Workplace Violence Overview, Resources, Guidelines, and Prevention Strategies for Healthcare Employers (NIOSH and OSHA Resources)

The findings and conclusions in this presentation have not been formally disseminated by the National Institute for Occupational Safety and Health and should not be construed to represent any agency determination or policy.
Outline of Presentation

• What is NIOSH?
• Defining Workplace Violence and its Magnitude
• Risk Factors and Warning Signs
• Prevention Strategies
• Reporting
• NIOSH Online Course
• Next Steps at NIOSH
Occupational Safety and Health Act of 1970

• To assure safe and healthful working conditions for working men and women.

• Created NIOSH and OSHA.
Occupational Safety and Health at the Federal Level

Regulation, Enforcement, Consultation

U.S. Department of Labor (DOL)

Mine Safety and Health Administration (MSHA)

Occupational Safety and Health Administration (OSHA)

Research and Recommendations

U.S. Department of Health and Human Services (HHS)

Centers for Disease Control and Prevention (CDC)

National Institute for Occupational Safety and Health (NIOSH)
NIOSH Workplace Violence Prevention Research

• Homicides
  – Retail workers
  – Taxicab drivers
  – Law enforcement

• Nonfatal injuries and illnesses
  – Healthcare workers
  – Education staff
  – Law enforcement
Violence Against Healthcare Workers in the United States

Workplace Violence - violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty

Non-physical Assaults include, but are not limited to verbal threats, verbal or electronic harassment, bullying, lateral violence, psychological violence, or emotional abuse

Physical Assaults range from slapping, biting, and pinching, to beating, rape and homicide
Workplace Violence Typologies

Type I: Criminal Intent
Perpetrator has no legitimate relationship with the business and is usually there to commit a crime such as a robbery in conjunction with the violence.

Type II: Customer/client
Perpetrator has a legitimate relationship with the business, such as patients, students, inmates, etc.

Type III: Worker-on-Worker
Perpetrator is an employee or a past employee of the business who attacks or threatens another employee in the workplace.

Type IV: Intimate Partner Violence (IPV)
Perpetrator usually does not have a relationship with the business, but has a personal relationship with an employee.

## Workplace homicides of healthcare workers, 2008 – 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>All Private Industry</th>
<th>Healthcare/Social Assistance</th>
<th>Healthcare</th>
<th>Healthcare Percentage of Private Industry</th>
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<tbody>
<tr>
<td>2008</td>
<td>526</td>
<td>16</td>
<td>16</td>
<td>3.0</td>
</tr>
<tr>
<td>2009</td>
<td>542</td>
<td>31</td>
<td>28</td>
<td>5.2</td>
</tr>
<tr>
<td>2010</td>
<td>518</td>
<td>20</td>
<td>13</td>
<td>2.5</td>
</tr>
<tr>
<td>2011</td>
<td>468</td>
<td>19</td>
<td>16</td>
<td>3.4</td>
</tr>
<tr>
<td>2012</td>
<td>475</td>
<td>20</td>
<td>14</td>
<td>2.9</td>
</tr>
<tr>
<td>2013</td>
<td>404</td>
<td>10</td>
<td>7</td>
<td>1.7</td>
</tr>
<tr>
<td>2014</td>
<td>409</td>
<td>14</td>
<td>10</td>
<td>2.4</td>
</tr>
<tr>
<td>2015</td>
<td>417</td>
<td>15</td>
<td>15</td>
<td>4.1</td>
</tr>
<tr>
<td>2016</td>
<td>500</td>
<td>29</td>
<td>25</td>
<td>5.0</td>
</tr>
<tr>
<td>2017</td>
<td>458</td>
<td>27</td>
<td>21</td>
<td>5.5</td>
</tr>
<tr>
<td><strong>10 Year Totals</strong></td>
<td><strong>4,717</strong></td>
<td><strong>201</strong></td>
<td><strong>165</strong></td>
<td><strong>3.5</strong></td>
</tr>
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</table>

