



Preventing Workplace Violence in Healthcare

Today more than 5 million U.S. hospital workers from many occupations perform a wide variety of duties. They are exposed to many safety and health hazards, including violence. Recent data indicates that hospital workers are at high risk for experiencing violence in the workplace. The purpose of this course is to increase worker and employer awareness of the risk factors for violence in hospitals and to provide strategies for reducing exposure to these factors.

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OSHAcademy Course 776 Study Guide

Preventing Workplace Violence in Healthcare

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This study guide is designed to be reviewed off-line as a tool for preparation to successfully complete OSHAcademy Course 776.

Read each module, answer the quiz questions, and submit the quiz questions online through the course webpage. You can print the post-quiz response screen which will contain the correct answers to the questions.

The final exam will consist of questions developed from the course content and module quizzes.

We hope you enjoy the course and if you have any questions, feel free to email or call:

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Course Introduction

Today more than 5 million U.S. hospital workers from many occupations perform a wide variety of duties. They are exposed to many safety and health hazards, including violence. Recent data indicate that hospital workers are at high risk for experiencing violence in the workplace.

Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It can affect and involve workers, clients, customers and visitors. It ranges from threats and verbal abuse to physical assaults and even homicide.

In 2010, the Bureau of Labor Statistics (BLS) data reported healthcare and social assistance workers were the victims of approximately 11,370 assaults by persons; a greater than 13% increase over the number of such assaults reported in 2009. Almost 19% of these assaults occurred in nursing and residential care facilities alone. Unfortunately, many more incidents probably go unreported.

Several studies indicate that violence often takes place during times of high activity and interaction with patients, such as at meal times and during visiting hours and patient transportation. Assaults may occur when service is denied, when a patient is involuntarily admitted, or when a health care worker attempts to set limits on eating, drinking, or tobacco or alcohol use.

The purpose of this course is to increase worker and employer awareness of the risk factors for violence in hospitals and to provide strategies for reducing exposure to these factors.

Module 1: What is Workplace Violence?

Workplace violence ranges from offensive or threatening language to homicide. The National Institute of 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.

Examples of violence include the following:

- Threats: Expressions of intent to cause harm, including verbal threats, threatening body language, and written threats.
- Physical assaults: Attacks ranging from slapping and beating to rape, homicide, and the use of weapons such as firearms, bombs, or knives.
- Muggings: Aggravated assaults, usually conducted by surprise and with intent to rob.

Case Reports

Here are some recent case reports provided by NIOSH:

- An elderly patient verbally abused a nurse and pulled her hair when she prevented him from leaving the hospital to go home in the middle of the night.
- An agitated psychotic patient attacked a nurse, broke her arm, and scratched and bruised her.
- A disturbed family member whose father had died in surgery at the community hospital walked into the emergency department and fired a small-caliber handgun, killing a nurse and an emergency medical technician and wounding the emergency physician.

These circumstances of hospital violence differ from the circumstances of workplace violence in general. In other workplaces, such as convenience stores and taxicabs, violence most often relates to robbery. Violence in hospitals usually results from patients and occasionally from their family members who feel frustrated, vulnerable, and out of control.

Who is at Risk?

Although anyone working in a hospital may become a victim of violence, nurses and aides who have the most direct contact with patients are at higher risk. Other hospital personnel at

increased risk of violence include emergency response personnel, hospital safety officers, and all health care providers.

Violence may occur anywhere in the hospital, but it is most frequent in the following areas:

- psychiatric wards
- emergency rooms
- waiting rooms
- geriatric units

Case Report

A psychiatric technician died after she was strangled by a patient at a forensic psychiatric facility in California. The patient assaulted the victim while the victim was walking alone across the large, open grounds of the facility Secure Treatment Area (STA)). The victim carried a personal alarm that was not able to transmit a signal inside to security personnel or treatment team staff from the STA grounds.

At the time of the assault, security personnel were at the entrance to the STA but nowhere else within the grounds. The alleged assailant had been admitted to this facility in 1999 after conviction for violent assault and being declared not guilty because of insanity. He had a long, documented history of assault and verbal abuse to other patients and staff.

The alleged assailant's unrestricted grounds pass had been suspended by his treatment team on two occasions because of physical and verbal assaults within three weeks prior to this incident. However, the treatment team restored his grounds pass and he was on the grounds of the STA without supervision on the day of the incident.

