

Workplace Violence Citations

OSH ACT of 1970 Section (5)(a)(1): The employer did not furnish employment and a place of employment which were free from recognized hazards that were causing or likely to cause death or serious physical harm to employees in that employees were exposed to physical threats and assaults by patients:

Employees in direct contact with patients (including but not limited to crisis evaluators, mental health specialists (MHSs), registered nurses (RNs), licensed practical nurses (LPNs), therapists, and teachers) have suffered serious workplace violence (WPV) related injuries such as concussions, broken skin, bruising, scratches, sprains and strains, and injuries to the head and torso during routine interactions, including breaking up fights, providing shots, conducting assessments during intake and restraining patients. The majority of affected employees are MHSs who are responsible for direct patient care. Employees also reported that they experienced higher incidents of WPV during times of reduced staffing such as overnight and weekend shifts.

The employer has not developed and implemented adequate measures to protect employees from this recurring serious hazard. Among other methods, feasible and acceptable means to abate the workplace violence hazards include implementation of a comprehensive and effective workplace violence prevention program (WVPP) which includes engineering and administrative controls, as well as training to materially reduce workplace violence hazards. These controls include: Engineering Controls

1. Re-configure the nurses stations in the units, to include design features that prevent patients from jumping over, reaching into, over, or otherwise entering into the workstations. Ensure items in the workstations, such as but not limited to hole punchers, staplers, telephones, cords, pens, computers, computer peripherals, and other items are not accessible by the patients, so they cannot be used as weapons.

2. Provide all staff members who work in close proximity with patients with reliable communication devices to rapidly communicate need for assistance, including but not limited to, times when staff members leave the unit to escort patients. Provide a means to silently communicate need for assistance without alerting the patient population. Install the alert signal in a way that it is not visible to patients. In addition, provide training and procedures on use and limitations of equipment. Administrative Controls

3. Implement the Workplace Violence Prevention Program and include elements such as:

a. Conduct a building-specific hazard analysis that analyzes the building as a whole and each unit, job tasks, and occupations for risks, including but not limited to, potential weapons, potential for victims to be cut off from communication, delays in activating emergency alert systems, and potential for physical entrapment of victim. The assessment should also include a records review and employee surveys to further assess potential risks;

b. Follow procedures as described in the company WPV Prevention policy to provide opportunities for direct care staff such as: MHSs and nursing staff to participate in the program; providing access to committees that discuss workplace violence incidents; or dedicated means which allow employees to state concerns or ideas for improvement to the workplace violence program (one example may include periodic surveys);

c. Conduct post-incident debriefings with all staff involved as stated in the Workplace Violence Prevention policy. Allow employees directly involved in workplace violence events to participate in reviews of the incidents, including but not limited to, reviews of camera footage. Conduct a root-cause analysis of events to determine potential contributing factors beyond patient behaviors (example: physical keys aiding in patient elopement attempts, or lack of engineering devices leading to needlesticks during administration of medication). Identify and develop solutions for systemic causes of events which frequently occur but may not be associated with a single patient, such as employees being pinned to walls or the floor;

d. Provide copies of the WVPP and make it readily available to all staff;

e. Review the WVPP for effectiveness of current policies and to ensure all stated policy elements are being implemented. Update WVPP as necessary to address any noted areas for improvement. Solicit employee feedback during the review process;

f. Implement an effective reporting process for workplace violence events.

4. Maintain staffing that is adequate to safely address changes in patient acuity and patient census. Staffing levels must allow for safety of staff during admission of new patients, behavioral health emergencies, one-on-one patient assignments, staff breaks, and the accompaniment of patients off-unit. Staffing levels must also allow

for and ensure safety during educational instruction on and off the unit, therapeutic activity groups, and recreational periods.

5. Develop and implement a policy in the Admissions and Referrals (A&R) unit to secure potential patient belongings upon arrival for assessment, such as providing patients with a locker where they can secure personal belongings. Minimize the length of time patients spend in common areas with potential contraband, including weapons. Inspect patient belongings in a secure area prior to escorting patient to the unit. Develop and implement procedures for confiscating items in a manner which reduces or eliminates risk to A&R employees. Consider implementing a policy where local law enforcement is contacted to secure contraband such as illegal substances or weapons. Develop a means for A&R employees to keep their hands free and unobstructed while escorting patients to the unit.

6. Designate specific staff with specialized training in security and/or hire trained security specialists to monitor patients for potential aggression on all shifts and to assist in preventing and responding to Code Green events occurring in the units. Staff must have the skill necessary to re-frame issues, seeking how to keep the patient and persons in the surrounding area safe, while responding to aggressive behaviors. The staff designated to monitor and respond to patient aggression should not be given other assignments, such as patient rounds, which would prevent the designated person from immediately responding to an alarm or other notification of a Code Green. Conduct ¿Code Green¿ training sessions to allow all designated staff to practice and evaluate their skills in a variety of environments and scenarios. Post Incident:

7. Conduct an investigation and debriefing after each act of workplace violence, including near misses, with the attacked and/or injured employee and other involved employees, including root cause or similar analysis, lessons learned, and corrective actions to prevent reoccurrence. Maintain accurate records of patient assault on staff. Provide the attacked and/or injured employee and other involved employees with an opportunity to provide feedback about specific measures that could prevent such future incidents. Review and evaluate each workplace violence related incident, both on a case-by-case basis and to monitor for trends in areas with high rates of incidents such as the acute units. Thoughtfully review and evaluate any formal or informal requests for increased staffing based on unit acuity. Ensure that formal and informal requests are valued, acknowledged,

reviewed and evaluated, and the resultant outcome and actions are communicated in the most effectual forum.

