, regulations, agency policies, and other relevant codes of ethics, recognizing that among codes of ethics social workers should consider the *NASW Code of Ethics* as their primary source. Social workers also should be aware of the impact on ethical decision making of their clients' and their own personal values and cultural and religious beliefs and practices. They should be aware of any conflicts between personal and professional values and deal with them responsibly. For additional guidance social workers should consult the relevant literature on professional ethics and ethical decision making and seek appropriate consultation when faced with ethical dilemmas. This may involve consultation with an agency-based or social work organization's ethics committee, a regulatory body, knowledgeable colleagues, supervisors, or legal counsel.

Instances may arise when social workers' ethical obligations conflict with agency policies or relevant laws or regulations. When such conflicts occur, social workers must make a responsible effort to resolve the conflict in a manner that is consistent with the values, principles, and standards expressed in this *Code*. If a reasonable resolution of the conflict does not appear possible, social workers should seek proper consultation before making a decision.

The *NASW Code of Ethics* is to be used by NASW and by individuals, agencies, organizations, and bodies (such as licensing and regulatory boards, professional liability insurance providers, courts of law, agency boards of directors, government agencies, and other professional groups) that choose to adopt it or use it as a frame of reference. Violation of standards in this *Code* does not automatically imply legal liability or violation of the law. Such determination can only be made in the context of legal and judicial proceedings. Alleged violations of the *Code* would be subject to a peer review process. Such processes are generally separate from legal or administrative procedures and insulated from legal review or proceedings to allow the profession to counsel and discipline its own members.

A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community. Rather, a code of ethics sets forth values, ethical principles, and ethical standards to which professionals aspire and by which their actions can be judged. Social workers' ethical behavior should result from their personal commitment to engage in ethical practice. The *NASW Code of Ethics* reflects the commitment of all social workers to uphold the profession's values and to act ethically. Principles and standards must be applied by individuals of good character who discern moral questions and, in good faith, seek to make reliable ethical judgments.

Ethical Principles

The following broad ethical principles are based on social work's core values

of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.

Value: *Service*

Ethical Principle: *Social workers' primary goal is to help people in need and to address social problems.*

Social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).

Value: *Social Justice*

Ethical Principle: *Social workers challenge social injustice.*

Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

Value: *Dignity and Worth of the Person*

Ethical Principle: *Social workers respect the inherent dignity and worth of the person.*

Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

Value: *Importance of Human Relationships*

Ethical Principle: *Social workers recognize the central importance of human relationships.*

Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities.

Value: *Integrity*

Ethical Principle: *Social workers behave in a trustworthy manner.*

Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

Value: *Competence*

Ethical Principle: *Social workers practice within their areas of competence and develop and enhance their professional expertise.*

Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.

Ethical Standards

The following ethical standards are relevant to the professional activities of all social workers. These standards concern (1) social workers' ethical responsibilities to clients, (2) social workers' ethical responsibilities to colleagues, (3) social workers' ethical responsibilities in practice settings, (4) social workers' ethical responsibilities as professionals, (5) social workers' ethical responsibilities to the social work profession, and (6) social workers' ethical responsibilities to the broader society.

Some of the standards that follow are enforceable guidelines for professional conduct, and some are aspirational. The extent to which each standard is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical standards.

1. Social Workers' Ethical Responsibilities to Clients

1.01 Commitment to Clients

Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

1.02 Self-Determination

Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

1.03 Informed Consent

(a) Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to

services because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions.

(b) In instances when clients are not literate or have difficulty understanding the primary language used in the practice setting, social workers should take steps to ensure clients' comprehension. This may include providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.

(c) In instances when clients lack the capacity to provide informed consent, social workers should protect clients' interests by seeking permission from an appropriate third party, informing clients consistent with the clients' level of understanding. In such instances social workers should seek to ensure that the third party acts in a manner consistent with clients' wishes and interests. Social workers should take reasonable steps to enhance such clients' ability to give informed consent.

(d) In instances when clients are receiving services involuntarily, social workers should provide information about the nature and extent of services and about the extent of clients' right to refuse service.

