Workplace violence management for healthcare and social services organizations

RISK CONTROL eGUIDE

eResources

See our Legal Notice on "Hypertext Links to Third Party Sites.

Government resources

OSHA: Preventing Violence in HealthCare

OSHA eTool for Hospital Violence

OSHA Workplace Violence Safety and Health Topics Page

OSHA Enforcement Procedures for Investigating or Inspecting Workplace Violence Incidents

NIOSH Fast Facts: Home Healthcare Workers: How to Prevent Violence on the Job

NIOSH/CDC Violence: Occupational Hazards in Hospitals

NIOSH/CDC Occupational Violence

Washington State Workplace Violence in Health Care Settings

Third party other resources

The Joint Commission Alert on Healthcare violence

Workplace Violence Prevention for HealthCare
Includes free book on creating a caring environment

Instances of violent behavior, aggressive physical contact and assaults, including by patients on workers, pose significant challenges to healthcare and social services organizations. The Occupational Safety and Health Administration (OSHA) considers healthcare and social services organizations in the "high risk" category. According to the latest estimates available from the National Electronic Injury Surveillance System (NEISS), more than 80,000 health care workers were assaulted during a 15-month period in 2003–2004. Bureau of Labor Statistics (BLS) 2009 data indicate that health care workers are the victims of 4% of fatal workplace assaults and 59% of nonfatal workplace assaults in the private sector, including more than 10,000 assaults resulting in days away from work. The BLS believes many violent acts by patients against caregivers go unreported unless they cause serious injury.

Risk factors

Violence can affect many workers in health care and social services organizations including physicians, nurses, technician – in a broad range of settings –hospital emergency departments, emergency medical services, psychiatric facilities, community mental health clinics, drug-abuse treatment clinics, pharmacies, group homes/adult day care and long-term care facilities. Many factors can contribute to the violence risk for workers in these settings, including but not limited to:

- the increasing use of hospitals by police and the criminal justice system for criminal holds and the care of acutely disturbed, violent individuals

- the increasing number of acute and chronic mentally ill patients being released from hospitals without follow-up care (these patients have the right to refuse medicine and can no longer be hospitalized involuntarily unless they pose an immediate threat to themselves or others)

- the availability of drugs or money at hospitals, clinics and pharmacies, making them likely robbery targets

- the unrestricted movement of the public in clinics and hospitals

- long waits in emergency or clinic areas that lead to client frustration over an inability to obtain needed services promptly

- isolated work with clients during examinations or treatment

- solo work, often in remote locations with no backup or way to get assistance, such as communication devices or alarm systems (this is particularly true in high-crime settings)

- lack of staff training in recognizing and managing escalating hostile and assaultive behavior

- poorly lit parking areas

Types of violence in health care/social services settings

Healthcare operations and social services organizations are exposed to two types of workplace violence. The first type of workplace violence can occur in any industry, including healthcare and social services organizations. This type of violence is perpetrated by an outsider on an employee or by an employee on another employee. The handling of these incidents which could include assaults in a parking lot, gang violence in an emergency room, or domestic issues/violence brought from the home to the workplace, may be addressed by human resource policies, proper security measures and controls, and other appropriate controls. While incidents are much lower in frequency, they can have an adverse effect on an entire organization.

The second type of workplace violence relates to client aggression, that is, aggressive behavior by patients and residents in hospitals, community day programs, nursing and group/residential care facilities. Aggressive behavior is a major concern for those who manage and work in these facilities. It can result in injuries to both the patient and employee as well as create disruptions in the services that are being provided.

Home healthcare workers may additionally face a potentially unprotected and unpredictable

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environment each time they enter a client's community and home. Workplace violence prevention programs for home healthcare workers should also incorporate policies and procedures to address these concerns.

Workplace violence guidance from OSHA

The risk of workplace violence in healthcare and social services settings can be reduced and managed with positive outcomes by establishing an effective violence prevention program and implementing practical abatement strategies. The five main components of any effective safety and health program also apply to the prevention of workplace violence. These include:

- Management commitment and employee involvement

- Worksite analysis

- Hazard prevention and control

- Safety and health training

- Recordkeeping and program evaluation

OSHA describes program components and abatement strategies in its workplace violence guideline and inspection manual. The strategies are appropriate even for entities and companies not subject to OSHA jurisdiction. At a minimum, these include but are not limited to:

- 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

Although not every incident can be prevented, many can, and the severity of injuries sustained by employees can be reduced. Adopting practical measures such as those outlined in OSHA's guideline can help reduce this threat to worker safety.

Aggressive behavior in patient and clients

Combative or aggressive behavior can be associated with some form of mental/ health illness/disorders, including dementias. Combative behavior can be triggered by fear and by noise. An exam and diagnosis can be very useful in the management of aggressive clients and the development of an individual care plan by the clinical team.

Many experts advocate non-violent approaches to manage aggressive or combative behavior, including verbal de-escalation techniques. Many also suggest that the use of drugs and over medicating such individuals can compromise the quality of their lives.

Management of aggressive behavior starts with prevention. Employees should be trained in the recognition of triggers of aggressive behavior and the use of appropriate intervention, de-escalation, restoration techniques for safely controlling the behavior. Techniques must be mindful of patient rights, state laws and be court defensible.

Aggressive behavior management

Roadmap to Seclusion and Restraint Free Mental Health Services (CD)|SAMHSA

Restraint Reduction and the Use of Alternative Techniques to Manage Behavior

Heading Off Violence with Verbal De-escalation (Abstract)

Training resources

Therapeutic Options
Cornell University: Therapeutic Crisis Intervention System

MOAB – Managing Aggressive Behavior

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