The investigative team determined that, to prevent future occurrences, forensic psychiatric facilities should develop and implement a comprehensive written workplace violence injury prevention program. This program should include the following elements to reduce the risk of violent assaults to staff:

- Security personnel or co-workers should accompany individual employees when walking through open or unsecured areas.

-
- As part of an emergency response plan, personal alarms worn by employees should be operational throughout all areas of the facility.
 - The facility should assign hospital police officers and/or security personnel to locations where they can monitor patients for assaultive behavior.
 - The facility should implement policies for issuing and suspending grounds passes for patients at risk of committing violent assault.
-

Violence Effects

The effects of violence can range in intensity and include the following:

- minor physical injuries
- serious physical injuries
- temporary and permanent physical disability
- psychological trauma
- death

Violence may also have negative organizational outcomes such as low worker morale, increased job stress, increased worker turnover, reduced trust of management and coworkers, and a hostile working environment.

Risk Factors

The risk factors for violence vary from hospital to hospital depending on location, size, and type of care.

Common risk factors for hospital violence include the following:

- working directly with volatile people, especially if they are under the influence of drugs or alcohol or have a history of violence or certain psychotic diagnoses
- working during understaffed times

- transporting patients
- long waits for service
- overcrowded, uncomfortable waiting rooms
- working alone
- poor environmental design
- inadequate security
- lack of staff training and policies for preventing and managing crises with potentially volatile patients
- drug and alcohol abuse
- unrestricted movement of the public
- poorly lit corridors, rooms, parking lots, and other areas

Prevention Strategies for Employers

To prevent violence in hospitals, employers should develop a safety and health program that includes:

- management commitment
- employee participation
- hazard identification
- safety and health training
- hazard prevention, control, and reporting

Employers should evaluate this program periodically. Although risk factors for violence are specific for each hospital and its work scenarios, employers can follow general prevention strategies.

Environmental Designs

- Develop emergency signaling, alarms, and monitoring systems.
- Install security devices such as metal detectors to prevent armed persons from entering the hospital.
- Install other security devices such as cameras and good lighting in hallways.
- Provide security escorts to the parking lots at night.
- Design waiting areas to accommodate and assist visitors and patients who may have a delay in service.
- Design the triage area and other public areas to minimize the risk of assault:
 - Provide staff restrooms and emergency exits.
 - Install enclosed nurses' stations.
 - Install deep service counters or bullet-resistant and shatterproof glass enclosures in reception areas.
 - Arrange furniture and other objects to minimize their use as weapons.

Administrative Controls

- Design staffing patterns to prevent personnel from working alone and to minimize patient waiting time.
- Restrict the movement of the public in hospitals by card-controlled access.
- Develop a system for alerting security personnel when violence is threatened.

Behavior Modifications

- Provide all workers with training in recognizing and managing assaults, resolving conflicts, and maintaining hazard awareness.

Module 1 Quiz

Use this quiz to self-check your understanding of the module content. You can also go online and take this quiz within the module. The online quiz provides the correct answer once submitted.

- 1. Which of the following is/are examples of workplace violence?**
 - a. Threats
 - b. Physical assaults
 - c. Muggings
 - d. All the above
- 2. Who has the highest risk of becoming a victim of workplace violence in a hospital setting?**
 - a. Anyone
 - b. Housekeeping staff
 - c. Nurses who have the most direct contact with patients
 - d. Security personnel
- 3. Violence may occur anywhere in the hospital, but it is most frequent in which areas?**
 - a. Psychiatric wards
 - b. Intensive care units
 - c. Waiting rooms
 - d. A and C are correct
- 4. Developing a system for alerting security personnel when violence is threatened is an example of _____.**

- a. behavior modifications
- b. engineering control
- c. administrative control
- d. environmental design

5. Which of the following is an example of a behavior modification?

- a. Design the triage area and other public areas to minimize the risk of assault
- b. Restrict the movement of the public in hospitals by card-controlled access
- c. Provide all workers with training in recognizing and managing assaults, resolving conflicts, and maintaining hazard awareness
- d. Develop emergency signaling, alarms, and monitoring systems

Module 2: Violence Prevention Programs

Introduction

OSHA published voluntary, generic safety and health program management guidelines for all employers to use as a foundation for their safety and health programs in 1989. These guidelines can include workplace violence prevention programs.

