

# OSHA & Worker Safety

## Assault Halt

*OSHA and The Joint Commission offer guidance and resources to curb workplace violence*

Hospitals, clinics, and other health care facilities are regarded by patients and staff as safe harbors for healing and comfort. Yet, recent events demonstrate that they can actually be downright dangerous places. Consider that, in 2013, 16.2 cases of workplace violence per 10,000 full-time health care workers were recorded versus 4.2 cases per 10,000 full-time private-sector workers.<sup>1</sup> In addition, 2,034 US Occupational Safety and Health Administration (OSHA)–recordable injuries were attributed to workplace violence in health care facilities between 2012 and 2014.<sup>2</sup> Between 2011 and 2013, nearly three out of four workplace assaults occurred in health care and social service settings, per the Bureau of Labor Statistics.<sup>3</sup>

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—Lyn Penniman, director of OSHA’s Office of Physical Hazards

In characterizing workplace violence, OSHA defers to the following definition

### OSHA Online Portal

OSHA remains instrumental in supporting and educating employers and the public about workplace violence in the health care setting.

“OSHA personnel continue to serve as valuable resources for employers and employees by speaking at professional conferences and responding to inquiries and complaints,” says Lyn Penniman, RN, MPH, director of OSHA’s Office of Physical Hazards. “But our main vehicle for education and information is the OSHA website.”

OSHA’s newest online addition is a portal entitled Worker Safety in Hospitals (at [http://www.osha.gov/dsg/hospitals/workplace\\_violence.html](http://www.osha.gov/dsg/hospitals/workplace_violence.html)), which offers a convenient suite of resources to help health care organizations institute a comprehensive workplace violence program in their facilities. Highly recommended tools and documents available at this portal include the following:

- Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers (OSHA): <http://www.osha.gov/Publications/OSHA3148.pdf>
- Workplace Violence in Healthcare: Understanding the Challenge (OSHA): <http://www.osha.gov/Publications/OSHA3826.pdf>
- Preventing Workplace Violence: A Road Map for Healthcare Facilities (OSHA): <http://www.osha.gov/Publications/OSHA3827.pdf>
- Workplace Violence Prevention and Related Goals: The Big Picture (OSHA): <http://www.osha.gov/Publications/OSHA3828.pdf>

provided by the National Institute for Occupational Safety and Health (NIOSH): “Violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty.”<sup>4</sup> Within health care facilities, violence can come from many sources, including patients, visitors, intruders, and coworkers. A violent event can occur at or outside the workplace and can range from threats and verbal abuse to physical assaults and homicide, one of the leading causes of job-related deaths, according to James Kendig, field director for The Joint Commission’s Division of Accreditation and Certification Operations.

Reducing on-the-job aggression risks

and incidences—particularly within the vulnerable environment of care—requires a focused effort from health care administrators and staff alike. OSHA and The Joint Commission offer ample recommendations and resources—including OSHA’s new Worker Safety in Hospitals online educational portal (see “OSHA Online Portal,” above, for details)—to prevent, manage, and respond to workplace violence.

### Recognizing the risks

Make no mistake: Every health care organization is at risk for occupational violence of varying degrees, which can differ depending on the setting or facility.

*(continued on page 6)*

Lyn Penniman, RN, MPH, director of OSHA's Office of Physical Hazards, says certain common factors/predictors can increase the likelihood of an aggressive event initiated by a patient, guest, or colleague.

"Among these are lifting, moving, and transporting patients; working with individuals who have a history of violence or who may be negatively influenced by drugs; working solo; caring for patients who are cognitively impaired; in pain, or agitated due to fear; serving in understaffed or high-crime rate areas; and working in a culture where violence is ignored or tolerated," says Penniman. "Poor environmental controls can also contribute to the problem, including inadequate lighting in exterior areas and hallways, deficient environmental design that may impede escape routes or vision, lacking a means of emergency communication, unrestricted public access, and overcrowded waiting areas and long wait times."

Kendig says health care personnel need to know the signs that might help detect an impending volatile situation. "This means recognizing when an individual is escalating in anxious, defensive, or aggressive words, behaviors, or actions," says Kendig, who adds that this requires proper training and role playing.

### Get with the program

Penniman says OSHA's first recommendation for averting workplace aggression is to establish a violence prevention program, which can be modeled from tips and tools accessible via the aforementioned Worker Safety in Hospitals online portal and OSHA's *Guidelines for Preventing Workplace Violence for Health-care and Social Service Workers*.

