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Violence prevention in Healthcare: OSHA Requirements

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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

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

Definition of Workplace Violence

- ❖ Workplace violence is any physical assault, threatening behavior or verbal abuse occurring in the work setting.
- ❖ Work setting is defined as any location either permanent or temporary where an employee performs any work-related duty. This includes buildings, surrounding perimeters, including parking lots and traveling to and from work assignments.



FBI Definitions – 4 Levels

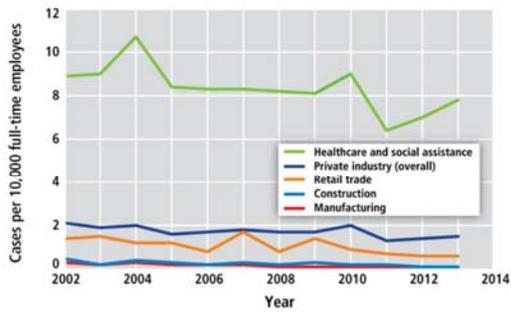
1. Violence by strangers committing robbery
2. Violence by customers, clients, or patients
3. Violence by employees and supervisors
4. Violence by domestic partners or relatives of employees



Workplace Violence Facts

- ❖ According to the Bureau of Labor Statistics (BLS), 27 out of the 100 fatalities in healthcare and social service settings that occurred in 2013 were due to assaults and violent acts.
- ❖ BLS data show that the majority of injuries from assaults at work that required days away from work occurred in the healthcare and social services settings. Between 2011 and 2013, workplace assaults ranged from 23,540 and 25,630 annually, with 70 to 74% occurring in healthcare and social service settings. For healthcare workers, assaults comprise 10-11% of workplace injuries involving days away from work, as compared to 3% of injuries of all private sector employees.
- ❖ In 2013, a large number of the assaults involving days away from work occurred at healthcare and social assistance facilities (ranging for 13 to 36 per 10,000 workers). By comparison, the days away from work due to violence for the private sector as a whole in 2013 were only approximately 3 per 10,000 full-time workers.

Violent Injuries Resulting in Days Away from Work, by Industry, 2002-2013



Data source: Bureau of Labor Statistics data for intentional injuries caused by humans, excluding self-inflicted injuries.

Workplace Violence Includes:

- ❖ Bullying
- ❖ Top down culture
- ❖ Beating
- ❖ Stabbing
- ❖ Shooting
- ❖ Physical attacks such as biting, kicking, etc.
- ❖ Rape
- ❖ Suicides and/or attempted suicide
- ❖ Psychological trauma
- ❖ Threats or obscene phone calls
- ❖ Intimidation
- ❖ Harassment of any kind
- ❖ Verbal attack
- ❖ Stalking



Types of Workplace Violence

- Includes Violence By:
- ❖ Patients
 - ❖ Patient Family or Friends
 - ❖ Strangers and/or Visitors to Facility
 - ❖ Co-workers
 - ❖ Personal Relationships
 - ❖ Multiple People

Who is at Risk?

- ❖ Anyone who works in a healthcare setting (hospital, nursing home, assisted living, clinics, at home healthcare, transporting patients, etc.)
- ❖ Employees at risk include:
 - Emergency response personnel
 - Safety or Security personnel
 - Nursing staff
 - Healthcare providers



Where it Occurs

- ❖ Emergency Rooms
- ❖ Waiting Rooms
- ❖ Behavioral Health Settings
- ❖ Geriatric Units
- ❖ Outside Facility
- ❖ Parking Lots
- ❖ At any scene of emergency handled by EMS



Risk Factors for Violence

- ❖ Working directly with volatile people
- ❖ Patients who are delirious or under the influence of drugs
- ❖ Drug and/or alcohol abuse
- ❖ Working when understaffed
- ❖ Transporting or lifting patients
- ❖ Long waits for service
- ❖ Overcrowded or uncomfortable waiting rooms
- ❖ Working alone
- ❖ Unrestricted movement of public when in clinics or hospitals



Additional Risk Factors

- ❖ Inadequate staffing or high turnover
- ❖ Perception that violence is tolerated
- ❖ Poor environmental design that may block vision or escape routes
- ❖ Poor lighting in hallways or exterior areas
- ❖ Lack of means of emergency communication
- ❖ Presence of firearms
- ❖ Working in neighborhoods with high crime rates
- ❖ Lack of training and inadequate policies



Effects of Workplace Violence

- ❖ Minor physical injuries
- ❖ Serious physical injuries
- ❖ Temporary and permanent physical disability
- ❖ Psychological trauma – immediate and long-term
- ❖ Death
- ❖ Financial impacts





Prevention Strategies



Resources for Prevention & Education

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

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OSHA's 2015 WPV Guideline Updates

❖ **NEW:** Reflect the variations that exist in different care 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.