OSHA's violence prevention guidelines build on these generic guidelines by identifying common risk factors and describing some feasible solutions. Although not complete, 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
- long-term care facilities

The guidelines include:

- physicians
- registered nurses

- pharmacists
- nurse practitioners
- physicians' assistants
- nurses' aides
- therapists
- technicians
- public health nurses
- home health care workers
- social workers
- welfare workers
- emergency medical care personnel

Written Violence Prevention Programs

A written program for job safety and security, incorporated into the organizations 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.

Clear goals and objectives are needed to prevent workplace violence. It should be 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.
- 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.

Elements of an Effective Violence Prevention Program

The following 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
- recordkeeping and program evaluation

Management Commitment and Employee Involvement

Management commitment and employee involvement are complementary and essential elements of an effective safety and health program. To ensure an effective program, management and frontline 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](#).

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
- 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
- taking part in a continuing education program that covers techniques to recognize escalating agitation, assaultive behavior or criminal intent and discusses appropriate responses

Case Report

St. Vincent's Medical Center: training to minimize the risk of violence

The threat of violence is elevated at St. Vincent's Medical Center in Bridgeport, Connecticut, because the hospital frequently treats "forensic" patients from nearby correctional institutions. Some of these patients are known to be violent, but all such patients must be considered a threat because they may view the hospital as an escape opportunity. St. Vincent's director of safety and security has implemented a multi-pronged strategy to minimize risk to employees, patients, visitors, and the community."

- St. Vincent's has established protocols that must be followed before any forensic patient can be sent to the hospital for treatment. These protocols have been arranged with local correctional institutions and include an exchange of information about the patient, his/her condition, medications, and precautions to be taken. Where necessary, additional security support is put in place in advance of the patient's arrival.
 - Patients enter the unit through a locked vestibule system. All patients are required to disrobe and change into hospital attire while being observed by trained staff through a one-way mirror.
-

- Staff identification badges in the unit feature an automatic paging alert. A staff member who feels threatened can simply tear off their card to activate the alert. The alert goes directly to the nearby security office. The security office can also page all unit employees with situational updates or instructions on what to do if an incident occurs.
 - Staff on the unit undergo extensive training, including training on managing aggressive behavior, incident de-escalation, and active shooter response. Drills are held frequently to test procedures and evaluate training effectiveness.
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Module 2 Quiz

Use this quiz to self-check your understanding of the module content. You can also go online and take this quiz within the module. The online quiz provides the correct answer once submitted.

1. **Clear _____ and _____ are needed to prevent workplace violence.**
 - a. goals, supervision
 - b. goals, objectives
 - c. objectives, support
 - d. supervision, support

2. **A workplace violence program does not need to include continuing education to recognize escalating violence.**
 - a. True
 - b. False

3. **Which of the following is/are essential elements of an effective safety and health program?**
 - a. Management commitment
 - b. Employee involvement
 - c. Supervision
 - d. Both A and B are correct

4. **A workplace violence program must be suitable for the _____ and _____ of the operation.**
 - a. size, use
 - b. size, complexity
 - c. complexity, use
 - d. location, size

5. Management commitment should include concern for employee emotional and physical safety and health.

- a. True
- b. False

Module 3: Worksite Analysis

Value of Worksite Analysis

A worksite analysis involves a step-by-step 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 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
- 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.

Focus of a Worksite Analysis

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

- analyzing and tracking records
- screening surveys

- analyzing workplace security

Records Analysis and Tracking

This activity should include reviewing medical, safety, workers' compensation and insurance records—including the OSHA Log of Work-Related Injury and Illness (OSHA Form 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 in particular:

- departments
- units
- job titles
- unit activities
- workstations
- time of day

Employers should tabulate these data to target the frequency and severity of incidents to establish a baseline for measuring improvement. They need to 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.

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.

Conducting 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 and unsecured access
 - 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.

Module 3 Quiz

Use this quiz to self-check your understanding of the module content. You can also go online and take this quiz within the module. The online quiz provides the correct answer once submitted.

- 1. When should periodic surveys be conducted?**
 - a. Weekly
 - b. Annually
 - c. Daily
 - d. Monthly

- 2. Which of the following is an important screening tool to confirm the need for improved security measures?**
 - a. Employee questionnaire
 - b. Interviews
 - c. Survey
 - d. Both A and C are correct

- 3. The safety coordinator should identify jobs or locations with the greatest risk of violence.**
 - a. True
 - b. False

- 4. The recommended program for worksite analysis includes _____.**
 - a. screening surveys
 - b. interviews
 - c. questionnaires
 - d. involvement

Module 4: Hazard Prevention and Control

Introduction

After hazards are identified through the 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.

