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.
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:

OSHAcademy

15220 NW Greenbrier Parkway, Suite 230
Beaverton, Oregon 97006
www.oshatrain.org
instructor@oshatrain.org
+1 (888) 668-9079

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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. NIOSH (National Institute of Occupational Safety and Health) 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 by reason 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 in healthcare can vary in scope ranging from individuals to organizations. Violence that affects individuals 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 in hospitals, nursing homes, and other healthcare settings depending on location of providers, size of the facility, and type of care provided. Historically, about 80 percent of serious violent incidents reported in healthcare settings were caused by interactions with patients. Other incidents were caused by visitors, coworkers, or other people.

Workplace violence risk factors vary by healthcare setting, but common factors include the following:

• Working with people who have a history of violence or who may be delirious or under the influence of drugs
• Lifting, moving, and transporting patients
• Working alone
• Poor environmental design that may block vision or escape routes
• Poor lighting in hallways or exterior areas
• Lack of means of emergency communication
• Presence of firearms
• Working in neighborhoods with high crime rates
• Lack of training and policies for staff
• Understaffing in general, and especially during meal times and visiting hours
• High worker turnover
• Inadequate security staff
• Long wait times and overcrowded waiting rooms
• Unrestricted public access
• Perception that violence is tolerated and reporting incidents will have no effect

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.

To lower the risk of violence to employees and the public, it's important to design the workplace to decrease the likelihood that incidents of violence can occur. Below are some design strategies can work to make the healthcare setting more safe for everyone:

• 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:
  o Provide staff restrooms and emergency exits.
  o Install enclosed nurses' stations.
  o Install deep service counters or bullet-resistant and shatterproof glass enclosures in reception areas.
  o 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 of 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

OSHA Guidelines for Health Care

The Occupational Safety and Health Administration (OSHA) Guidelines for Health Care and Social Service Workers offer an excellent framework for thinking about the challenges of workplace violence prevention.

OSHA’s five major elements of an effective workplace violence prevention program are:

1. Management commitment and employee involvement;
2. Worksite analysis;
3. Hazard prevention and control;
4. Safety and health training;
5. Recordkeeping and program evaluation.

It is important to understand that these guidelines are intended to help organizations implement effective workplace violence prevention programs; they are not enforceable regulations. However, OSHA's regulatory authority derives from the General Duty Clause.

Program Goals

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.

Program Objectives

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.

Management Commitment

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](https://www.nlra.gov/).

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**

Through involvement and feedback, workers can provide useful information to employers to
design, implement and evaluate the program. In addition, workers with different functions and
at various organizational levels bring a broad range of experience and skills to program design,
implementation, and assessment.

• Mental health specialists have the ability to appropriately characterize disease
characteristics but may need training and input from threat assessment professionals.

• Direct care workers, in emergency departments or mental health, may bring very
different perspectives to committee work.

The range of viewpoints and needs should be reflected in committee composition. This
involvement should include:

• Participation in the development, implementation, evaluation, and modification of the
workplace violence prevention program;

• Participation in safety and health committees that receive reports of violent incidents or
security problems, making facility inspections and responding to recommendations for
corrective strategies;

• Providing input on additions to or redesigns of facilities;

• Identifying the daily activities that employees believe put them most at risk for
workplace violence;

• Discussions and assessments to improve policies and procedures, including complaint
and suggestion programs designed to improve safety and security;

• Ensuring that there is a way to report and record incidents and near misses, and that
issues are addressed appropriately;

• Ensuring that there are procedures to ensure that employees are not retaliated against
for voicing concerns or reporting injuries; and

• Employee training and continuing education programs.
Case Report

An OSHAcademy student who has been in different aspects of emergency services since 1972, sent us this short story from his time in hospital security.

Back around 1990, the security contractor for which I was working had just taken over the contract at a small community hospital in Connecticut. At the time, I believe it was about 50-60 beds. We assumed the contract at 4:00 PM. At 5:30, I heard one of the emergency department (ED) nurses scream for help, so I went charging in. The patient was a young male, probably in his 20s, and seemed to be high on some sort of drug. He was fighting with the nurse and was giving her a severe beating. I managed to take him down back onto the gurney and called for the nurse to get some restraints. “We don’t have any in the treatment rooms!” I told her to get me a bed sheet and some towels or pillowcases and cloth tape. I got his arms secured to the rails and was working on his feet when the cavalry arrived. The attending demanded to know who I was. “I’m your new security officer.” He said – and this is a direct quote – “you can’t be, you don’t have a walker.” He also wanted to know where I learned the sheet-and-towel trick. I told him my previous assignment had been the ED at St Raphael’s in New Haven, which was a major inner-city hospital. I had received restraint training at St Ray’s, including the sheet-and-towel for the occasions when they ran out of leather restraints. The attending and the nurses were thrilled they had security who could help them, instead of just calling 911.

