



Workplace Violence Prevention at Inpatient Healthcare Facilities

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Defining Workplace Violence (WPV)

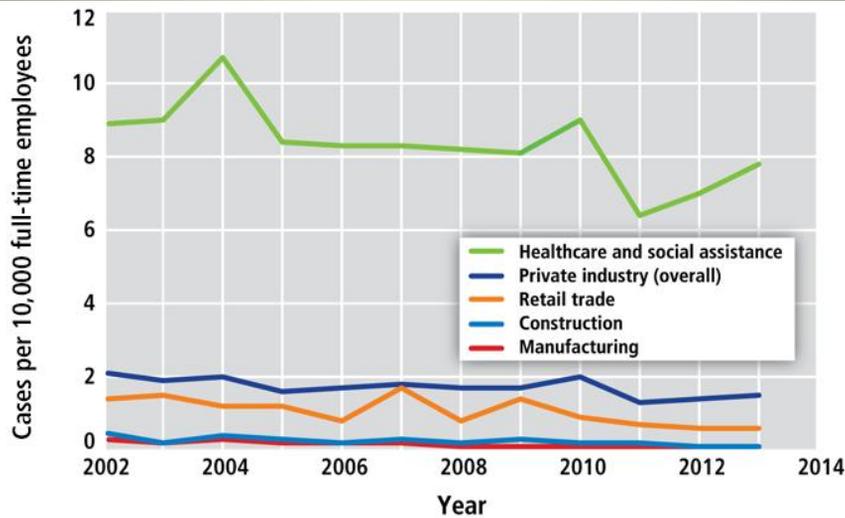
“Violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty.” (OSHA’s Guidelines for Preventing Workplace Violence for Healthcare and Social Services Workers’)

Enforcement activities typically focus on physical assaults or threats that result or can result in serious physical harm.

Verbal violence—threats, verbal abuse, hostility, harassment, and similar - which can cause significant psychological trauma and stress.

Verbal assaults can also escalate to physical violence.

Workplace Violence



Data source: Bureau of Labor Statistics data for intentional injuries caused by humans, excluding self-inflicted injuries.

Magnitude of the Problem in U.S.

- Approximately 15% of all non-fatal violence occurs in workplaces (DOJ, 2011)
- 521 homicides/year (BLS, 2009)
- 572,000 victimizations/yr. among public & private sector workers (DOJ, 2002)
- Nearly 60% of non-fatal assaults resulting in lost work days occur in the healthcare sector (BLS, 2010)
- 80% of healthcare worker lost time injuries are caused by patients/residents (BLS, 2013)
- Only 1% of healthcare worker lost time injuries are caused by a criminal assault (BLS, 2013)

Prevalence of Workplace Violence in Healthcare Facilities

- **21 % of registered nurses and nursing students** reported being physically assaulted—and **over 50 %** verbally abused—in a 12-month period
- **12 % of emergency department nurses** experienced physical violence—and **59 %** verbal abuse—during a seven-day period
- **13 % of employees** in Veterans Health Administration hospitals reported being assaulted in a year

Violence is vastly underreported

What Workers Have Told OSHA Across Settings and States

- Patient rights movement creates a huge challenge to staff protection
- Culture that WPV is “part of the job”
- Resistance/reprisal for filing criminal charges against patient/client
- Inadequate staffing - very high risk situation
 - Increases patient agitation
 - Makes staff easy targets
- Lack of regulations results in lack of motivation to have WPV programming, even in high risk settings



Workplace violence comes at a high cost

- Treatment for violent injuries
- Lost wages
- Replacing healthcare personnel
 - Recruiting/hiring/orientation
 - Training new personnel
- Medication errors due to injury and stress

Exposure

Exposure =

patient/resident/client/family/visitor/public

- Dynamic and moderated by clinical management, work environment, work organization, worker skills/interactions
- Exposure can occur either during healthcare activities or as the result of criminal activity



High-risk areas include:

- Emergency departments
- Geriatrics
- Behavioral health

Some medical professions are more at risk than others, e.g., psychiatric aides.