Engineering Controls

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 below. 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.

Administrative and Work Practice Controls

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.
- 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.
- Institute a sign-in procedure with passes for visitors. Enforce visitor hours and procedures.
- Supervise the movement of psychiatric clients and patients throughout the facility.
- 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.
- Treat and interview aggressive or agitated clients in relatively open areas that still maintain privacy and confidentiality (such as rooms with removable partitions).
- Prepare contingency plans to treat clients who are "acting out" or making verbal or physical attacks or threats.
- Ensure that nurses and physicians are not alone when performing intimate physical examinations of patients.
- 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.

Employer Responses to Incidents 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
- 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 it will 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 Tips for Hospital Workers

Watch for signals that may be associated with impending violence:

- verbally expressed anger and frustration
- body language such as threatening gestures
- signs of drug or alcohol use
- presence of a weapon

Maintain behavior that helps diffuse anger:

- Present a calm, caring attitude.
- Don't match the threats.
- Don't give orders.
- Acknowledge the person's feelings (for example, "I know you are frustrated").
- Avoid any behavior that may be interpreted as aggressive (for example, moving rapidly, getting too close, touching, or speaking loudly).

Be alert:

- Evaluate each situation for potential violence when you enter a room or begin to relate to a patient or visitor.
- Be vigilant throughout the encounter.
- Don't isolate yourself with a potentially violent person.
- Always keep an open path for exiting - don't let the potentially violent person stand between you and the door.

Take these steps if you can't defuse the situation quickly:

- Remove yourself from the situation.
- Call security for help.
- Report any violent incidents to your management.

Case Reports

- A security screening system in a Detroit hospital included stationary metal detectors supplemented by hand-held units. The system prevented the entry of 33 handguns, 1,324 knives, and 97 mace-type sprays during a 6-month period.
- A violence reporting program in the Portland, Oregon, VA Medical Center identified patients with a history of violence in a computerized database. The program helped reduce the number of all violent attacks by almost 92% by alerting staff to take additional safety measures when serving these patients.
- A system restricting movement of visitors in a New York City hospital used identification badges and color-coded passes to limit each visitor to a specific floor. The hospital also enforced the limit of two visitors at a time per patient. In 18 months, these actions reduced the number of reported violent crimes by 65%.

All hospitals should develop a comprehensive violence prevention program. No universal strategy exists to prevent violence. The risk factors vary from hospital to hospital and from unit to unit. Hospitals should form multidisciplinary committees that include direct-care staff as well as union representatives (if available) to identify risk factors in specific work scenarios and to develop strategies for reducing them.

All hospital workers should be alert and cautious when interacting with patients and visitors. They should actively participate in safety training programs and be familiar with their employers' policies, procedures, and materials on violence prevention.

AnMed Health Medical Center: Staff Talent to Motivate Safety

Here is a good example of employees taking an active role in safety training:

AnMed Health employees take pride in writing, producing, and starring in worker safety training videos. Employees respond better when they see familiar faces; they find this form of training efficient and effective.

Module 4 Quiz

Use this quiz to self-check your understanding of the module content. You can also go online and take this quiz within the module. The online quiz provides the correct answer once submitted.

- 1. If violence occurs, _____ response can be an important tool in preventing future incidents.**
 - a. quick
 - b. post-incident
 - c. timely
 - d. delayed

- 2. Providing employee “safe rooms” for use during emergencies is an example of a(n) _____.**
 - a. work practice control
 - b. engineering control
 - c. administrative control
 - d. elimination

- 3. Which of the following could be signals that may be associated with impending violence?**
 - a. Verbally expressed anger and frustration
 - b. Disrespectful behavior
 - c. Presence of a weapon
 - d. Both A and C are correct

- 4. If you cannot defuse a violent situation, you should _____.**
 - a. call security
 - b. continue trying to stop the violence
 - c. try talking to the suspect
 - d. give the suspect a hug

5. Changes in work practices can help prevent violent incidents.

- a. True
- b. False

Module 5: Safety and Health Training

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

Training for All Employees

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.

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.

Training Components

Training 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 programs may be used, depending on the severity of the risk.

The training should also 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
- 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
- policies and procedures for obtaining medical care, counseling, workers' compensation or legal assistance after a violent episode or injury

Training for Supervisors and Managers

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.

Training for Security Personnel

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.