(e) Social workers who provide services via electronic media (such as computer, telephone, radio, and television) should inform recipients of the limitations and risks associated with such services.

(f) Social workers should obtain clients' informed consent before audiotaping or videotaping clients or permitting observation of services to clients by a third party.

1.04 Competence

(a) Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

(b) Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.

(c) When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.

1.05 Cultural Competence and Social Diversity

(a) Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.

(b) Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural

groups.

(c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability.

1.06 Conflicts of Interest

(a) Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

(b) Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

(c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

(d) When social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of social workers' professional obligations to the various individuals who are receiving services. Social workers who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles (for example, when a social worker is asked to testify in a child custody dispute or divorce proceedings involving clients) should clarify their role with the parties involved and take appropriate action to minimize any conflict of interest.

1.07 Privacy and Confidentiality

(a) Social workers should respect clients' right to privacy. Social workers should not solicit private information from clients unless it is essential to providing services or conducting social work evaluation or research. Once private information is shared, standards of confidentiality apply.

(b) Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.

(c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person. In all

instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

(d) Social workers should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made. This applies whether social workers disclose confidential information on the basis of a legal requirement or client consent.

(e) Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality. Social workers should review with clients circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the social worker-client relationship and as needed throughout the course of the relationship.

(f) When social workers provide counseling services to families, couples, or groups, social workers should seek agreement among the parties involved concerning each individual's right to confidentiality and obligation to preserve the confidentiality of information shared by others. Social workers should inform participants in family, couples, or group counseling that social workers cannot guarantee that all participants will honor such agreements.

(g) Social workers should inform clients involved in family, couples, marital, or group counseling of the social worker's, employer's, and agency's policy concerning the social worker's disclosure of confidential information among the parties involved in the counseling.

(h) Social workers should not disclose confidential information to third-party payers unless clients have authorized such disclosure.

(i) Social workers should not discuss confidential information in any setting unless privacy can be ensured. Social workers should not discuss confidential information in public or semipublic areas such as hallways, waiting rooms, elevators, and restaurants.

(j) Social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to disclose confidential or privileged information without a client's consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection.

(k) Social workers should protect the confidentiality of clients when responding to requests from members of the media.

(l) Social workers should protect the confidentiality of clients' written and electronic records and other sensitive information. Social workers should take reasonable steps to ensure that clients' records are stored in a secure location and that clients' records are not available to others who are not authorized to have access.

(m) Social workers should take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of

computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology. Disclosure of identifying information should be avoided whenever possible.

(n) Social workers should transfer or dispose of clients' records in a manner that protects clients' confidentiality and is consistent with state statutes governing records and social work licensure.

(o) Social workers should take reasonable precautions to protect client confidentiality in the event of the social worker's termination of practice, incapacitation, or death.

(p) Social workers should not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.

(q) Social workers should not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.

(r) Social workers should protect the confidentiality of deceased clients consistent with the preceding standards.

1.08 Access to Records

(a) Social workers should provide clients with reasonable access to records concerning the clients. Social workers who are concerned that clients' access to their records could cause serious misunderstanding or harm to the client should provide assistance in interpreting the records and consultation with the client regarding the records. Social workers should limit clients' access to their records, or portions of their records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client. Both clients' requests and the rationale for withholding some or all of the record should be documented in clients' files.

(b) When providing clients with access to their records, social workers should take steps to protect the confidentiality of other individuals identified or discussed in such records.

1.09 Sexual Relationships

(a) Social workers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.

(b) Social workers should not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients' relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain appropriate professional boundaries. Social workers--not their clients, their clients' relatives, or other individuals with whom the client maintains a personal relationship--assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in sexual activities or sexual contact

with former clients because of the potential for harm to the client. If social workers engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is social workers—not their clients—who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(d) Social workers should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the social worker and individual to maintain *appropriate professional boundaries*.

1.10 Physical Contact

Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.

1.11 Sexual Harassment

Social workers should not sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

1.12 Derogatory Language

Social workers should not use derogatory language in their written or verbal communications to or about clients. Social workers should use accurate and respectful language in all communications to and about clients.