Exposure: Trigger Characteristics

- Mental illness
 - Untreated psychotic symptoms
 - Risk factors associated with illness (e.g. substance abuse, homelessness, incarceration)
- History of violence (history of trauma)
- Cognitive impairment
 - Elderly, developmentally disabled
- Substance abuse
- Individuals with access to weapons

Prevention Strategy Across Settings

- Comprehensive Violence Prevention Program
- Recognition of link between resident/staff safety as reflected in culture of safety for both
- Process for determination (and monitoring) of risk factors for workplace violence
- Use of behavioral contracts for high risk clients
- Enforce strict code of behavior and have consequences for violation of code (including pressing criminal charges)

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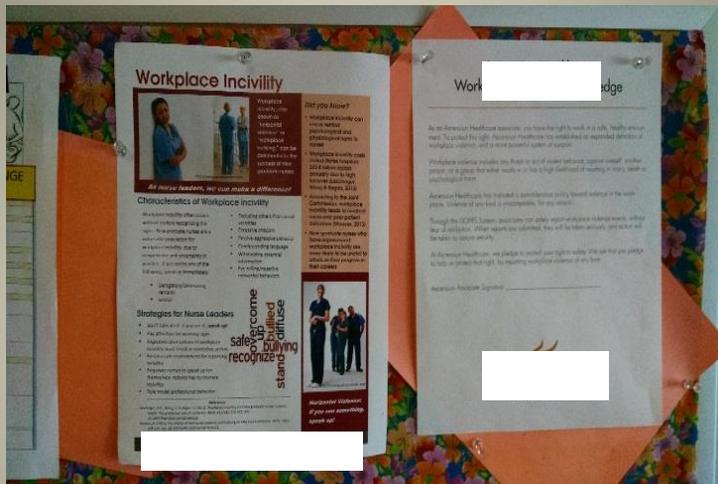
Workplace Violence Prevention: What it Looks Like in Practice

- Joint labor/management team
- Ongoing review of incident/injury data
- Review, analyze and revision of policies
- Collect new data where needed (e.g. focus groups, interviews, staff surveys)
- Evaluate physical work environment
- Teamwork to implement changes
- Providing information and training to staff

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Topics for Management to Address:

- The facility's program and policies for addressing and preventing violence
- Workplace violence prevention training
- The facility's system for reporting and tracking instances of physical and nonphysical violence (e.g. verbal abuse and bullying)
- The facility's system for recording and notifying staff about specific residents who have a tendency to violent acts



Signs and posters throughout a facility emphasizing the facility's mission and the roles that staff, visitors, and patients can all play in creating a healing environment.

Environmental Hazards

- Inadequate lighting or distracting noise
- Objects/furnishings as weapons
- Sharp edges, hard surfaces
- No access control (in/out of units, access to nurse's stations)
- Working in isolation, hidden areas
- Lack of surveillance cameras
- Lack of security hardware, alarm systems

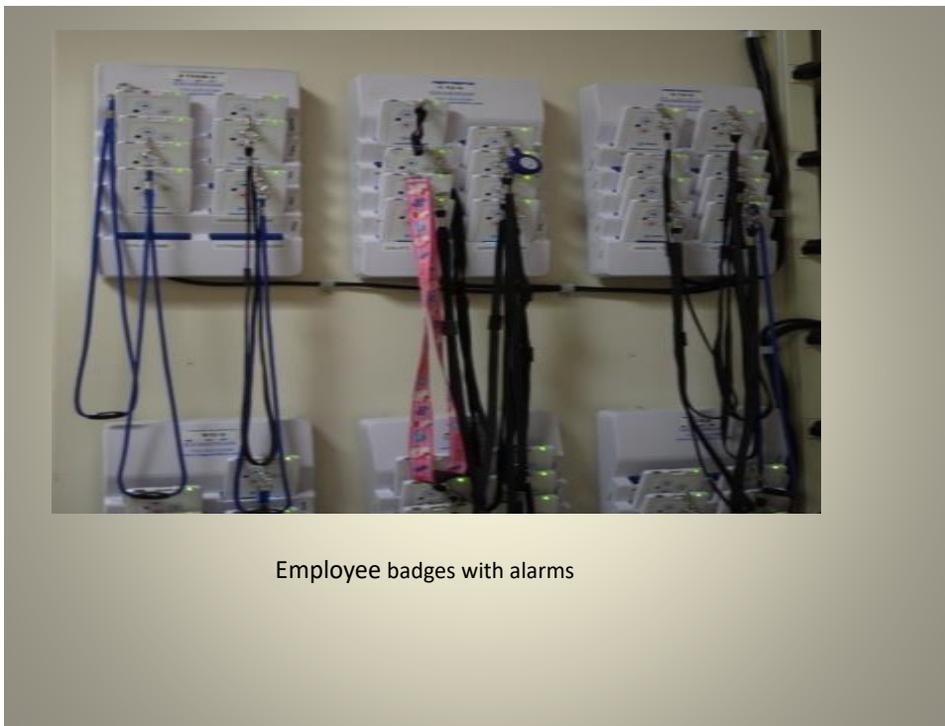
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Environmental Controls