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Section 5(a)(1) of the Occupational Safety and Health Act of 1970: The employer did not furnish employment and a place of employment which were free from recognized hazards that were causing or likely to cause death or serious physical harm to employees in that employees were exposed to physical threats and assaults by patients: The employer did not furnish employment and a place of employment which were free from recognized hazards that were causing or likely to cause death or serious physical harm to employees in that employees were exposed to physical threats and assaults by patients. Employees, including nurses and mental health technicians, were exposed to incidents of violent behavior by patients, including punches, kicks, forceful grabs, pushes, head butting, biting, and tripping, that resulted in serious injuries including bites, sprains, lacerations, bruising, scratches, concussion, and injuries to the head, torso, and legs. Employees were exposed to the hazard of physical threats and assaults when attempting to restrain patients, and during routine interactions with patients who had known histories of violent behavior. Such interactions included, but were not limited to, intake and daily communications with patients. The employer had not established or implemented effective measures to protect employees from assaults or other physical violence in the workplace.

Abatement Note: Among other methods, feasible and acceptable means to abate the WPV hazards include implementation of a comprehensive and effective WPV prevention program which includes engineering and administrative controls, as well as training to materially reduce WPV hazards. These controls include:

Engineering Controls:

1. Provide a reliable and readily available communication device (e.g., personal panic alarm or walkie-talkie) to all employees who may work in close proximity to patients, including but not limited to nurses, MHTs, housekeeping staff, and case workers. Provide training on this equipment and ensure that the equipment is maintained in working order at all times.

2. Ensure that nurses' stations that are located outside units have unobstructed views into the units. Administrative Controls:

3. Designate staff on each shift to monitor and respond to any incident of violence. Designated staff (e.g., Code Purple team, security staff, or crisis intervention specialists) must not be given other assignments that would prevent them from immediately responding to an incident. Staff must have the physical capability and training to effectively respond to aggressive patients.

4. Ensure that appropriately trained and experienced personnel staff units whose patients pose potential or actual aggressive threats. Maintain staffing that is adequate for census and patient acuity, taking into consideration patient aggression and history of violence.

5. Update and implement the WPV policies identified in the written comprehensive WPV prevention program (WVPP) Security Management Program. The plan should include

(1) A worksite-specific hazard assessment of the worksite for risks of workplace violence to employees, including but not limited to, potential weapons, potential for victims to be cut off from communication, delays in activating emergency alert systems, potential for physical entrapment of victim. The assessment should also include a records review and employee surveys to further assess potential risks;

(2) Tracking, trending and investigation of prior incidents to identify root causes and implement controls to prevent future occurrences.

(3) Hazard prevention and control measures that address patient-on-employee violence, providing clear written procedures for how employees should respond to patients making threats, showing aggression, and assaults;

(4) Mechanisms for the participation of direct care staff such as MHTs and RNs, e.g., through the committees that discuss WPV incidents.

Ensure the WVPP continues to be effective by

(1) providing copies of the WVPP and making it readily available to all staff;

(2) Annually reviewing the WVPP annually and updating as necessary;

(3) Soliciting employee feedback at all staffing levels during the review process; and

(4) Providing bi-annual training on the WVPP to all staff.

6. Establish a system to communicate to all affected staff members any incidents of WPV and/or escalating behavior to ensure that the on-coming staff members are notified and aware of a patient's previous acts of violence or aggression.

Information sharing should occur during shift change as well as with other staff (such as food service employees) who may come in contact with aggressive patients. Assure that affected staff have dedicated time to review all intake information on a patient before working with them.

Training: 7. Ensure all staff members who may come into contact with patients in the course of their work are trained in all elements of a comprehensive WVPP, including opportunities for them to be involved in evaluating and improving the program. Training should specifically include:

(1) When and how to call for assistance, including how to use emergency communication systems such as walkie-talkies and/or panic buttons to initiate a response and use of the PA system (or other means) to summon additional help;

(2) Uniform and effective methods for responding to a Code Purple or other type of WPV incident;

(3) Hands-on exercises for de-escalation and restraints that include practice drills and assault scenario drills to improve staff skills and confidence in responding to Codes, emphasizing and providing training on the importance of team restraint. Include training tactics that teach self-extrication and escape;

(4) How to contribute to a post-incident debriefing and/or root cause analysis; and

(5) Properly wearing and storing badges/communication devices so they cannot be taken or grabbed at by patients. The hands-on exercises, practice drills and assault scenario drills should occur at least bi-annually and more frequently based upon employees abilities. A staff member is not considered available to assist with incidents of WPV if they are not able to complete the training and/or they are not comfortable implementing the appropriate actions while working with aggressive patients.

Post Incident: 8. Conduct an investigation and debriefing after each act of WPV, including near misses, with the attacked and/or injured employee and other involved employees, including root cause or similar analysis, lessons learned, and corrective actions to prevent re-occurrence. Maintain accurate records of patient assault upon staff. Provide the attacked and/or injured employee and other involved employees an opportunity to provide feedback about specific measures

that could prevent such future incidents. Review and evaluate each WPV related incident, both on a case-by-case basis and to monitor for trends in areas with high rates of incidents such as the 400 and 500 units. Make available reports of root cause analysis and corrective measures to all personnel. Ensure that all personnel have an opportunity to be informed of WPV incidents in the workplace and employer intended corrective actions.