1.13 Payment for Services

(a) When setting fees, social workers should ensure that the fees are fair, reasonable, and commensurate with the services performed. Consideration should be given to clients' ability to pay.

(b) Social workers should avoid accepting goods or services from clients as payment for professional services. Bartering arrangements, particularly involving services, create the potential for conflicts of interest, exploitation, and inappropriate boundaries in social workers' relationships with clients. Social workers should explore and may participate in bartering only in very limited circumstances when it can be demonstrated that such arrangements are an accepted practice among professionals in the local community, considered to be essential for the provision of services, negotiated without coercion, and entered into at the client's initiative and with the client's informed consent. Social workers who accept goods or services from clients as payment for professional services assume the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship.

(c) Social workers should not solicit a private fee or other remuneration for providing services to clients who are entitled to such available services through the social workers' employer or agency.

1.14 Clients Who Lack Decision-Making Capacity

When social workers act on behalf of clients who lack the capacity to make informed decisions, social workers should take reasonable steps to safeguard the interests and rights of those clients.

1.15 Interruption of Services

Social workers should make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability, or death.

1.16 Termination of Services

(a) Social workers should terminate services to clients and professional relationships with them when such services and relationships are no longer required or no longer serve the clients' needs or interests.

(b) Social workers should take reasonable steps to avoid abandoning clients who are still in need of services. Social workers should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. Social workers should assist in making appropriate arrangements for continuation of services when necessary.

(c) Social workers in fee-for-service settings may terminate services to clients who are not paying an overdue balance if the financial contractual arrangements have been made clear to the client, if the client does not pose an imminent danger to self or others, and if the clinical and other consequences of the current nonpayment have been addressed and discussed with the client.

(d) Social workers should not terminate services to pursue a social, financial, or sexual relationship with a client.

(e) Social workers who anticipate the termination or interruption of services to clients should notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients' needs and preferences.

(f) Social workers who are leaving an employment setting should inform clients of appropriate options for the continuation of services and of the benefits and risks of the options.

2. Social Workers' Ethical Responsibilities to Colleagues

2.01 Respect

(a) Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues.

(b) Social workers should avoid unwarranted negative criticism of colleagues in communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues' level of competence or to individuals' attributes such as race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability.

- (c) Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the well-being of clients.

2.02 Confidentiality

Social workers should respect confidential information shared by colleagues in the course of their professional relationships and transactions. Social workers should ensure that such colleagues understand social workers' obligation to respect confidentiality and any exceptions related to it.

2.03 Interdisciplinary Collaboration

- (a) Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.

- (b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client well-being.

2.04 Disputes Involving Colleagues

- (a) Social workers should not take advantage of a dispute between a colleague and an employer to obtain a position or otherwise advance the social workers' own interests.

- (b) Social workers should not exploit clients in disputes with colleagues or engage clients in any inappropriate discussion of conflicts between social workers and their colleagues.

2.05 Consultation

- (a) Social workers should seek the advice and counsel of colleagues whenever such consultation is in the best interests of clients.
- (b) Social workers should keep themselves informed about colleagues' areas of expertise and competencies. Social workers should seek consultation only from colleagues who have demonstrated knowledge, expertise, and competence related to the subject of the consultation.
- (c) When consulting with colleagues about clients, social workers should disclose the least amount of information necessary to achieve the purposes of the consultation.

2.06 Referral for Services

- (a) Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that additional service is required.
- (b) Social workers who refer clients to other professionals should take

appropriate steps to facilitate an orderly transfer of responsibility. Social workers who refer clients to other professionals should disclose, with clients' consent, all pertinent information to the new service providers.

(c) Social workers are prohibited from giving or receiving payment for a referral when no professional service is provided by the referring social worker.

2.07 Sexual Relationships

(a) Social workers who function as supervisors or educators should not engage in sexual activities or contact with supervisees, students, trainees, or other colleagues over whom they exercise professional authority.

(b) Social workers should avoid engaging in sexual relationships with colleagues when there is potential for a conflict of interest. Social workers who become involved in, or anticipate becoming involved in, a sexual relationship with a colleague have a duty to transfer professional responsibilities, when necessary, to avoid a conflict of interest.

