What is Workplace Violence?

Workplace violence is an act of violence or the threat of violence against an employee. It can occur at or outside the workplace and can range from threats and verbal abuse to physical assaults and homicide.
What is Workplace Violence?

Workplace violence is one of the leading causes of job-related deaths.

However it manifests itself, workplace violence is a growing concern for employers and employees nationwide.

Workplace Violence and Nurses

- Physical violence includes criminal-like behavior with the potential to cause bodily harm through physical contact with an object or individual. This type of violence is most often committed by patients/residents, patients families and visitors

- Non physical violence includes verbal abuse as is most often committed by coworkers, supervisors, physicians

(Gallant-Roman, 2008)
Workplace Violence and Nurses

- Nurses’ perception of violence
  - In one landmark study only 27% of nurses perceive workplace violence as a problem.
  - 52% perceive it as preventable. (Gerberich et al., 2004)

- At risk groups – young, inexperienced nurses, male nurses, and nurses who work in high patient-contact areas such as emergency, intensive care, behavioral health, and geriatric units.

- Underreporting of workplace violence both physical and non-physical is high. (Gallant-Roman, 2008)

Violence in the Workplace: Data for Health Care in Oregon (DCBS, 2006)

- In Oregon between 2001 to 2005, there were 1,338 accepted disabling claims (ADCs) due to assaults and violent acts committed by persons.

- These are claims with time loss from work and do not include less serious injuries due to workplace violence that have no time loss.
Violence in the Workplace: Data for Health Care in Oregon (DCBS, 2006)

- Nursing aides (CNAs) are the occupation with the highest rates of assault claims (17 percent), followed by police officers (12 percent) and guards (6 percent). Registered Nurses accounted for 5.7% of assault claims.

The assailant in 41 percent of compensable assault claims was a health care or residential care patient.

Co-workers and former employees only accounted for 10 percent of assault claims from 2001 to 2005.
Preventing Workplace Violence in Health Care
What You Should Know

Plan components should include:
- Management Commitment
- Employee Involvement
- Risk Assessment
- Hazard Prevention & Control
- Education & Training

Does your facility have a written violence prevention policy?

A comprehensive organizational violence prevention program begins with a zero tolerance for violence policy and is supported by a data collection mechanism to monitor violence, ongoing prevention initiatives, and a post-event support plan.

(Clements et al, 2005)
Preventing Workplace Violence in Health Care
What You Should Know

Is there a written violence prevention policy?

Key points of an effective policy include:

- All employees are responsible for maintaining a safe workplace.
- Management will respond appropriately to all reports of workplace aggression or violence.
- Management will stop inappropriate behavior.
- Management will support employees and supervisors in their efforts to prevent hostile acts at work.

(Oregon OSHA, 2006)

Are the risks for workplace violence assessed?

An effective risk assessment will help to uncover the root causes of hostile acts and decide how to respond to them appropriately. A risk assessment should also identify structural characteristics of a facility that could increase the risk of a hostile act e.g. barriers to safe exit etc.

(Oregon OSHA, 2006)
Is there a plan to control aggressive behavior at your workplace?

- Essential procedures:
  - How to respond to an incident.
  - How to report an incident
  - How to evaluate security after a threat.
  - How to follow up after a threat

Oregon OSHA, 2006

Are employees been trained to recognize, respond to, and report acts of workplace aggression?

In the event of a severe violent event, does the organizational response should encompass a variety of group and individual efforts to support and stabilize the staff and work environment immediately, and in the months to follow.

(Clements et al, 2005)
Preventing Workplace Violence in Health Care
What You Should Know

- Know the law as described in the following slides.

- The employer must provide a workplace violence prevention program that includes risk assessment; assault prevention and protection and ongoing education training for employees.

- New employees must receive assault prevention and protection training within 90 days of hire.

Preventing Workplace Violence in Health Care
What You Should Know

- If a health care employer directs an employee who has been assaulted by a patient to further treat the patient, the employee may request the presence of a second employee. If the employer declines to allow this, the employer cannot require the assaulted employee to provide treatment alone to this patient.

