

SPEAKER



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- ❖ Lori Severson is currently using her 25 years of experience as a safety consultant to offer risk management services to healthcare systems across the United States. She has conducted hundreds of national presentations and is a subject matter expert in the area of Safe Patient Handling and Mobility (SPHM) from the occupational safety perspective. Lori has also co-authored two national standards on SPHM: *Safe Patient Handling & Mobility National Standard* and *Healthcare Recipient Sling and Lift Hanger Bar Compatibility Guidelines*.

Objectives

- ❖ Describe the changes and updates to the newly updated Federal OSHA Workplace Violence Prevention Guideline of 2015 as compared to the 2013 version.
 - ❖ Describe necessary components of a Workplace Violence Prevention program.
 - ❖ Discuss issues that impact healthcare protocols and practices.

Healthcare Employers

- September 17, 2010 - Johns Hopkins Hospital distraught son shoots physician, before killing his mother and taking his own life
- July 28, 2014 - Mercy Fitzgerald Wellness Center in Darby, Pennsylvania-Psychiatric patient kills his case worker and armed physician shoots patient
- A Department of Justice survey - 55,882 workplace violent crimes against psychiatrists, social workers and other mental health professionals (2005 to 2009), four times as likely to be assaulted on the job. [Under reported](#)
- Lack of funding for mental health services & a loss of inpatient psychiatric beds



Our Statistics - Scope of the Problem

- 2013, BLS -23,000 significant injuries due to assault at work
- 70 percent of these assaults were in healthcare and social service settings
- Assaults and violent acts were the 10th leading cause of nonfatal occupational injury in 2010, resulting in \$603 million in workers compensation costs
(Liberty Mutual, 2010)



FBI Definitions – 4 Levels

1. Violence by strangers committing robbery
2. Violence by customers, clients, or patients
3. Violence by employees and supervisors
4. Violence by domestic partners or relatives of employees

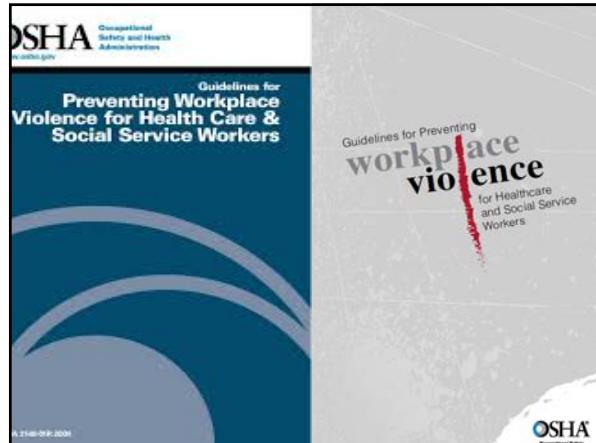


Definitions Violence

- The National Institute for Occupational Safety and Health (NIOSH) - "...any physical assault, threatening behavior, or verbal abuse occurring in the work setting" (NIOSH, 1996)
- The World Health Organization (WHO) and the International Council of Nurses (ICN) - "...incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health"

A Top 10 of Healthcare's Risk Factors

1. Unrestricted movement of the public/visitors
2. Varying perceptions of violence -vary significantly across different disciplines (Birido, O'Hagan, Cadell, Nozuka, & Peck-Ash, 2012)
3. Availability of drugs and money
4. Staffing and increasing number of acute and chronically mentally ill patients
5. Prevalence of handguns – patients, family, visitors
6. Criminal holds and justice system treatment
7. Bullying in all forms, both superior to subordinate (vertical) and nurse to nurse (horizontal), has a high prevalence in the nursing profession (Berry et al., 2012; Thomas & Burk, 2009). The negative impact of bullying has also been demonstrated in relation to employee retention and productivity (Berry et al., 2012).
8. Solo work in exam rooms
9. Lack of communication systems for emergencies
10. Lack of Employee Safety staff and formal training in escalation and crisis prevention



2015 Version – WPV Guideline Update

- ❖ **NEW:** These guidelines reflect the variations that exist in different settings
1. **Hospital** settings represent large institutional medical facilities;
 2. **Residential Treatment** settings include institutional facilities such as nursing homes, and other long-term care facilities;
 3. **Non-residential Treatment/Service** settings include small neighborhood clinics and mental health centers;
 4. **Community Care** settings include community-based residential facilities and group homes; and
 5. **Field work** settings include home healthcare workers or social workers who make home visits.