2.08 Sexual Harassment

Social workers should not sexually harass supervisees, students, trainees, or colleagues. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

2.09 Impairment of Colleagues

(a) Social workers who have direct knowledge of a social work colleague's impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague's impairment interferes with practice effectiveness and that the colleague has not taken adequate steps to address the impairment should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.10 Incompetence of Colleagues

(a) Social workers who have direct knowledge of a social work colleague's incompetence should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague is incompetent and has not taken adequate steps to address the incompetence should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.11 Unethical Conduct of Colleagues

(a) Social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.

(b) Social workers should be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. Social workers should be familiar with national, state, and local procedures for handling ethics complaints. These include policies and procedures created by NASW, licensing and regulatory bodies, employers, agencies, and other professional organizations.

(c) Social workers who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive.

(d) When necessary, social workers who believe that a colleague has acted unethically should take action through appropriate formal channels (such as contacting a state licensing board or regulatory body, an NASW committee on inquiry, or other professional ethics committees).

(e) Social workers should defend and assist colleagues who are unjustly charged with unethical conduct.

3. Social Workers' Ethical Responsibilities in Practice Settings

3.01 Supervision and Consultation

(a) Social workers who provide supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.

(b) Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee.

(d) Social workers who provide supervision should evaluate supervisees' performance in a manner that is fair and respectful.

3.02 Education and Training

(a) Social workers who function as educators, field instructors for students, or trainers should provide instruction only within their areas of knowledge and competence and should provide instruction based on the most current information and knowledge available in the profession.

(b) Social workers who function as educators or field instructors for students should evaluate students' performance in a manner that is fair and respectful.

(c) Social workers who function as educators or field instructors for students should take reasonable steps to ensure that clients are routinely informed when services are being provided by students.

(d) Social workers who function as educators or field instructors for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student. Social work educators and field instructors are responsible for setting clear, appropriate, and culturally sensitive boundaries.

3.03 Performance Evaluation

Social workers who have responsibility for evaluating the performance of others should fulfill such responsibility in a fair and considerate manner and on the basis of clearly stated criteria.

3.04 Client Records

(a) Social workers should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.

(b) Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.

(c) Social workers' documentation should protect clients' privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services.

(d) Social workers should store records following the termination of services to ensure reasonable future access. Records should be maintained for the number of years required by state statutes or relevant contracts.

3.05 Billing

Social workers should establish and maintain billing practices that accurately reflect the nature and extent of services provided and that identify who provided the service in the practice setting.

3.06 Client Transfer

(a) When an individual who is receiving services from another agency or colleague contacts a social worker for services, the social worker should carefully consider the client's needs before agreeing to provide services. To minimize possible confusion and conflict, social workers should discuss with potential clients the nature of the clients' current relationship with other service providers and the implications, including possible benefits or risks, of entering into a relationship with a new service provider.

(b) If a new client has been served by another agency or colleague, social workers should discuss with the client whether consultation with the previous service provider is in the client's best interest.

3.07 Administration

(a) Social work administrators should advocate within and outside their agencies for adequate resources to meet clients' needs.

(b) Social workers should advocate for resource allocation procedures that are open and fair. When not all clients' needs can be met, an allocation procedure should be developed that is nondiscriminatory and based on appropriate and consistently applied principles.

(c) Social workers who are administrators should take reasonable steps to ensure that adequate agency or organizational resources are available to provide appropriate staff supervision.

(d) Social work administrators should take reasonable steps to ensure that the working environment for which they are responsible is consistent with and encourages compliance with the NASW Code of Ethics. Social work administrators should take reasonable steps to eliminate any conditions in their organizations that violate, interfere with, or discourage compliance with the Code.

3.08 Continuing Education and Staff Development

Social work administrators and supervisors should take reasonable steps to provide or arrange for continuing education and staff development for all staff for whom they are responsible. Continuing education and staff development should address current knowledge and emerging developments related to social work practice and ethics.

3.09 Commitments to Employers

(a) Social workers generally should adhere to commitments made to employers and employing organizations.