- An employee who provides home health care services may refuse to treat a patient unless accompanied by a second employee, if, based on the patient’s past behavior or physical or mental condition, the employee believes that the patient may assault the employee.
Preventing Workplace Violence in Health Care
What You Should Know

- An employee who provides home health care services may refuse to treat a patient unless the employee is equipped with a communication device that allows the employee to transmit one-way or two-way messages indicating that the employee is being assaulted.

- An employee can't be sanctioned for using physical force "in self-defense against an assault" if she/he was responding to "the use or imminent use of physical force", used only the amount of physical force needed to defend herself/himself or another person, and "used the least restrictive procedures necessary under the circumstances".

- Report and document all assault incidents.

Selected Resources

- Oregon's Work Place Violence Prevention law for Health Care & Recordkeeping Rules. [http://www.cbs.state.or.us/external/oshastandards/div_1.html](http://www.cbs.state.or.us/external/oshastandards/div_1.html) or [http://www.cbs.state.or.us/oshastandards/div_1.html](http://www.cbs.state.or.us/oshastandards/div_1.html)

- ONA Resources [www.oregonrn.org](http://www.oregonrn.org)

Selected Resources

- CDC & NIOSH--Various Resources
  http://www.cdc.gov/niosh/topics/violence/

- OSHA’s Workplace Violence page-many resources:


House Bill 2022
Workplace Violence Against Health Care Employees
How Does It Change The Work Life of Nurses in Oregon?

Part 2: The Oregon Workplace Violence Law for Health Care (HB 2022)
House Bill 2022
Workplace Violence Against Employees

- The Workplace Violence Law 2022 applies to "Health Care Employers" including:
  - Hospitals
  - Home health agencies owned by hospitals
  - Ambulatory Surgical Centers - Defined as a facility that performs outpatient surgery not routinely or customarily performed in a physician's or dentist's office, and is able to meet health facility licensure requirements.

House Bill 2022
Workplace Violence Against Employees

- The Workplace Violence Law 2022 applies to "assaults" (Defined as: "Intentionally, knowingly or recklessly causing physical injury").
House Bill 2022
Workplace Violence Against Employees

- The Workplace Violence Law 2022 applies to all employees, not just nurses.

- The Oregon Workplace Violence Law 2022 applies to assaults by visitors, employees, and others in addition to patients.

House Bill 2022
Workplace Violence Against Employees

- Health care employers must:
  - Conduct periodic safety assessments to identify existing or potential hazards for assaults committed against employees.
  - Develop and implement an assault prevention and protection program for employees based on assessments.
House Bill 2022
Workplace Violence Against Employees

- Health care employers must:
  - Provide assault prevention and protection training on a regular and ongoing basis for employees.
  - Record and report assaults to Department of Consumer and Business Services (DCBS).

- The safety assessment must:
  - Measure frequency of assaults for the past 5 years or for what years the information is available (if less than 5 years).
  - Identify causes and consequences of assaults.
House Bill 2022
Workplace Violence Against Employees

- Program must address:
  - Physical attributes of health care setting.
  - Staffing plans, including security.
  - Personnel policies.
  - First aid and emergency procedures.
  - Procedures for reporting assaults.
  - Workplace violence prevention education and training for employees.

House Bill 2022
Workplace Violence Against Employees

- Training must address:
  - General and personal safety procedures.
  - Identifying escalation cycles for assaultive behavior.
  - Predicting assaultive behavior.
  - Techniques for obtaining history from an assaultive patient.
House Bill 2022
Workplace Violence Against Employees

- Training must address (cont):
  - Techniques to de-escalate assaultive behavior
  - Strategies for minimizing harm and limiting use of restraints
  - Restraint techniques.
  - Self-defense techniques.

- Training must be done within 90 days of hiring date.

- Procedures for documenting and reporting assaults.
- Programs for post-incident counseling and follow-up.
- Resources for employees coping with assaults.
- The employers workplace assault prevention and protection program.
- Training must be done within 90 days of hiring date.
House Bill 2022
Workplace Violence Against Employees

- Other Provisions:
  
  - Employee who has been assaulted by patient may request that second employee accompany the employee during any further treatment of patient.