Highlights of Updated Language

2004 Management Commitment and Employee Involvement	2015 Management Commitment and Worker Participation
Allocating appropriate authority and resources to all responsible parties	Allocating appropriate authority and resources to all responsible parties. Resource needs often go beyond financial needs to include access to information, personnel, time, training, tools, or equipment;
Establishing a comprehensive program of medical and psychological counseling and debriefing for employees experiencing or witnessing assaults and other violent incidents; and	Establishing a comprehensive program of medical and psychological counseling and debriefing for workers who have experienced or witnessed assaults and other violent incidents and ensuring that trauma-informed care is available;
	Additionally, management should: (1) articulate a policy and establish goals; (2) allocate sufficient resources; and (3) uphold program performance expectations

Worksite Analysis

Worksite Analysis	Worksite Analysis and Hazard Identification
A worksite analysis involves a step-by-step, common sense look at the workplace to find existing or potential hazards for workplace violence.	A worksite analysis involves a mutual step-by-step assessment of the workplace to find existing or potential hazards that may lead to incidents of workplace violence. Cooperation between workers and employers in identifying and assessing hazards is the foundation of a successful violence prevention program.

Workplace Violence Prevention Program Assessment Checklist	
STAFFING	
Is there someone responsible for building security?	_____
Who is it?	_____
Are workers told who is responsible for security?	_____
Is adequate and trained staffing available to protect workers who are in potentially dangerous situations?	_____
Are there trained security personnel accessible to workers in a timely manner?	_____

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WPV Prevention Checklist - 2015	
TRAINING	
❖ Are workers trained in the emergency response plan (for example, escape routes, notifying the proper authorities)?	_____
❖ Are workers trained to report violent incidents or threats?	_____
❖ Are workers trained in how to handle difficult clients or patients?	_____
❖ Are workers trained in ways to prevent or defuse potentially violent situations?	_____
❖ Are workers trained in personal safety and self-defense?	_____
FACILITY DESIGN	
❖ Are there enough exits and adequate routes of escape?	_____
❖ Can exit doors be opened only from the inside to prevent unauthorized entry?	_____
❖ Is the lighting adequate to see clearly in indoor areas?	_____

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Security Inside and Out	
SECURITY MEASURES – Does the workplace have?	
❖ Physical barriers (Plexiglas partitions, elevated counters to prevent people from jumping over them, bullet-resistant customer windows, etc.)?	_____
❖ Security cameras or closed-circuit TV in high-risk areas?	_____
OUTSIDE THE FACILITY	
❖ Do workers feel safe walking to and from the workplace?	_____
❖ Are the entrances to the building clearly visible from the street?	_____
WORKPLACE PROCEDURES	
❖ Are employees given maps and clear directions in order to navigate the areas where they will be working?	_____

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Some things remain the same

1. Management Commitment and Employee Involvement
2. Worksite Analysis & **Hazard Identification**
3. Hazard Prevention and Control
4. Training and Education
5. Recordkeeping and Evaluation of Program

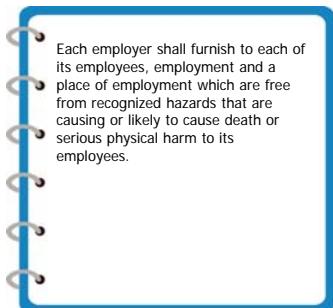
OSHA Inspections For Workplace Violence



Joint Commission Standard LD.03.01.01

- ❖ Leaders create and maintain a culture of safety and quality throughout the organization.
- ❖ A4. Leaders develop a code of conduct that defines acceptable behavior and behaviors that undermine a culture of safety.
- ❖ A5. Leaders create and implement a process for managing behaviors that undermine a culture of safety.
- ❖ Applicable to ambulatory care, critical access hospital, home care, hospital, laboratory, long term care, Medicare-Medicaid, certification-based long term care, and office-based surgery programs and behavioral health care programs.