"Particular strategies to be bundled into that program will depend on the identified hazards, the type of facility and physical layout, the patient population,

## High Standards

The following Environment of Care (EC), Emergency Management (EM), and Leadership (LD) standards can help address issues related to workplace violence:

- **EC.01.01.01:** The organization plans activities to minimize risks in the environment of care. Elements of Performance (EPs) 1 and 4—Leaders identify an individual(s) to manage risk; and the organization has a written plan for managing the security of everyone who enters the organization's facilities.
- **EC.02.01.01:** The organization manages safety and security risks. EPs 1, 3 and 7—The organization: identifies safety and security risks associated with the environment of care that could affect patients, staff, and other people coming to the organization's facilities; takes action to minimize or eliminate identified safety and security risks in the physical environment; and identifies individuals entering its facilities.
- **EC.04.01.01:** The organization collects information to monitor conditions in the environment. EPs 1, 3, and 6—The organization establishes a process(es) for continually monitoring, internally reporting, and investigating injuries to patients or others and security incidents involving patients, staff, or others within its facilities; and based on its process(es), the organization reports and investigates injuries to patients or others and security incidents involving patients, staff, or others within its facilities.
- **EM.02.02.05:** As part of its Emergency Operations Plan, the organization prepares for how it will manage security and safety during an emergency. EPs 2 and 3—The EOP describes the roles that community security agencies (for example, police, sheriff, National Guard) will have in the event of an emergency and how the organization will coordinate security activities with these agencies.
- **LD.03.01.01:** Leaders create and maintain a culture of safety and quality throughout the organization.
- **LD.04.04.05:** The organization has an organizationwide, integrated patient safety program.

and additional factors," says Penniman. "Surveying staff and conducting focus groups can help identify areas of concern to address in your program and also serve as a valuable tool for measuring progress."

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*The Joint Commission's Accreditation and Certification Operations*

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In addition, fostering a culture of safety that allows for nonpunitive reporting of safety issues, treats incidents seriously, and triggers consequences can

encourage accurate reporting, she says.

"Staff must have confidence that concerns they share with leadership will be considered seriously," adds George Mills, Director of Engineering for the Joint Commission, "An effective safety culture allows staff to share freely knowing their input is valued."

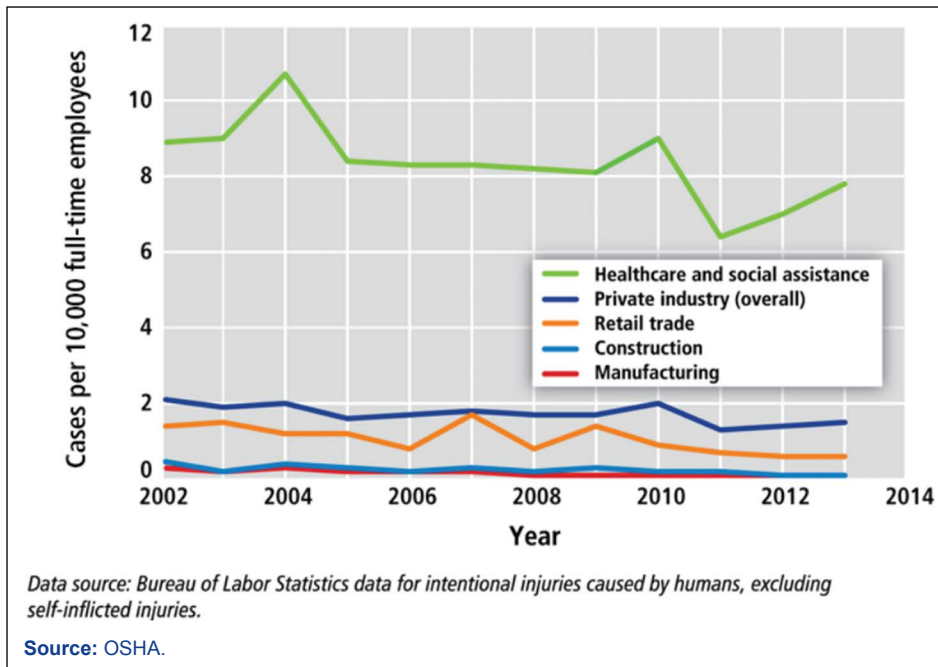
Kendig says several key elements are required to ensure a stronger culture of safety. "These include emphasizing senior leadership support, engaging employees, instituting safety and security policies that support the reporting of safety issues by employees, fostering a strong relationship with local law enforcement, and implementing preparedness activities like drills and tabletop exercises."