## Nonfatal workplace violence injuries with days away from work, 2008 – 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>All Private Industry</th>
<th>Healthcare/Social Assistance</th>
<th>Healthcare</th>
<th>Healthcare Percentage of Private Industry</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>16,330</td>
<td>10,060</td>
<td>8,780</td>
<td>53.8</td>
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<tr>
<td>2009</td>
<td>15,450</td>
<td>10,040</td>
<td>8,680</td>
<td>56.2</td>
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<tr>
<td>2010</td>
<td>16,910</td>
<td>11,370</td>
<td>9,740</td>
<td>57.6</td>
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<tr>
<td>2011</td>
<td>11,690</td>
<td>8,180</td>
<td>7,150</td>
<td>61.2</td>
</tr>
<tr>
<td>2012</td>
<td>12,780</td>
<td>9,170</td>
<td>7,970</td>
<td>62.4</td>
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<tr>
<td>2013</td>
<td>13,800</td>
<td>10,450</td>
<td>9,220</td>
<td>66.8</td>
</tr>
<tr>
<td>2014</td>
<td>15,980</td>
<td>11,100</td>
<td>9,050</td>
<td>56.6</td>
</tr>
<tr>
<td>2015</td>
<td>16,160</td>
<td>11,200</td>
<td>9,480</td>
<td>58.7</td>
</tr>
<tr>
<td>2016</td>
<td>16,890</td>
<td>11,830</td>
<td>9,490</td>
<td>56.2</td>
</tr>
<tr>
<td>2017</td>
<td>18,400</td>
<td>13,080</td>
<td>11,370</td>
<td>61.8</td>
</tr>
<tr>
<td>10 Year Totals</td>
<td>154,390</td>
<td>106,480</td>
<td>90,930</td>
<td>58.9</td>
</tr>
</tbody>
</table>

## Nonfatal workplace injury rates, 2017

<table>
<thead>
<tr>
<th>Industry</th>
<th>Rate per 10,000 full-time employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Industry</td>
<td>1.9</td>
</tr>
<tr>
<td>Healthcare and Social Assistance</td>
<td>9.1</td>
</tr>
<tr>
<td>Hospitals</td>
<td>10.7</td>
</tr>
<tr>
<td>Nursing and Residential Care Facilities</td>
<td>22.5</td>
</tr>
<tr>
<td>Social Assistance</td>
<td>7.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Industry</th>
<th>Rate per 10,000 full-time employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>10.7</td>
</tr>
<tr>
<td>Psychiatric and Substance Abuse</td>
<td>121.1</td>
</tr>
<tr>
<td>General Medical and Surgical</td>
<td>8.0</td>
</tr>
<tr>
<td>Other</td>
<td>7.9</td>
</tr>
</tbody>
</table>

Illinois Nonfatal workplace violence injuries with days away from work, 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>All Private Industry Number (Rate per 10,000)</th>
<th>Healthcare/Social Assistance Intentional Injury by other person number (Rate per 10,000)</th>
<th>Healthcare/Social Assistance Unintentional or intent unknown Injury by other person (Rate per 10,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>710 (1.7)</td>
<td>560 (9.7)</td>
<td>220 (3.9)</td>
</tr>
</tbody>
</table>

Table 1. Incidence rates of nonfatal occupational injuries and illnesses by industry and case types, Illinois, 2017
https://www.bls.gov/iif/oshstate.htm#IL
Who perpetrates most of the violence against healthcare workers?

- Patients
- Family members
- Visitors
- Co-workers – lateral/horizontal violence
What we are trying to prevent on the individual level

- Minor physical injury
- Serious physical injury
- Temporary or permanent physical disability
- Psychological trauma
- Death

Violence: Occupational Hazards in Hospitals. DHHS (NIOSH) Publication No. 2002-101
What we are trying to prevent on the organizational level