(b) Social workers should work to improve employing agencies' policies and procedures and the efficiency and effectiveness of their services.

(c) Social workers should take reasonable steps to ensure that employers are aware of social workers' ethical obligations as set forth in the NASW Code of Ethics and of the implications of those obligations for social work practice.

(d) Social workers should not allow an employing organization's policies, procedures, regulations, or administrative orders to interfere with their ethical practice of social work. Social workers should take reasonable steps to ensure that their employing organizations' practices are consistent with the NASW Code of Ethics.

(e) Social workers should act to prevent and eliminate discrimination in the employing organization's work assignments and in its employment policies and practices.

(f) Social workers should accept employment or arrange student field placements only in organizations that exercise fair personnel practices.

(g) Social workers should be diligent stewards of the resources of their employing organizations, wisely conserving funds where appropriate and never misappropriating funds or using them for unintended purposes.

3.10 Labor-Management Disputes

(a) Social workers may engage in organized action, including the formation of and participation in labor unions, to improve services to clients and working conditions.

(b) The actions of social workers who are involved in labor-management disputes, job actions, or labor strikes should be guided by the profession's values, ethical principles, and ethical standards. Reasonable differences of opinion exist among social workers concerning their primary obligation as professionals during an actual or threatened labor strike or job action. Social workers should carefully examine relevant issues and their possible impact on clients before deciding on a course of action.

4. Social Workers' Ethical Responsibilities as Professionals

4.01 Competence

(a) Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.

(b) Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.

(c) Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics.

4.02 Discrimination

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability.

4.03 Private Conduct

Social workers should not permit their private conduct to interfere with their ability to fulfill their professional responsibilities.

4.04 Dishonesty, Fraud, and Deception

Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception.

4.05 Impairment

(a) Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.

(b) Social workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others.

4.06 Misrepresentation

(a) Social workers should make clear distinctions between statements made and actions engaged in as a private individual and as a representative of the social work profession, a professional social work organization, or the social worker's employing agency.

(b) Social workers who speak on behalf of professional social work organizations should accurately represent the official and authorized positions of the organizations.

(c) Social workers should ensure that their representations to clients, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, services provided, or results to be achieved are accurate. *Social workers should claim only those relevant professional credentials they actually possess and take steps to correct any inaccuracies or misrepresentations of their credentials by others.*

4.07 Solicitations

(a) Social workers should not engage in uninvited solicitation of potential clients who, because of their circumstances, are vulnerable to undue influence, manipulation, or coercion.

(b) *Social workers should not engage in solicitation of testimonial endorsements (including solicitation of consent to use a client's prior statement as a testimonial endorsement) from current clients or from other people who, because of their particular circumstances, are vulnerable to undue influence.*

4.08 Acknowledging Credit

(a) Social workers should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed.

(b) Social workers should honestly acknowledge the work of and the contributions made by others.

5. Social Workers' Ethical Responsibilities to the Social Work Profession

5.01 Integrity of the Profession

(a) Social workers should work toward the maintenance and promotion of high standards of practice.

(b) Social workers should uphold and advance the values, ethics, knowledge, and mission of the profession. Social workers should protect, enhance, and improve the integrity of the profession *through appropriate study and research, active discussion, and responsible criticism of the profession.*

(c) Social workers should contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the *social work profession. These activities may include teaching, research, consultation, service, legislative testimony, presentations in the community, and participation in their professional organizations.*

(d) Social workers should contribute to the knowledge base of social work and share with colleagues their knowledge related to practice, research, and ethics. Social workers should seek to contribute to the profession's literature and to share their knowledge at professional meetings and conferences.

(e) Social workers should act to prevent the unauthorized and unqualified practice of social work.

5.02 Evaluation and Research

(a) Social workers should monitor and evaluate policies, the implementation of programs, and practice interventions.

(b) Social workers should promote and facilitate evaluation and research to contribute to the development of knowledge.

(c) Social workers should critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice.

(d) Social workers engaged in evaluation or research should carefully consider possible consequences and should follow guidelines developed for the protection of evaluation and research participants. Appropriate institutional review boards should be consulted.