Some of the changes that came about after that incident:

- Restraints were kept in every treatment room in the ED.
- All security staff received training in the hospital’s restraint system (and we shared the sheet-and-towel procedure with those who were not familiar with it).
- Security was directed to respond at the first sign of trouble.
- Two trainers from our Boston headquarters provided Mandt training to hospital staff who had not received it.
- The trainers and other Boston staff worked with the client to revise their emergency plans for the ED (and other hospital areas).

- Security staff were promptly added to the Emergency Operations and Planning Committees.

Source: OSHAcademy Student Andrew E.; United States
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

A Team Approach

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.

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

- records review of procedures and operations for different jobs
- employee and patient/client surveys
- workplace security analysis
Records Analysis and Tracking

The primary document analyzed during records analysis and tracking is the job hazard analysis (JHA). The JHA focuses on job tasks to identify hazards. Through review of procedures and operations connected to specific tasks or positions to identify if they contribute to hazards related to workplace violence and/or can be modified to reduce the likelihood of violence occurring, the JHA examines the relationship between the employee, the task, tools, and the work environment. Worker participation is an essential component of the analysis. As noted in OSHA’s publication on job hazard analyses, priority should be given to specific types of job. For example, priority should be given to:

- Jobs with high assault rates due to workplace violence;
- Jobs that are new to an operation or have undergone procedural changes that may increase the potential for workplace violence; and
- Jobs that require written instructions, such as procedures for administering medicine, and steps required for transferring patients.

After an incident or near miss, the analysis should focus on:

- Analyzing those positions that were affected;
- Identifying if existing procedures and operations were followed and if not, why not (in some instances, not following procedures could result in more effective protections);
- Identifying if staff were adequately qualified and/or trained for the tasks required; and
- Developing, if necessary, new procedures and operations to improve staff safety and security.

Surveys

Employee Surveys

Employee questionnaires or surveys are effective ways for employers to identify potential hazards that may lead to violent incidents, identify the types of problems workers face in their daily activities, and assess the effects of changes in work processes.

- **Detailed baseline screening surveys** can help pinpoint tasks that put workers 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.
The initial and periodic review processes should also include feedback and follow-up. The following are sample questions to ask during interviews:

- What daily activities, if any, expose you to the greatest risk of violence?
- What, if any, work activities make you feel unprepared to respond to a violent action?
- Can you recommend any changes or additions to the workplace violence prevention training you received?
- Can you describe how a change in a patient's daily routine affected the precautions you take to address the potential for workplace violence?

**Client/Patient Surveys**

Clients and patients may also have valuable feedback that may enable those being served by the facility to provide useful information to design, implement, and evaluate the program. Clients and patients may be able to participate in identifying triggers to violence, daily activities that may lead to violence, and effective responses.

**Workplace Security Analysis**

The team or program 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
- 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. **The recommended program elements for worksite analysis includes each of the following, EXCEPT _____**.
   
   a. worksite security analysis  
   b. records review  
   c. employee and patient/client surveys  
   d. program evaluation

2. **Which of the following is an important screening tool to confirm the need for improved security measures?**
   
   a. Investigations  
   b. Inspections  
   c. Surveys  
   d. Examinations

3. **The primary document analyzed during records analysis and tracking is _____**.
   
   a. the OSHA 300 log  
   b. the Job Hazard Analysis (JHA)  
   c. the standard safety inspection report  
   d. the record of safety observations

4. **Recommended methods for worksite analysis include each of the following, EXCEPT _____**.
   
   a. baseline and periodic surveys  
   b. security inspections  
   c. accident investigations  
   d. incident analysis
5. Who should periodically inspect the workplace and evaluate tasks and hazards to identify situations that could lead to violence?

   a. The safety manager
   b. The team or program coordinator
   c. The safety committee
   d. A third-party consultant
Module 4: Hazard Prevention and Control

After the systematic worksite analysis is complete, the employer should employ control strategies to prevent or control the hazards that were identified. To do this, the employer should:

1. identify and evaluate control options for workplace hazards;
2. select effective and feasible control strategies to control the hazards;
3. implement these controls in the workplace;
4. follow up to confirm that these controls are being used and maintained properly; and
5. evaluate the effectiveness of controls and improve, expand, or update them as needed.