Case Report

UMC Brackenridge in Austin, Texas, realized that getting everyone to practice high reliability safety behaviors would not come easy. After all, it would require associates to be prepared to speak up and say to a colleague, or even a superior, “Excuse me, I feel at-risk for violence.”

Even though 100 percent of associates had received high reliability safety training, the hospital realized that it would need to do more. To help drive this practice throughout the organization, the hospital identified a select group of associates who showed a passion and interest in safety. These employees became “Safety Coaches” and were given additional training to equip them with the skills to create alignment and build consensus.

The Safety Coaches meet regularly to discuss situations, share ideas, and learn from each other. UMC Brackenridge credits its Safety Coach initiative with fostering an environment where every employee is empowered to intervene in a non-threatening, non-judgmental manner, and to question any other employee about a behavior, process, or procedure.

Module 5 Quiz

Use this quiz to self-check your understanding of the module content. You can also go online and take this quiz within the module. The online quiz provides the correct answer once submitted.

- 1. What does the concept of “universal precautions for violence” mean?**
 - a. Taking precautions to prevent violence
 - b. Violence should be expected, but can be avoided through preparation
 - c. Ways to deal with violence
 - d. Preparing for violent acts

- 2. _____ can reduce the likelihood of being assaulted.**
 - a. Behavior modification
 - b. Alerting employees
 - c. Frequent training
 - d. Conflicts

- 3. Training should include instructions to limit physical interventions in workplace altercations.**
 - a. True
 - b. False

- 4. All employees should be trained to behave _____ toward coworkers when an incident occurs.**
 - a. friendly
 - b. compassionately
 - c. poorly
 - d. negatively

5. How often should a training program be evaluated by employers?

- a. Annually
- b. Weekly
- c. Monthly
- d. Daily

Module 6: Recordkeeping and Program Evaluation

How Employers can Determine Program 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.

Records Employers Should 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 Form 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 8 hours, a fatality or an incident that results in the hospitalization of three or more employees.
- 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 work time 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.

- 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.

See OSHAcademy course [708- OSHA Recordkeeping Basics](#) for more information on general recordkeeping requirements.

Elements of a Program Evaluation

As part of their overall program, employers should evaluate their safety and security measures using the following guidelines:

- Top management should review the program regularly, and with each incident, to evaluate its success.
- Responsible parties (including managers, supervisors and employees) should re-evaluate policies and procedures on a regular basis to identify deficiencies and take corrective action.
- 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.
- Although evaluation reports are shared with all employees, they 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 and 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 to learn if they experience hostile situations concerning the medical treatment they provide
- complying with OSHA and State requirements for recording and reporting deaths, injuries and illnesses
- requesting periodic law enforcement or outside consultant review of the worksite for recommendations on improving employee safety

OSHA's violence prevention guidelines are an essential component of 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.

Module 6 Quiz

Use this quiz to self-check your understanding of the module content. You can also go online and take this quiz within the module. The online quiz provides the correct answer once submitted.

- 1. How does an employer determine the overall effectiveness of a violence prevention program?**
 - a. They talk to employees
 - b. Recordkeeping and evaluation
 - c. Take a survey
 - d. Make phone calls

- 2. Management should not share workplace violence prevention evaluation reports with employees.**
 - a. True
 - b. False

- 3. How can an employer identify problems and solutions for an effective workplace violence program?**
 - a. Injury records
 - b. Training
 - c. Patient histories
 - d. All the above are correct

- 4. All workplace violence prevention evaluation reports should be _____.**
 - a. shared with other employees
 - b. confidential
 - c. put in an open file
 - d. presented at the next safety committee meeting

5. Responsible parties should re-evaluate policies and procedures _____.

- a. annually
- b. daily
- c. weekly
- d. on a regular basis

Endnotes

1. Occupational Safety and Health Administration. (2013). Safety and Health Management Systems: A Road Map for Hospitals. Retrieved from: https://www.osha.gov/dsg/hospitals/documents/2.4_SHMS_roadmap_508.pdf
2. Occupational Safety and Health Administration. (2014a). Workplace Violence. Retrieved from: <https://www.osha.gov/SLTC/healthcarefacilities/violence.html>
3. Occupational Safety and Health Administration. (2014b). Guidelines for Preventing Workplace Violence for Health Care and Social Workers. Retrieved from: <https://www.osha.gov/Publications/OSHA3148/osha3148.html>
4. National Institute for Occupational Safety and Health. (2002). Violence Occupational Hazards in Hospitals. Retrieved from: <http://www.cdc.gov/niosh/docs/2002-101/>