

OSHA Issues Directive on Workplace Violence

Health Care Organizations May Be Inspected After Incidents or Complaints Occur

Reports of violence in the workplace are always shocking, sometimes horrifying. Most violent events happen seemingly at random; yet, they sometimes can be prevented by identifying and mitigating contributing factors, including those relating to the health care environment.

Although the US Occupational Safety and Health Administration (OSHA) does not have a specific standard for workplace violence, it may investigate incidents of workplace violence and can cite an employer under the Occupational Safety and Health Act's Section 5(a)(1), known as the General Duty Clause. Under the General Duty Clause, an employer is responsible for furnishing "to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees."

Although OSHA has detailed guidance on how to apply the General Duty Clause, it did not, until recently, provide published guidance on how the clause should be applied for incidents of workplace violence. For the first time, OSHA has issued a directive on this topic called Enforcement Procedures for Investigating or Inspecting Incidents of Workplace Violence.¹ It is intended to establish uniform procedures for OSHA field staff responding to incidents and complaints of work-



OSHA may investigate incidents of workplace violence, depending on several factors.

place violence and conducting inspections in industries considered vulnerable to workplace violence, including health care. Injury and illness statistics have shown that health care workers are among those most susceptible to workplace violence.

According to an OSHA official, the directive can help health care organizations identify and abate hazards that may allow violence to occur. The directive can thus assist organizations in meeting Joint Commission Standard EC.02.01.01, note Joint Commission sources. (See sidebar on page 10.) Other useful resources are OSHA's *Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers*² and OSHA's Hospital eTool.³ "Health care

employers have a responsibility to provide safe and healthful workplaces and should be aware that there are ways to reduce the likelihood of violence and improve the workplaces for their employees," an OSHA official says.

Patient-to-Staff Violence Most Common Type in Health Care Workplace

The OSHA directive defines the following four types of violence that can occur in the workplace:

- Violence with criminal intent
- Violence directed at staff by patients or clients
- Coworker-to-coworker violence
- Personal or domestic violence spilling over into the workplace

The directive highlights how the second type—violence directed at staff by patients or clients—is the primary focus of OSHA inspections and one that pertains the most to health care settings.

“Health care workers are vulnerable to many workplace violence risk factors.”

More than 80,000 health care workers were assaulted during a 15-month period in 2003–2004, according to an estimate determined by the National Electronic Injury Surveillance System (NEISS) Work Follow-Back Study.⁴ 2009 US Bureau of Labor Statistics (BLS) data show more than 10,000 assaults that resulted in days away from work occurred in the health care setting. BLS data also indicate that health care workers are the victims of 4% of fatal workplace assaults and 59% of nonfatal workplace assaults in the private sector.^{5,6} According to the National Crime Victimization Survey, the violence affects virtually all categories of health care workers: physicians, nurses, technicians, custodians, and more.⁷

According to OSHA, health care workers are vulnerable to many workplace violence risk factors. A major factor is coming into contact with clients in a variety of settings, including acute care or emergency rooms, community health clinics, drug treatment clinics, and long term care facilities. Other risk factors may include working alone, in isolated areas, late at night, or in areas with high crime rates. In addition, economic realities of health care have made the environment more stressful. For example, a

hospital may have reduced staff, and those remaining may find themselves working with increased pressures and with patients and visitors experiencing difficult personal or financial circumstances.

Incidents and Complaints Evaluated According to Three Factors

According to the directive, when an incident or complaint of violence occurs in a health care organization, OSHA considers an inspection according to the following three factors:

- Whether a known risk factor is involved
- Whether there is evidence of employer or industry recognition of the potential for workplace violence
- Whether feasible abatement methods exist to address the hazards contributing to violence

In addition, OSHA will generally conduct an inspection when there is a death of one or more employees or hospitalization of three or more employees.

An example in the directive illustrates that an inspection would be conducted after a patient in a psychiatric ward attacked a nurse because, first, there was a known risk factor involved—working with persons who have a history of violent behavior. Second, the existence of potential workplace violence in these settings is recognized within the health care industry, and in this example the employer was aware of previous incidents of workplace violence. And third, studies have identified ways to improve safety, such as having two or more employees present when working with an unstable client.