Hazard control strategies are generally categorized, in order of effectiveness, as:

1. elimination/substitution;
2. engineering controls; and
3. administrative/work practice controls.

These strategies can also be applied to the field of workplace violence. In addition, employers should ensure that, if an incident of workplace violence occurs, post-incident procedures and services are in place and/or immediately made available.

Elimination/Substitution

The best way to eliminate a hazard is to eliminate it or substitute a safer work practice. While these substitutions may be difficult in the therapeutic healthcare environment, an example may be transferring a client or patient to a more appropriate facility if the client has a history of violent behavior that may not be appropriate in a less secure therapeutic environment.

Engineering Controls

Engineering controls are physical changes that either remove the hazard from the workplace or create a barrier between the worker and the hazard. In facilities where it is appropriate, there are several engineering control measures that can effectively prevent or control workplace hazards. The measures taken should be site-specific and based on the hazards identified in the worksite analysis appropriate to the specific therapeutic setting. For example, closed circuit videos and bulletproof glass may be appropriate in a hospital or other institutional setting, but not in a community care facility.
Here are some engineering control options employers may choose to protect their employees:

- 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.

- 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.

- Lock doors to staff counseling rooms and treatment rooms to limit access.

- Arrange furniture to prevent entrapment of staff.

- 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.

Note: Services performed in the field (e.g., home health or social services) often occur in private residences where some engineering controls may not be possible or appropriate.

For more examples of engineering controls see the OSHA guidelines.

**Administrative Controls**

Administrative controls are always necessary in an effective violence prevention program. They are established in conjunction with engineering and work practice controls and are especially important when engineering controls are not feasible or not completely protective. These controls use formal program policies, processes, and procedures to aid supervisors, managers, and employees in making decisions and taking action.

Some examples of administrative controls include the following:

- Supervisors and managers will display a commitment to preventing workplace violence and provide adequate support during emergencies.
• All managers, supervisors, and employees will follow written violence prevention program policies and procedures.

• All managers, supervisors, and employees will receive initial and recurring violence prevention program training. Instruction will emphasize program requirements, early warning signs, and safe work practice. Hands-on training will focus on how to report incidents and de-escalation and defensive techniques in response to incidents.

• Scheduled awareness drills will be conducted in each department.

• Employees will report all incidents of workplace violence or threats of violence to a supervisor or manager.

• Reports to supervisors or managers will be held strictly confidential.

• Confidential documentation of incidents of violence will be maintained to help determine necessary actions to prevent recurrences.

• Written procedures will be followed for requesting police assistance or filing charges when assaulted.

• Institute a sign-in procedure with passes for visitors. Enforce visitor hours and procedures.

• Supervisors and managers will respond promptly to all complaints.

• A trained response team will be created to respond to emergencies.

• Only properly trained security officers are authorized to deal with aggressive behavior.

• Ensure that adequate and properly trained staff are available to restrain patients, if necessary.

**Work Practice Controls**

Work practice controls are closely associated with administrative controls. Whereas administrative controls focus on common policies and procedures that apply to all supervisors, managers, and employees, work practice controls focus on unique individual precautions each employee can take to stay safe while performing their jobs.

Examples of work practice controls include:

• Be on the alert for:
verbally expressed anger and frustration

- body language such as threatening gestures
- signs of drug or alcohol use
- presence of a weapon

- Use effective de-escalation techniques:
  - Present a calm, caring attitude.
  - Don’t match the threats.
  - Don’t give orders.
  - Acknowledge and validate the person’s feelings.
  - Avoid any behavior that may be interpreted as aggressive.

- Do not work alone:
  - in emergency areas or walk-in clinics, particularly at night or when assistance is unavailable.
  - in poorly-illuminated or secluded rooms.
  - when performing intimate physical examinations of patients.
  - Ask for a security escort when walking to parking areas in the evening or late hours.
  - Always use the "buddy system," especially when you believe personal safety may be threatened.

- Be aware:
  - 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.
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.

For more examples of administrative and work practice controls see the [OSHA guidelines](https://www.osha.gov).

**Employer Responses to Incidents of Violence**

Post-incident response and evaluation are essential to maintaining an effective violence prevention program. When an incident occurs, the immediate first steps are to provide first aid and emergency care for the injured workers and to take any measures necessary to prevent others from being injured.

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. Also, injured workers should be provided transportation to medical care if not available on site.

Victims of workplace violence could 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

A strong follow-up program for these workers will not only help them address these problems but also help prepare them to confront or prevent future incidents of violence.
Post-Incident Follow-up and Counseling

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. 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. This type of counseling educates staff about workplace violence and positively influences workplace and organizational cultural norms to reduce trauma associated with future incidents.