• Low worker morale
• Increased job stress
• Increased worker turnover
• Hostile working environment
• Reduced patient care quality
• Reduced patient satisfaction
• Reduced trust of management and coworkers
<table>
<thead>
<tr>
<th>Individual and Organizational Risk Factors Identified in the Literature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working with volatile people</td>
</tr>
<tr>
<td>Lifting, moving, transporting patients</td>
</tr>
<tr>
<td>Working alone</td>
</tr>
<tr>
<td>Poor environmental design</td>
</tr>
<tr>
<td>Lack of training and policies for staff</td>
</tr>
<tr>
<td>Unrestricted public access</td>
</tr>
<tr>
<td>Working in nursing or long-term care facilities</td>
</tr>
</tbody>
</table>

Contributing Factors

• Alcohol and/or drug use
• Prescription medications
• Dementia
• Long waits
• Lack of information
• Stress
• Gang activity
• Violent/potentially violent patients brought in by police
Potential Warning Signs

- Verbally expressed anger and frustration
- Body language such as threatening gestures
- Signs that they are not taking their medication
- Signs of drugs or alcohol use
- Previous violent incidents, especially if they are recent

Violence: Occupational Hazards in Hospitals. DHHS (NIOSH) Publication No. 2002-101
De-escalation Basics

• Present a calm, caring attitude
• Don’t give orders
• Acknowledge the person’s feelings
  (for example, “You seem to be a little uneasy. Please tell me what is bothering you?”)
• Avoid any behavior that may be interpreted as aggressive (for example, moving rapidly, getting too close, touching, or speaking loudly)
Prevention Strategies Start with Individual Alertness

- 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

Violence: Occupational Hazards in Hospitals. DHHS (NIOSH) Publication No. 2002-101
Unique challenges in healthcare

- Cultural factors contribute to underreporting or acceptance of workplace violence
  - Caregivers feel a professional and ethical duty to “do no harm” to patients
  - Unintentional injuries caused by patients are sometimes considered unavoidable
  - Unwillingness to stigmatize patients due to illness or impairment
  - It is part of my job mentality

Attributes for creating a culture of safety

• Staff and leaders who value transparency, accountability, and mutual respect

• Safety is everyone’s first priority

• Not accepting behaviors that undermine the culture of safety

• A focus on finding hazardous conditions or “close calls” at early stages before injuries occur

• An emphasis on reporting errors and learning from mistakes

• Careful language to facilitate conversation and communicate concerns

Workplace Violence Prevention and Related Goals: The Big Picture
https://www.osha.gov/Publications/OSHA3828.pdf
Administrative prevention strategies for healthcare

• Design a safety and health program that includes:
  – Management commitment
  – Employee participation
  – Hazard identification and assessment
  – Safety and health training
  – Hazard prevention, control, and reporting
  – System evaluation and improvement

• Periodically review and update this program

Administrative prevention strategies for healthcare (Continued)

• Design staffing patterns to prevent personnel from working alone and to minimize patient waiting time

• Restrict the movement of the public in hospitals by using card-controlled access

• Develop a system for alerting security personnel when violence is threatened

Case Report: Prevention Strategies that Worked

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. Over 18 months, these actions reduced the number of reported violent crimes by 65%.

Violence: Occupational Hazards in Hospitals. DHHS (NIOSH) Publication No. 2002-101
Environmental prevention strategies for healthcare

- Develop emergency signaling, alarms, and monitoring systems
- Install security devices such as metal detectors
- Install other security devices such as cameras and good interior and exterior lighting
- Provide security escorts to parking lots at night or when an employee feels the need

Case Report: Prevention Strategies that Worked

A security screening system in a Detroit hospital included stationary metal detectors supplemented by hand-held units. The system prevented entry of 33 handguns, 1,324 knives, and 97 mace-type sprays during a 6-month period.

Violence: Occupational Hazards in Hospitals. DHHS (NIOSH) Publication No. 2002-101
Environmental prevention strategies for healthcare

- Waiting area design
- Design the triage area and other public areas to minimize risk of assault
  - Provide staff restrooms and emergency exits
  - Install enclosed nurses’ stations
  - Install deep counters
  - Arrange furniture and other objects to minimize their use as weapons


Behavioral prevention strategies for healthcare

• Provide workers with training in recognizing and managing assaults, resolving conflict, and maintaining workplace violence awareness

• Require staff to log the admission of violent patients to help determine potential risks. All staff who care for a potentially aggressive, abusive or violent patient should be aware of the person’s background and history.