### Other prevention strategies

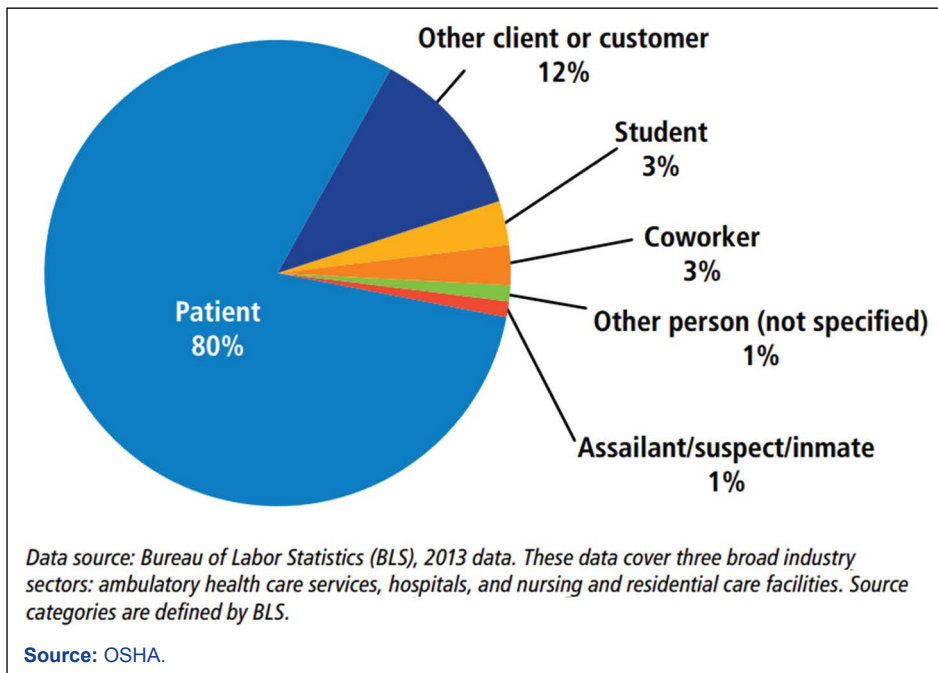
Kendig further suggests the following workplace violence prevention tips:

1. Complete a hazard vulnerability

**Figure 1. Violent Injuries Resulting in Days Away from Work, by Industry, 2002–2013.**



**Figure 2. Healthcare Worker Injuries Resulting in Days Away from Work, by Source.**



analysis to identify areas of weakness and risk.

- Evaluate and, if necessary, revise your Emergency Operations Plan (EOP).
- Understand and measure performance on safety-related issues. Establish better coordination and communication

between security personnel and clinical staff and a clearer understanding of the duties and responsibilities of each during a violent event.

- Implement necessary environmental controls, including many of the most commonly used in the emergency

## Helpful Links

Want more tips to thwart workplace violence? Check out these sites and documents:

- Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration and Innovation (The Joint Commission): <http://www.jointcommission.org/assets/1/18/TJC-ImprovingPatientAndWorkerSafety-Monograph.pdf>
- “Patient Safety Systems” Chapter for the Hospital program (The Joint Commission): [http://www.jointcommission.org/assets/1/18/PSC\\_for\\_Web.pdf](http://www.jointcommission.org/assets/1/18/PSC_for_Web.pdf)
- Preventing Violent and Criminal Events (The Joint Commission): [http://www.jointcommission.org/assets/1/23/Quick\\_Safety\\_Issue\\_Five\\_Aug\\_2014\\_FINAL.pdf](http://www.jointcommission.org/assets/1/23/Quick_Safety_Issue_Five_Aug_2014_FINAL.pdf)
- Occupational Violence (NIOSH): <http://www.cdc.gov/niosh/topics/violence>
- Healthcare Facility Workplace Violence Risk Assessment Tool (American Society for Healthcare Risk Management): <http://www.ashrm.org/resources/workplace-violence/index.shtml>

department (ED) (per the results of a 2011 Emergency Department Violence Surveillance Study conducted by the Emergency Nurses Association [ENA]): (1) making sure areas were well-lit (indicated by 91.5% of ENA survey respondents); (2) physical/leather restraints (88.2%); (3) security cameras (86.1%); (4) locked/coded ED entries (81.9%); (5) a pseudonym to call a code to alert other staff to a situation (77.8%); (6) chemical restraints (75.4%); and (7) panic button/silent alarm (74.7%).<sup>5</sup>