On the other hand, OSHA would not inspect an act of random violence, such as the midday assault of a worker by a disgruntled acquaintance in a hospital gift shop occupied by five other customers,

because no known risk factors were involved and the hospital could not have reasonably anticipated and prevented the attack.

OSHA Inspector Assembles Evidence and Reviews Case

An OSHA inspection consists of an opening conference between the OSHA inspector and employer, followed by a walkaround and records review. During these activities, the OSHA inspector explains the reason for the inspection and requests information about workplace violence hazard assessments, incident reviews, and worker training programs. Employees responsible for security and the workplace violence prevention program are identified. The OSHA inspector also will conduct employee interviews and review documents and records such as employee medical records, facility injury and illness records, and police and security reports related to workplace violence incidents.

The OSHA inspector assesses whether to cite an employer for workplace violence based on the following four criteria, as stated in the directive:

- Did a serious workplace violence hazard exist and were employees exposed to it. Did the employer fail to keep the workplace free of these hazards?
- Did the employer and/or industry recognize that workplace violence was a hazard?
- Did the hazard cause or was it likely to cause death or serious physical harm?
- Did the employer have feasible means to abate the violence?

Depending on the seriousness of the evidence found by the OSHA inspector, OSHA may respond with a hazard alert letter, which outlines hazards found

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during the inspection and encourages the employer to address them. If the incident meets the four criteria listed above, OSHA will invoke its General Duty Clause and issue a citation, including a fine. According to OSHA, a press release may be issued about the citation to document what the problem was and what the employer should have been doing.

After the Inspection, OSHA Makes Recommendations and Schedules Follow-up

After the OSHA inspection and possible citations, the employer's focus should turn to making workplace improvements to reduce the likelihood of violence occurring. In the hazard alert letter or citation, OSHA recommends feasible abatement methods pertaining to the hazards found during the inspection and notifies the health care organization when a follow-up inspection will occur.

Commonly recommended abatement methods include those shown in the box at right, "Violence Abatement Methods." The National Institute for Occupational Safety and Health publication *Workplace Violence Prevention Strategies and Research Needs*⁸ notes that a multidisciplinary team approach to workplace violence prevention is needed: "The involvement of persons with diverse expertise and experience is especially critical due to the depth and complexity of [workplace violence] prevention. Such teamwork is crucial for planning, developing, and implementing programs . . ." The team should include management, union, human resources, safety and health, security, medical/psychology, legal, communications, and worker assistance, the publication says.

Joint Commission Standard Regarding Preventing Workplace Violence

The following Joint Commission standard pertains to workplace violence prevention.

Standard EC.02.01.01 The hospital manages safety and security risks.

Elements of Performance for EC.02.01.01

- A** 1. The hospital identifies safety and security risks associated with the environment of care.
- C** 3. The hospital takes action to minimize or eliminate identified safety and security risks in the physical environment.

Note: Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of annual proactive risk assessments of high-risk processes, and from credible external sources such as Sentinel Event Alerts. (See also EC.04.01.01, EP 14)

Violence Abatement Methods

OSHA'S commonly recommended violence abatement methods include the following. Organizations are encouraged to choose those options that best address the problem and can be integrated with the organization's treatment strategy:

- Developing a written and comprehensive workplace violence prevention plan
- Conducting workplace violence hazard analysis and employee safety training
- Providing access to crucial information about individuals' histories, including factors related to potential violence
- Implementing engineering controls such as improved means of communication, alarms, or employee safe rooms
- Implementing administrative controls such as adequate numbers of experienced and qualified staff and decreased patient waiting times
- providing management support during emergencies
- Ensuring that hazards are eliminated or reduced in new construction or renovation; ensuring that patient areas have easy exit areas or safe rooms for staff.

"It's an employer responsibility and an employee right to be in a safe working environment," an OSHA official says. "The more education and knowledge employers and employees have about these issues, the less likely they are to occur." 

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