- Arrange furniture to prevent entrapment
- Curved mirrors at hallway intersections
- Comfortable waiting areas for clients/visitors
- Adequate lighting
- Opportunity for passive surveillance
- Panic buttons, cell phones, alarms, cameras, etc.
- Assess construction/renovation plans

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Hazard Controls



Employee badges with alarms

Administrative Controls

- Adequate experienced and trained staffing
- Assessment of resident to determine appropriate staffing
- Liaison with police
- Reduce waiting time for clients/visitors
- No solo work in high-risk areas/jobs
- Report/record all incidents
- Availability of resident risk information

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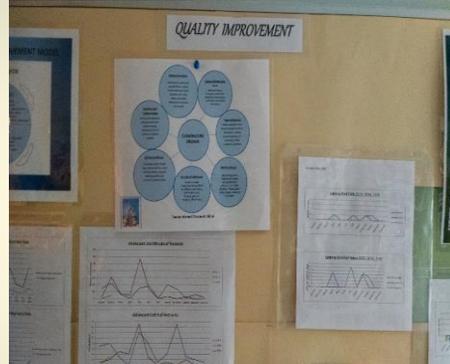
Safety and Health Training Programs

The violence prevention training programs are most effective if they are designed to address the needs of different groups of healthcare personnel, and specifically for a facility or unit's particular risk profile.



Recordkeeping and Program Evaluation

- Recordkeeping (injury reports, incident reports, OSHA Logs)
- Reporting (process to report WPV injuries, incidents, and near misses)
- Incident Review (Root Cause Analysis, solutions, report to staff)
- Program Evaluation (should be done annually)



Bulletin boards in staff areas can help keep employees aware of program performance. This board in a behavioral health hospital shows employees how effective are their efforts to reduce the use of restraints and seclusion.

WPV Directive

OSHA's Directive, Enforcement Procedures for Investigating or Inspecting Workplace Violence Incidents, CPL 02-01-052

- This instruction establishes general policy guidance and procedures for field offices to apply when conducting inspections in response to incidents of workplace violence.

Criteria for Initiating an OSHA WPV Inspection

- Known risk factors
 - Working with volatile people
 - Working alone or in small number
 - Working late at night
- Evidence of employer/industry knowledge
 - High risk industries – health care, late night retail, correctional facilities
- Feasible means of abatement

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Conducting an Inspection

- Written Workplace Violence Prevention Program?
- Joint labor/management workplace violence or general health and safety committee?
- Designated security personnel?
- Process for hazard assessment?
 - Incident reporting and review
 - Post (critical) incident debrief process
 - Environmental survey/assessment

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Conducting an Inspection

- Resident/client risk of violence determination?
- Communication of risk determination to direct care staff?
- Communication of change in resident behavior/violence risk?
- Availability of additional staff to assist with high risk residents?
- System for rapid communication when staff are threatened?

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Training: Necessary, but is Usually Not Sufficient

- Explanation of the program and system for reporting and follow-up
- Risk of particular resident population/setting
- Early intervention de-escalation techniques
- Policy for restraint and seclusion
- Physical intervention techniques (if early intervention fails)

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Citations for WPV Hazards: Elements of the General Duty Clause

- A serious workplace violence hazard exists and employees are exposed to the hazard
- Industry/employer recognition
- Hazard caused or was likely to cause death or serious physical harm
- There are feasible means of abatement

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The Future of WPV Regulations