(e) Social workers engaged in evaluation or research should obtain voluntary and written informed consent from participants, when appropriate, without any implied or actual deprivation or penalty for refusal to participate; without undue inducement to participate; and with due regard for participants' well-being, privacy, and dignity. Informed consent should include information about the nature, extent, and duration of the participation requested and disclosure of the risks and benefits of participation in the research.

(f) When evaluation or research participants are incapable of giving informed consent, social workers should provide an appropriate explanation to the participants, obtain the participants' assent to the extent they are able, and obtain written consent from an appropriate proxy.

(g) Social workers should never design or conduct evaluation or research that does not use consent procedures, such as certain forms of naturalistic observation and archival research, unless rigorous and responsible review of the research has found it to be justified because of its prospective scientific, educational, or applied value and unless equally effective alternative procedures that do not involve waiver of consent are not feasible.

(h) Social workers should inform participants of their right to withdraw from evaluation and research at any time without penalty.

(i) Social workers should take appropriate steps to ensure that participants in evaluation and research have access to appropriate supportive services.

(j) Social workers engaged in evaluation or research should protect participants from unwarranted physical or mental distress, harm, danger, or deprivation.

(k) Social workers engaged in the evaluation of services should discuss collected information only for professional purposes and only with people professionally concerned with this information.

(l) Social workers engaged in evaluation or research should ensure the anonymity or confidentiality of participants and of the data obtained from them. Social workers should inform participants of any limits of confidentiality,

the measures that will be taken to ensure confidentiality, and when any records containing research data will be destroyed.

(m) Social workers who report evaluation and research results should protect participants' confidentiality by omitting identifying information unless proper consent has been obtained authorizing disclosure.

(n) Social workers should report evaluation and research findings accurately. They should not fabricate or falsify results and should take steps to correct any errors later found in published data using standard publication methods.

(o) Social workers engaged in evaluation or research should be alert to and avoid conflicts of interest and dual relationships with participants, should inform participants when a real or potential conflict of interest arises, and should take steps to resolve the issue in a manner that makes participants' interests primary.

(p) Social workers should educate themselves, their students, and their colleagues about responsible research practices.

6. Social Workers' Ethical Responsibilities to the Broader Society

6.01 Social Welfare

Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.

6.02 Public Participation

Social workers should facilitate informed participation by the public in shaping social policies and institutions.

6.03 Public Emergencies

Social workers should provide appropriate professional services in public emergencies to the greatest extent possible.

6.04 Social and Political Action

(a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice.

(b) Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups.

(c) Social workers should promote conditions that encourage respect for cultural and social diversity within the United States and globally. Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm equity and social justice for all people.

(d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, or mental or physical disability.



National Association of Social Workers

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*Rec'd
No 4*

**DO YOU WANT A MENTAL HEALTH CLINIC ON
JANELLEN DRIVE?**

Someone is asking to open a mental health clinic on Janelen Drive.

A public hearing will be held at 10 a.m. on Wednesday, July 30.
(Case # 03532-X) Government phone # 410-887-3391

PATIENTS WHO ARE EXPERIENCING MENTAL HEALTH PROBLEMS.
whether it's for depression or anger, marriage counseling, drug rehabilitation,
have something in common. Their driving skills are impaired. They are
disturbed, distracted and focused on internal conflicts.

This is an upscale family neighborhood with an outstanding elementary school.
A Licensed Clinical Social Worker would attract people who could compromise
the well being of our children.

I know this is late notice, but if you are interested in objecting to this proposed
zoning change, please phone immediately. 410-484-6208.