Violence Prevention Program

1. Management commitment and employee participation
2. Workplace analysis and hazard identification
3. Hazard prevention and control
4. Safety training and education
5. Investigation of incidents
6. Supported and timely reporting
7. Accurate recordkeeping
8. Program evaluation



Management and Employee Participation Strategies

- ❖ Establish senior leadership support for human and financial resources
- ❖ Designate program owner to provide direction
- ❖ Establish policies and procedures – that are clearly defined
- ❖ Establish a committee – include front line employees from high risk areas
- ❖ Be accountable to hold and follow through on WPV prevention meetings
- ❖ Address employee concerns in a timely manner and communicate across your system what actions were taken and why
- ❖ Document, document, document

Identify Hazards

- ❖ Perform a risk assessment to determine facility risk factors
- ❖ Develop an action plan to address any relevant issues
- ❖ Review procedures, records and reports of injuries
- ❖ Include patients in the process – through interviews and surveys
- ❖ Conduct walkthroughs to identify hazards and issues
- ❖ Follow-up and document

Prevent Hazards - Strategies

- ❖ Engineering Controls
- ❖ Administrative Controls
- ❖ Work Practice Controls
- ❖ Education –Training Drills

Preventing Workplace Violence

Environmental – Engineering Controls

- ❖ Adequate inside and outside lighting
- ❖ Secure entrances and exits
- ❖ Install bullet-proof/shatter-proof glass enclosures at reception areas, and pharmacies.
- ❖ Security hardware
 - Key cards
 - Smart cards
 - Panic buttons



Behavioral/Interpersonal

- ❖ Changing employee's and management's attitudes toward security
"It won't happen to me."

Administrative Controls

- ❖ Provide security escorts
- ❖ Design staffing patterns
- ❖ Restricting movement of the public by controlled access
- ❖ Communication system for alerting security when violence is threatened
- ❖ Enforce zero-tolerance policy
- ❖ Establish and train response teams
- ❖ Communicate openly active intruder versus speaking in "code"
- ❖ Establish assessment processes and procedures



Preventing Workplace Violence-Human Resource Role

Administrative/Organizational

Hiring and Termination Practices

- ❖ Hiring
 - Corroborate information on applications/resumes (42% contain intentional misstatements of material facts)
 - Interview – Use of open-ended questions to look for a pattern of aggressive behavior
 - Complete all background investigations
- ❖ Involuntary Terminations
 - Consider the possibility of violent response
 - Plan out – script out the procedure and the Possible response plans needed

Preventing Workplace Violence

Supervisor training

- ❖ Creating a positive work culture/climate that supports employees
- ❖ Developing skills for displaying compassion, concern, and support for employees
- ❖ Employee trust is critical!!!
- ❖ Train supervisors and management to anticipate, recognize and respond to conflict and potential violence in the workplace
 - Non-violent crisis intervention techniques
 - De-escalation techniques
 - How to report violent, inappropriate, bullying, disruptive or threatening behavior

Performance management

- ❖ Administering progressive discipline
- ❖ Supervisor counseling/coaching-separate sessions

Work Practices and Behavior Modifications

- ❖ Senior Leadership must State Their Sincere Encouragement to Report all assaults and threats in the workplace, establish the tone and culture
- ❖ Resources must be dedicated to provide training in hazard recognition and awareness
- ❖ Have forum for communicating hazards and suggestions from front line staff for control
- ❖ Provide de-escalation training for staff and approaches to deal with aggressive behavior
- ❖ Provide Psychological First Aid (PFA) counseling
- ❖ Provide EAP direction –know what that call offers
- ❖ Self-defense procedures – third party or in-house



Education and Training

- ❖ Have Senior Leadership Actively participate in workplace violence prevention training
 - Awareness
 - Hands-on/Self-defense
 - Real-time
 - Classroom
- ❖ Conduct drills-partner with local authorities/business neighbors
- ❖ Address active shooter/armed intruder topic as part of emergency preparedness efforts
- ❖ Evaluate efforts and improve-communicate across your system





Safety Tips for Healthcare Workers

- ❖ Watch for signs of violence – verbal and non-verbal cues
- ❖ Establish expectations that behaviors of bullying, anger, etc. are not tolerated
- ❖ Stay alert – be situationally aware of your surroundings – monitor being in the zone/complacency
- ❖ Elevate and get support to address potential issues
- ❖ Establish and know your escape plans




Signals of Impending Violence

❖ Speaking loudly or yelling, or threatening tone	❖ Clenched fists
❖ Swearing	❖ Heavy breathing
❖ Verbally expressed anger or frustration	❖ Pacing or agitation
❖ Body language or threatening gestures	❖ Fixed stare
❖ Physical appearance	❖ Aggressive or threatening posture
❖ Arms held tight across chest	❖ Signs of alcohol or drug use
	❖ Thrown objects
	❖ Presence of a weapon



Tips for Diffusing Anger

- ❖ Present a calm attitude
- ❖ Acknowledge the person's statements/feelings
- ❖ Avoid aggressive behavior or behavior that can be interpreted as aggressive



Staying Alert

- ❖ Evaluate each situation for potential violence
- ❖ Be vigilant throughout the encounter and to recognize potential violence
- ❖ Do not isolate yourself when possible
- ❖ Always keep an open path for exiting



Post Incident Response-Psychological First Aid (PFA)

- ❖ Provide comprehensive treatment for victimized employees and employees who may be traumatized by witnessing a workplace violence incident
- ❖ Respond to the psychological trauma the same way you would respond to a physical trauma: You wouldn't judge yourself for needing a doctor's assistance resetting a broken bone so don't judge yourself if you need assistance resetting after a psychological trauma. Utilize whatever resources you have available to you including family, friends, spiritual advisors, or mental health professionals.
- ❖ Make stress reduction a priority- Downtime is essential. Avoid burnout by regularly engaging in activities you find pleasurable and that allow you to recharge. You don't question your phone battery's need to recharge each day so why assume you don't need to recharge as well? Once energy is depleted, action is required before it can be replenished-no one has an endless supply and energy doesn't magically restore.
- ❖ Provide Trauma Counseling



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Closing Remarks

1. Zero Tolerance for Violence -Top Leadership
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 and post termination response plans
5. Culture of safety to manage with empathy and professional demeanors
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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