General Duty Clause – 5(a)(1)



Each employer shall furnish to each of its employees, employment and a place of employment which are free from recognized hazards that are causing or likely to cause death or serious physical harm to its employees.

Criteria for General Duty Clause Citation

How does OSHA prove a GDC violation?

- Workplace Violence hazard **Exists**
 - Employer or Industry **Recognition** of Workplace Violence Hazard
 - Feasible **Abatement** Method for Workplace Violence



Psychiatric Ward

- A patient in the psychiatric ward attacks a nurse at a local hospital.
 - **Known Risk Factor?** YES. Working with unstable or volatile persons in healthcare.
 - **Industry or Employer Recognition?** YES.
 - Several studies regarding potential violence in healthcare industry.
 - Previous incidents reported to employer.
 - **Abatement?** YES. Several abatement methods available to address violence in healthcare facility.
 - Potential general duty clause violation

Surviving an OSHA Inspection



Preparation



Patience



Plan

Inspection Priorities

TOP5 reasons

1. Imminent danger
2. Catastrophic & fatal accidents
3. Complaints & referrals
4. Programmed inspections
5. Special emphasis programs

Extension and Expansion of the National Emphasis Program on Healthcare by Federal OSHA April 2, 2015

➤ However, data from the Bureau of Labor Statistics suggests that the **healthcare industry continues to report injury and illness rates that exceed the national average** of all general industry. In an effort to reduce the high injury rates in the healthcare industry, the Agency will continue to use both enforcement and collaborative efforts to address hazards such as musculoskeletal disorders from lifting patients or residents, exposures to tuberculosis, bloodborne pathogens, **workplace violence**, and slips, trips and falls. We are advising you of the Agency's intent to soon issue updated guidance that instructs OSHA offices to allocate enforcement and other resources to additional inpatient healthcare facilities, such as nursing homes and hospitals that have occupational illness and injury rates above the industry average.

Compliance Directive

- CPL 03-00-016, National Emphasis Program on Nursing and Residential Care Facilities
- OSHA Instruction CPL 02-00-150, *Field Operations Manual*, April 22, 2011.
- OSHA Instruction CPL 02-00-144, *Ergonomic Hazard Alert Letter Follow-up Policy*, April 11, 2007.
- OSHA Instruction CPL 02-01-052, *Enforcement Procedures for Investigating or Inspecting Workplace Violence Incidents*, September 8, 2011.
- OSHA Instruction CPL 02-00-106, *Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis*, February 9, 1996.
- OSHA Instruction CPL 02-02-069, *Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens Standard*, November 27, 2001.

OSHA Inspection Instructions for Compliance Officers

The evaluation of an employer's workplace violence prevention program should be based on any written safety programs and recordkeeping for injury and illness data. In addition, other information to be reviewed includes medical records related to incidents of workplace violence, police incident reports, actions taken to prevent future incidents and any other information deemed appropriate by the CSHO. CSHOs should request all information regarding worker training programs and other methods used to inform workers of the potential for, and prevention of, workplace violence. Where appropriate, CSHOs should also request any discipline records related to violence or aggression shown at the workplace.

Healthcare WPV Example

- ❖ The basis of the inspection is a **complaint** that alleges that employees at the facility are exposed to the hazard of physical assaults by patients in the psychiatric ward and in other areas of the hospital, such as the Emergency Room and Outpatient Drug Treatment Clinic
- ❖ **Employee interviews** conducted during the inspection revealed that the hospital was clearly aware that its employees were exposed to **hazards associated with workplace violence**
- ❖ During the employee interviews, almost **no one could state exactly where the workplace violence prevention program was located or what information it contained**. The majority of the employees stated that there was **no guidance on how to deal with workplace violence** and they were instructed to use their own judgment. Some employees stated that **when they reported an incident to their supervisor, they were told to just deal with it** and focus on making the patient happy