  - Home health employees may:
    - Refuse to further treat a patient who has assaulted the employee.
    - Request communication device.

House Bill 2022
Workplace Violence Against Employees

- Other Provisions: (cont)

  - *No sanctions* are allowed against an employee who uses physical force in self-defense against an assault if the employee was:
    - Acting in self-defense in response to the use or imminent use of physical force.
    - Used an amount of physical force that was reasonably necessary to protect the employee or a third person from assault.
House Bill 2022
Workplace Violence Against Employees

Other Provisions: (cont)

- No sanctions are allowed against an employee who uses physical force in self-defense against an assault if the employee: (cont)
  - Used the least restrictive procedures necessary under the circumstances, in accordance with an approved behavior management plan, or other methods of response approved by the health care employer.

Workplace Violence Against Employees

Recordkeeping:

- In addition to existing general recordkeeping requirements in OAR 437-001-0700, Recordkeeping and Reporting, health care employers must use the Health Care Assault Log, or equivalent, to record assaults.

Workplace Violence Against Employees

- Record of assaults must include:
  - The name and address of the premises on which each assault occurred.
  - The date, time and specific location and floor number where the assault occurred.
  - The name, job title and department or unit assignment of the employee who was assaulted.
  - A description of the person (assailant) who committed the assault as a patient/general, behavioral health patient visitor, employee or other category.

House Bill 2022
Workplace Violence Against Employees

- Record of assaults must include (cont):
  - A description of the assailant action such as:
    - biting
    - grabbing, pinching, scratching
    - hitting, kicking, beating
    - pushing, shoving
    - throwing objects
    - stabbing
    - shooting
    - sexual assault, rape
    - other (enter text to describe)
House Bill 2022
Workplace Violence Against Employees

Record of assaults must include (cont):
- A description of the possible cause, that is the reason for the attack, such as:
  - behavioral health
  - anesthesia recovery
  - medication issue *(Include drugs and alcohol)*
  - withdrawal symptoms
  - systemic/neurological disorders *(Underlying physical conditions that can result in erratic behavior, including diabetes, head trauma, epilepsy, dementia, and other)*
  - emotional issue *(Angry, distraught, other strong emotions)*
  - other

Record of assaults must include (cont):
- The result of the assaultive behavior such as:
  - Mild soreness, surface abrasions, scratches, or small bruises
  - Major soreness, cuts, or large bruises
  - Severe laceration, bone fracture, or head injury
  - Loss of limb or death

Note: for serious injuries, be sure to enter the incident on the OSHA 300 Log, and contact Oregon OSHA if the injury resulted in death or an overnight hospitalization.
House Bill 2022
Workplace Violence Against Employees

- Record of assaults must include (cont):
  - A description of any weapon used.
  - The number of other employees that witnessed the incident.
  - A description of actions taken by the employees and others when the incident occurred.
  - Comments - Enter any additional information that will help describe this incident or the actions taken.
  - Must maintain record of assault for 5 years.

House Bill 2022
Workplace Violence Against Employees

- Reporting:
  - Must provide “data” from records of 2008 assaults to DCBS no later than January 31, 2009.
  - At current time reporting obligation is for one year period.
  - DCBS reports findings to 2009 legislature.
House Bill 2022
Workplace Violence Against Employees

Reporting:

- May not require health care employers to report the names of employees who have been assaulted or the names of patients who have committed assaults; and
- (b) Shall conform with state and federal laws relating to confidentiality and the protection of health information.

House Bill 2022
Workplace Violence Against Employees

Enforcement:

- Department of Consumer and Business Services (DCBS) – Oregon OSHA
House Bill 2022
Workplace Violence Against Employees

- **Enforcement: (cont)**

  - **Effective Date:** July 1, 2007 but...
  - **Applies to assaults occurring after January 1, 2008.**
  - **Program and training obligation begin January 1, 2008.**
  - **Initial assessment done no later than April 1, 2008.**
  - **Reporting of data no later than January 31, 2009.**