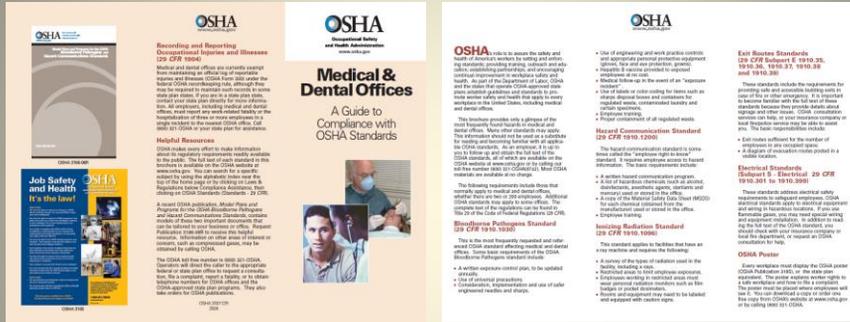
- In 2016 OSHA issued Request for Information on whether to propose a WPV standard
- In 2017 OSHA received public comments on WPV and whether to propose a WPV standard
- Cal OSHA's Workplace Prevention in Health Care Standard went into effect April 2017
- In early 2019, US House of Representatives introduced a bill to mandate that OSHA create a WPV standard for healthcare and social services

WPV Resources: OSHA Web Site

The screenshot shows the OSHA website homepage. At the top, the 'UNITED STATES DEPARTMENT OF LABOR' logo is on the left, and social media icons and a search bar are on the right. The search bar contains the text 'Find it in OSHA'. Below the logo, the text 'Occupational Safety & Health Adminis' is visible, with a yellow arrow pointing to it. A navigation menu includes 'A to Z Index', 'Contact Us', 'FAQs', 'Newsroom', 'About OSHA', and 'What's New'. A secondary menu lists 'Worker Rights', 'Anti-Retaliation', 'Regulations', 'Employers', 'Data & Statistics', 'Enforcement', 'Training', 'Publications', 'Hazards', and 'En Español'. The main content area features a news article titled 'OSHA seeks comments on updated Safety and Health Program Management Guidelines' with a 'Visit web page' button. To the right, a sidebar contains links for 'Safety & Health Programs', 'Free On-site Consultation', 'Employers Must Post Summaries', 'Filing a Complaint', and 'Reporting Fatalities & Severe Injury'. The 'Reporting Fatalities & Severe Injury' link is circled in yellow. Below the news article, there is a 'NEWSLETTER' section with a 'Sign Up' button and a 'NEWS' section with a 'More News' button. A 'HOW TO...' section lists various resources like 'File a complaint', 'Get a FREE OSHA poster', and 'Get information on reporting severe work-related injuries'. A red circle highlights the 'OSHA QuickTakes' link in the newsletter section. A green circle highlights the 'Free On-site Consultation' link in the sidebar. A red circle highlights the search bar at the top right.

The screenshot shows the 'Worker Safety in Hospitals' webpage. The top navigation bar includes 'Home', 'Workers', 'Regulations', 'Enforcement', 'Data & Statistics', 'Training', 'Publications', 'Newsroom', and 'Small Business'. The main header features the title 'Worker Safety in Hospitals' and the subtitle 'Caring for our Caregivers' over a background image of healthcare workers. A sidebar on the left lists various resources: 'Worker Safety in Hospitals Home', 'Understanding the Problem', 'Safety & Health Management Systems', 'Safe Patient Handling', 'MSD Assessment', 'Management Support', 'Policy / Program Development', 'Facility & Patient Needs Assessment', 'Facilitating Change', 'Safe Patient Handling Equipment', 'Education & Training', 'Program Evaluation', and 'Additional Resources'. The main content area contains three panels: 1) 'Understanding the Problem' with a puzzle icon and text stating 'Did you know that a hospital is one of the most hazardous places to work? In 2011, U.S. hospitals recorded 253,700 work-related injuries and illnesses...'. 2) 'Safety & Health Management Systems' with a gear icon and text stating 'A safety and health management system can help build a culture of safety, reduce injuries, and save money.' 3) 'Safe Patient Handling' with a person icon and text stating 'Safe patient handling programs, policies, and equipment can help cost-effectively reduce the biggest cause of workplace injuries.' Each panel has a 'Learn More' button.

OSHA Publications



Publications can be found at:
<https://www.osha.gov/pls/publications/publication.html>

More OSHA Publications

- Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers
- <https://www.osha.gov/Publications/osha3148.pdf>





Working Together, We Can Help

www.osha.gov

800-321-OSHA (6742)