Statistics/Examples

- OSHA issued 35 citations relating to workplace violence from 2007 to 2015
 - Difficult cases to prove
 - BUT, OSHA is “committed” and engaged
 - Employees working in a *high risk mental health industry* were exposed to acts of workplace violence including, but not limited to, physical assaults and bites. The employer failed to develop and implement an adequate, comprehensive, written workplace violence prevention program
 - On or about 06/08/09, an employer in New York had a *youth counselor who was bludgeoned to death during performance of her regularly assigned duties which consist of counseling troubled youth*

<p>U.S. Department of Labor Occupational Safety and Health Administration</p> <p>Citation and Notice of Penalties</p> <p>Company Name: Bobo Lake Foods, Inc. Inspection Site: 2319 Raymond Ave., Franklin, WI 53126</p> <p>Section 11(b) Item 9.B Type of Violation: Serious</p> <p>29 CFR 1910.114(c)(1)(ii)(B)</p> <p>The employer failed to keep the date and location of each inspection and the date that had been performed on record.</p> <p>The inspection document did not identify the date of the inspection or test, the name of the person who performed the inspection or test, the name and other identifier of the equipment on which the performance of the inspection or test was conducted, a description of inspection or test, and the name and address of the facility where the inspection or test was conducted.</p>	 <p>Inspection Number: B0803 Inspection Date: 01/21/2013 - 06/26/2013 Inspection Status: 07/23/2013</p>
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Work Place Violence General Duty Clause Citation Language

Citation 1, Item 1: Section 5(a)(1) – Serious: The employer did not furnish employment and a place of employment that 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 the hazard of being

- **assaulted by violent patients** causing fatal or serious physical injuries while working in the psychiatric ward, emergency department's behavioral care unit and the general medical floors.



November 2015 OSHA Catch Up Adjustment

- Increase maximum fines for the most severe citations to \$125,000 from \$70,000
 - For other serious violations to \$12,500 from \$7,000
 - 80% increase The maximum repeat or willful violation fine would increase from \$70,000 to \$124,768,
 - No later than August 1, 2016 takes affect

Example medical facility cited for inadequate workplace violence safeguards

- As a result, OSHA cited A hospital for one willful violation, with a proposed fine of \$70,000, for failing to develop and implement adequate measures to reduce or eliminate the likelihood of physical violence and assaults against employees by patients or visitors



Culture of Safety - Leadership



How to Prepare for Workplace Violence Events

- Create an Emergency Action Plan** 29 CFR 1910.38(a)
- A **Workplace Violence Prevention Plan** – An Employee Safety and Wellness Policy

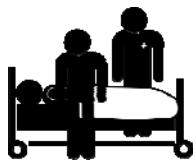
<https://www.osha.gov/SLTC/etools/evacuation/eap.html>

- ✓ Evacuation policy & procedure
- ✓ Contact information
- ✓ Information of local providers
- ✓ Emergency notification system



Worksite Analysis

- A Threat Assessment Team
 - Patient Assault Team
 - Assess the vulnerability to workplace violence and determine appropriate actions



How to Prepare for Workplace Violence Events

2. Prepare — Conduct Training Exercises

- ✓ Situational awareness
 - ✓ Survival skills and mindset



Workplace Violence Prevention Program

- Workplace violence prevention policy
 - Risk factors that cause or contribute to assaults
 - Early recognition of escalating behavior or warning signs
 - Understand your specific “Universal Precautions” for Violence”, i.e., that violence should be expected but can be avoided or mitigated through preparation
 - Ways to prevent volatile situations
 - Standard response action plan for violent situations
 - Location and operation of safety devices

Hazard Identification and Prevention and Control

- Hazard Identification – Assess High Risk Departments
- Engineering controls and workplace adaptation
- Administrative and work practice controls
- Post incident response

Engineering Controls

- | | |
|---|--|
| <ul style="list-style-type: none"> ❖ Alarm systems and other security devices ❖ Metal detectors ❖ Closed-circuit video recording for high-risk areas | <ul style="list-style-type: none"> ❖ Safe rooms for use during emergencies ❖ Enclosed nurse station ❖ Bullet-resistant glass in reception area, triage, admitting |
|---|--|



Administrative and Work Practice Controls

- Zero Tolerance Communication -clearly state and show to patients and employees that violence will not be tolerated or permitted
- Establish liaison with local police and state prosecutors
- Encourage and offer easy and friendly reporting systems so employees report all assaults and threats
- Set up trained response teams to respond to emergencies

Post-Incident Response

- Provide comprehensive treatment for victimized employees and employees who may be traumatized by witnessing a workplace violence incident
- Trauma-crisis counseling
- Critical incident stress debriefing
- Employee assistance programs to assist victims



Surviving an Active Shooter Event

RUN. HIDE. FIGHT.