Investigation of Incidents

Once the immediate needs following an incident are taken care of, an incident investigation should begin promptly. The basic steps in conducting incident investigations are:

1. **Report as required.** Determine who needs to be notified, both within the organization and outside (e.g., authorities), when there is an incident. Understand what types of incidents must be reported, and what information needs to be included. If the incident involves hazardous materials additional reporting requirements may apply.

2. **Involve workers in the incident investigation.** The employees who work most closely in the area where the event occurred may have special insight into the causes and solutions.

3. **Identify Root Causes:** Identify the root causes of the incident. Don't stop an investigation at "worker error" or "unpredictable event." Ask "why" events occurred at least five times. Doing this will help you arrive as the safety management system weaknesses (programs, policies, processes, procedures) that may have contributed to the incident.

4. **Collect and review other information.** Depending on the nature of the incident, records related to training, maintenance, inspections, audits, and past incident reports may be relevant to review.
5. **Investigate Near Misses.** A near miss situation that could potentially have resulted in death, injury, or illness should be promptly investigated as well. Near misses are caused by the same conditions that produce more serious outcomes, and signal that some hazards are not being adequately controlled, or that previously unidentified hazards exist.

For more information on Incident/Accident Investigation principles and procedures, see [OSHAacademy Course 702](#).

**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%.
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. Non-responsive behavior
   d. Acting out emotionally - crying

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 Topics

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 workplace violence prevention policy;
- Risk factors that cause or contribute to assaults;
• Policies and procedures for documenting patients' or clients' change in behavior;

• The location, operation, and coverage of safety devices such as alarm systems, along with the required maintenance schedules and procedures;

• Early recognition of escalating behavior or recognition of warning signs or situations that may lead to assaults;

• Ways to recognize, prevent or diffuse volatile situations or aggressive behavior, manage anger and appropriately use medications;

• Ways to deal with hostile people other than patients and clients, such as relatives and visitors;

• Proper use of safe rooms-areas where staff can find shelter from a violent incident;

• A standard response action plan for violent situations, including the availability of assistance, response to alarm systems and communication procedures;

• Self-defense procedures where appropriate;

• Progressive behavior control methods and when and how to apply restraints properly and safety when necessary;

• Ways to protect oneself and coworkers, including use of the "buddy system;"

• Policies and procedures for reporting and recordkeeping;

• Policies and procedures for obtaining medical care, trauma-informed 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 to Determine 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

Below are some important records to keep on-hand:

- 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. Employers must report fatalities within 8 hours and all work-related inpatient hospitalizations, all amputations and all losses of an eye within 24 hours. Injuries caused by assaults must be entered on the log if they meet the recording criteria.

- 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.

Program Evaluation Guidelines

OSHA’s violence prevention guidelines are an essential component of workplace safety and health programs. OSHA believes the performance-oriented approach to compliance provides employers with flexibility in their efforts to maintain safe and healthful working conditions. Performance Standards allow greater employer flexibility in complying with the standard. They are usually preferred by employers because they specify "what" the employer is supposed to do, but not "how" to do it.

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.

Program Evaluation Process

Each of the following are important procedures to perform in the program evaluation process:
• Establish a uniform violence reporting system and regular review of reports

• Review reports and minutes from staff meetings on safety and security issues

• Analyze trends and rates in illnesses, injuries or fatalities caused by violence relative to initial or "baseline" rates

• Measure improvement based on lowering the frequency and severity of workplace violence

• Keep up-to-date records of administrative and work practice changes to prevent workplace violence and to evaluate how well they work

• Survey employees before and after making job or worksite changes or installing security measures or new systems to determine their effectiveness

• Keep abreast of new strategies available to deal with violence in the health care and social service fields as they develop

• Survey employees periodically to learn if they experience hostile situations concerning the medical treatment they provide

• Comply with OSHA and State requirements for recording and reporting deaths, injuries and illnesses

• Request periodic law enforcement or outside consultant review of the worksite for recommendations on improving employee safety

For more information, see OSHA's Violence Prevention Program Checklist.
Endnotes


Additional Resources

- Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers
- Workplace Violence in Healthcare: Strategies for Advocacy
- American Nurses Association- Workplace Violence Standards (State-by-State)
- Healthcare Facilities and Workplace Violence Prevention
- Workplace Violence in the Healthcare Setting
- How Hospitals Can Prevent Workplace Violence - Loyola University
- CDC A-Z Index of Terms