• Demonstrating management support for workplace violence prevention

Source: https://www.osha.gov/Publications/osha3148.pdf

Case Report: Prevention Strategies that Worked

A violence reporting system in Portland Oregon Veterans’ Administration Medical Medical Center identified patients with a history of violence in a computerized database. The program helped reduce the number of all violent attacks by 91.6% by alerting staff to take additional safety measures when serving these patients.

Violence: Occupational Hazards in Hospitals. DHHS (NIOSH) Publication No. 2002-101
Awareness of when most assaults occur

- Direct patient interaction (especially one-on-one)
- Administering medications
- Attending to patient’s non-medical needs
- Meal times
- Visiting times
- Patient transport
- Setting limits (eating, drinking, smoking)
- Involuntary admissions
Reporting incidents

- Employees: report all incidents of violence
- Institution: take all reports seriously
- Don’t blame the victim
- Provide feedback to employees about preventative measures being put in place
- Recognize, track and react to trends in reported incidents
- If it is not reported, then how can anyone do anything about it
On-line workplace violence prevention course

- The Majority of content from today’s presentation is:
- AVAILABLE NOW AS A FREE ONLINE COURSE
- FREE CEUs THROUGH CDC
  - CNE – 2.4 contact hours
  - CEU – 0.3 authorized by IACET
  - CECH – 3.0 Category I

http://www.cdc.gov/niosh/topics/violence/training_nurses.html
On-line workplace violence prevention course

• Segmented into manageable sections

• Bookmarking functionality
  – Resume course without starting from beginning

• Incorporates interactive learning strategies
  – Videos
  – Vignettes
  – Case studies
Interactive content

Workplace Violence Types

Occupational health researchers have classified workplace violence into the following 4 types (UIPRC, 2001):

All Done!

Type 2: Customer/Client

Type 2 violence is the most common in healthcare settings. This course considers the customer/client relationship to include patients, their family members, and visitors, and will be referred to as CLIENT-ON-WORKER VIOLENCE. Research shows that this type of violence occurs most frequently in emergency and psychiatric treatment settings, waiting rooms, and geriatric settings, but is by no means limited to these. Prevention of Type 2 violence is a primary focus of this course.
Nurses’ voices

The National Institute for Occupational Safety and Health (NIOSH)

Workplace Violence Prevention for Nurses

Course Progress

Nurses’ Voices

Duration: 1 minute 9 seconds
Case studies

The National Institute for Occupational Safety and Health (NIOSH)

Workplace Violence Prevention for Nurses

Case Study Introduction

In this section you will see principles from this course illustrated in five video case studies. All case studies derive from true stories with modifications to better illustrate best practices and provide opportunities for reflection and discussion.

Click each for a synopsis

1. Intervention with Psychiatric Patient in ED
2. Aggression by Patient’s Family Member
3. Home-Care Patient Threatens Homicide
4. Injuries from the Cognitively Impaired
5. Patient’s Inappropriate Sexual Behavior
Partners

VIDA Health Communications, Inc.
Veterans’ Health Administration
Occupational Safety and Health Administration (OSHA)
American Nurses Association (ANA)
Association of Occupational Health Professionals (AOHP)
Emergency Nurses Association (ENA)
NYS Public Employees Federation
  University of Cincinnati
  University of Maryland
  University of Minnesota
  University of North Carolina
Next steps

• Developing additional occupation specific units
  – Emergency responders
  – Home Health/Social Services
  – Stand-alone healthcare facilities
Next steps

• Developing additional occupation specific units
  – Emergency department
  – Psychiatric department
  – Nursing home
Questions?

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http://www.cdc.gov/niosh/topics/violence/
http://www.cdc.gov/niosh/topics/violence/training_nurses.html

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.