- Provide violence prevention training for employees that addresses topics such as violence awareness, de-escalation, and personal safety best practices (NIOSH offers a free online course aimed to help nurses identify and

(continued on page 10)

**OSHA & Worker Safety: Assault Halt**  
(continued from page 7)

prevent workplace violence; visit [http://www.cdc.gov/niosh/topics/violence/training\\_nurses.html](http://www.cdc.gov/niosh/topics/violence/training_nurses.html) for details.<sup>6)</sup>

“The right training can provide the means for workers to regain their composure, recall at least some of what they have learned, and commit to action,” says Kendig. “A properly trained individual will more likely respond effectively to a workplace violence incident.”

**Acting swiftly—following up thoroughly**

Many effective tactics for responding to a violent incident can be taught to, practiced by, and executed by staff—particularly techniques such as effective blocking

of punches and kicks; freeing yourself from grabs, choke holds, hair pulls, and bites; and maintaining a safe personal space buffer of three to six feet from a patient while providing care.

It’s also crucial to have systems and procedures in place to summon help, barricade areas, and notify occupants of a violent event, such as panic buttons, lockdown mechanisms, and code orange alert notifications.

“When an incident happens, anyone injured should be immediately evaluated and treated. Injured and affected workers should also receive a psychological evaluation, stress debriefing session, and posttraumatic counseling services,” says Penniman.

Post-incident evaluation is crucial to assess the root cause of the incident and prevent similar incidents in the future.




Panic buttons may be able to help organizations defuse a workplace violence incident quickly.

Source: OSHA.

“Investigate the incident and institute corrective actions. Make any necessary changes to your violence prevention program. And encourage employees to report and log all incidents and threats of workplace violence,” says Kendig.

Preventing workplace violence is an ongoing process that requires constant vigilance, regular assessment, and flexibility.

“Health care is unique and has its own set of challenges,” Penniman says. “Many organizations find that they can increase workplace safety as well as the quality of patient care by adopting management principles of high reliability or another similar approach that emphasizes accountability and transparency.” 

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## References

1. US Bureau of Labor Statistics. News Release: Nonfatal Occupational Injuries and Illnesses Requiring Days Away from Work, 2013. Dec 16, 2014. Accessed Mar 1, 2016. [http://www.bls.gov/news.release/archives/osh2\\_12162014.pdf](http://www.bls.gov/news.release/archives/osh2_12162014.pdf).
2. Goma AE, et al. Occupational traumatic injuries among workers in health care facilities—United States, 2012–2014, *MMWR Morb Mortal Wkly Rep*. 2015 Apr 24;64(15):405–410. Accessed Mar 1, 2016. [www.cdc.gov/mmwr/pdf/wk/mm6415.pdf](http://www.cdc.gov/mmwr/pdf/wk/mm6415.pdf).
3. US Occupational Safety and Health Administration. Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers. 2015. Accessed Mar 1, 2016. [www.osha.gov/Publications/osh3148.pdf](http://www.osha.gov/Publications/osh3148.pdf).
4. US Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. Violence in the Workplace. DHHS (NIOSH) Publication No. 96-100. Current Intelligence Bulletin 57. Jul 1996. Accessed Mar 1, 2016. <http://www.cdc.gov/niosh/docs/96-100/introduction.html>.
5. Emergency Nurses Association, Institute for Emergency Nursing Research. Emergency Department Violence Surveillance Study. Nov 2011. Accessed Mar 1, 2016. <https://www.ena.org/practice-research/research/Documents/ENAEEDVSRReportNovember2011.pdf>.
6. US Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health. Occupational Violence: Training and Education. Workplace Violence Prevention for Nurses. CDC Course No. WB1865 – NIOSH Pub. No. 2013-155. Accessed Mar 1, 2016. [www.cdc.gov/niosh/topics/violence/training\\_nurses.html](http://www.cdc.gov/niosh/topics/violence/training_nurses.html).

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