**A ZONING CHANGE THAT ALLOWS OFFICES AND
BUSINESSES IN OUR RESIDENTIAL NEIGHBORHOOD IS
NOT A GOOD IDEA.**

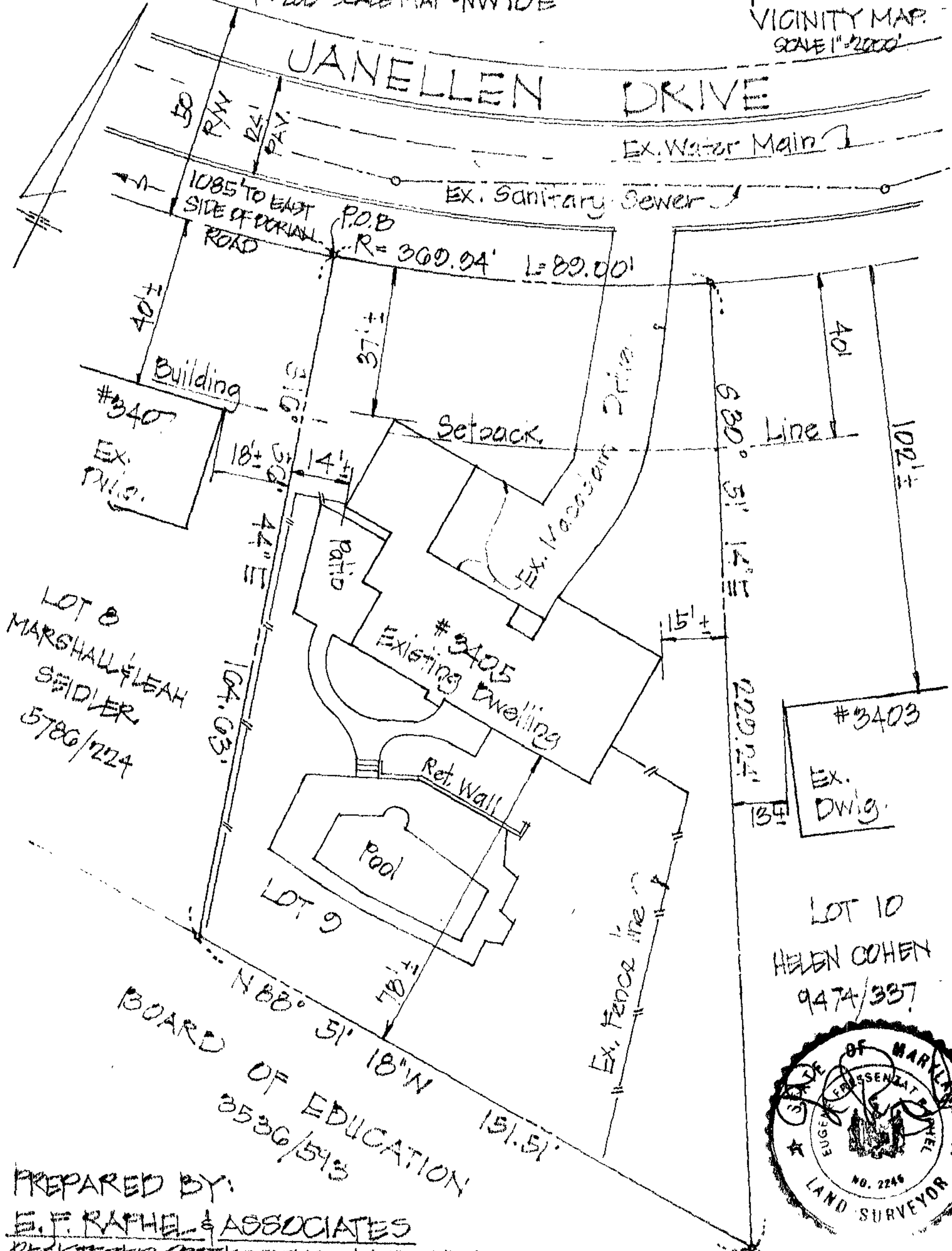
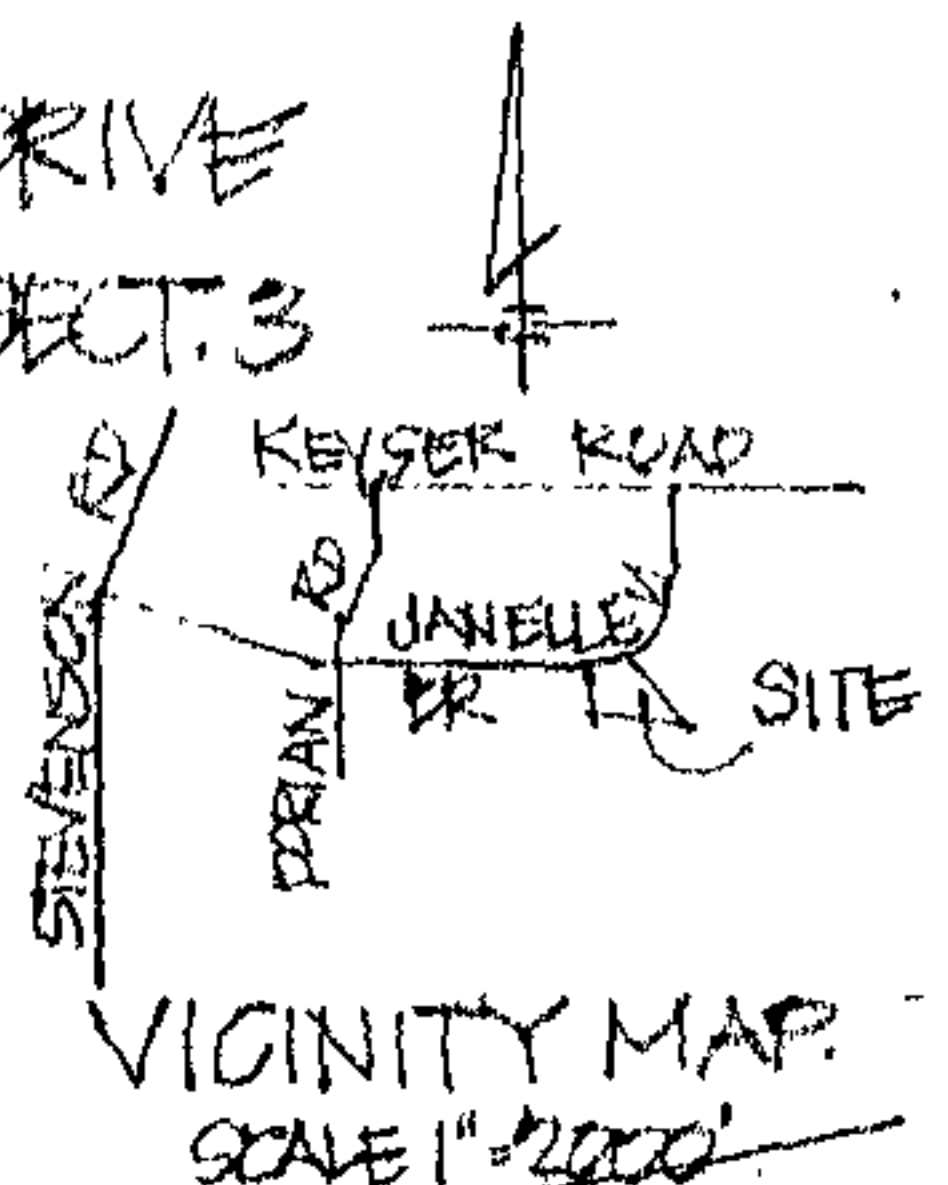


Occupational Safety
and Health Administration

U.S. Department of Labor

www.osha.gov

PLAT TO ACCOMPANY PETITION FOR
 SPECIAL EXCEPTION FOR #3405 JANELLEN DRIVE
 SUBDIVISION NAME GLENMAR P.B. 25/03 LOT 9 SECT. 3
 OWNER: OSCAR & ESTELA ABOUCH
 11TH DIST. DIST. 2ND COUNCILMANIC ZONING DR 2
 LOT SIZE 23,522.97' 0.54 AC± PUBLIC SEWER & WATER
 1"=200' SCALE MAP - NW 10E



PREPARED BY:
E. F. RAFAEL & ASSOCIATES
 REGISTERED PROFESSIONAL LAND SURVEYOR
 205 COURTLAND AVENUE
 TOWSON, MD 21204
 PHONE: 410-825-3908

NO CEQA, NO 100 YR FLOOD PLAIN,
 NO HISTORIC, NO PRIOR ZONING
 VIOLATING