Surviving an Active Shooter Event

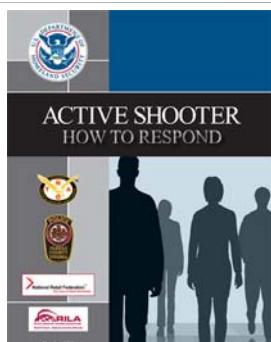


Active Shooter – How to Respond

U.S. Department of Homeland Security's: *Active Shooter – How to Respond* booklet

FREE download:

www.dhs.gov



IS-907: Active Shooter: What You Can Do

**FEMA**

- Interactive, web-based course
- Approximately 1 hr
- .1 CEUs
- Free

[https://training.fema.gov/is/courseoverview.aspx?
code=IS-907](https://training.fema.gov/is/courseoverview.aspx?code=IS-907)

ANA's Incivility, Bullying, and Workplace Violence Resources

....employers to create and sustain a culture of respect, free of incivility, bullying and workplace violence.....

- The nursing profession will not tolerate violence of any kind from any source
- RNs and employers must collaborate to create a culture of respect

<http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Nurse/bullyingworkplaceviolence>

Bullying Prevention Strategies for Nurses

It's up to all of us
Nurses must establish and promote healthy interpersonal relationships at work. Employers must support and facilitate this process.

Preventing Bullying

- Become familiar with your organization's prevention policies
- Establish an agreed-upon reporting system for bullying and threats.
- Practice using restorative justice principles for effective responses to bullying.

Responding to Being Bullied

- Address perpetrators privately and respectfully, when possible.
- Report the event immediately through appropriate channels.
- Encourage colleagues with similar concerns to report them to their supervisor or department.

Responding When Witnessing Bullying

- Consider letting the person doing the bullying know that you witnessed the incident.
- Provide peer support and encouragement to the victim.
- Encourage the victim to speak with their supervisor or another trusted authority figure about the incident.

ANNA ANNA



Resources for Prevention & Education

OSHA Inspection Guidelines for Workplace Violence (CPL 02-01-052/09/08/2011)

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES&p_id=5055

OSHA's Workplace Violence Prevention Website

<https://www.osha.gov/SLTC/workplaceviolence/>

OSHA's Updated Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers: (OSHA-3148), (2015).

<https://www.osha.gov/Publications/OSHA3148/osha3148.html>

Resources for Prevention & Education

American Nurses Association (ANA) Incivility, Bullying, and Workplace Violence Prevention

<http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Nurse/bullyingworkplaceviolence>

Non-endorsing, one example source of Catastrophic Field Case Management

<https://www.lombardiassociates.com/case-management-services.html>

The Department of Homeland Security - Active shooter resources

<http://www.dhs.gov/active-shooter-preparedness>

The FBI Active Shooter Incidents

<https://www.fbi.gov/about-us/office-of-partner-engagement/active-shooter-incidents>

Closing Remarks

1. Top Leadership overtly communicating a Zero Tole Violence
2. Professional Assessments – Work Environment inside and outside
3. Teach employees the at-risk behaviors and conduct interventions
4. Strong and fair human resources hiring, screening and clear discipline
5. Culture of safety to manage with empathy and professional support
6. Psychological First Aid (PFA) – IMMEDIATE briefings, effective interventions & counseling (EAP) – Know exact services
7. Crisis response experts and *catastrophic field case management support*
8. Prompt and thorough investigation of utmost importance
9. Employ team approach to handling litigation – Safety, risk, claims and legal personnel must be cohesive unit



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Thank you!

Questions?



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