

## **Workplace Violence**

### *A Comprehensive Plan for Violence Prevention*

Workplace Violence has become an epidemic. Not only is violence in the workplace increasingly common where violence is assumed to be a part of the job-for example, corrections, law enforcement and mental health-but it is also prevalent in almost every occupation that deals with the public.

Injuries and deaths related to workplace violence can't be tolerated. Most incidents are predictable and often preventable. Like any other workplace hazard, it is the responsibility of the employer to take reasonable measures to minimize the likelihood of workplace violence. One step that employers can take is to adopt a comprehensive workplace violence prevention program. A comprehensive workplace violence prevention program should include the following elements;

- Management commitment & employee involvement;
- Worksite analysis & hazard identification;
- Hazard prevention & control;
- Health & safety training; and
- Recordkeeping & program evaluation.

Unions have an opportunity to advocate for the adaptation of such programs through a petition to their respective state Occupational Safety and Health Administration, in state house's through legislation or during collective bargaining negotiations.

### **Management Commitment & Employee Involvement**

An equal commitment between employees and employers to the safety and health of workers and patients/clients is a critical aspect to a workplace prevention program. Employers can demonstrate their commitment to a violence-free workplace by:

- Ensuring that appropriate authority and resources have been allocated to these programs. Resource needs often go beyond financial and include access to information, personnel, time, training, tools, or equipment.

- Ensuring proper training for various aspects of the workplace violence prevention program and assigning responsibility to managers and supervisors so they are fully engaged and understand their obligations.
- Maintaining a system of accountability for managers, supervisors and workers.
- Supporting and implementing appropriate recommendations from safety and health committees.
- 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.
- Establishing policies that ensure the reporting, recording and monitoring of not only incidents but also “near misses” can be done without fear of reprisal.
- Participating in the development, implementation, evaluation and modification of the workplace violence prevention program.
- Participating in safety and health committees that review reports of violent incidents or security problems, conduct facility inspections and respond to recommendations for corrective strategies.
- Providing input on additions to or redesigns of facilities.
- Identifying the daily activities that employees believe put them most at risk for workplace violence.
- Having discussions and performing assessments to improve policies and procedures, including complaint and suggestion programs, designed to improve safety and security.

## **Worksite Analysis & Hazard Identification**

A worksite analysis involves an assessment of the workplace to identify existing or potential hazards that may lead to incidents of workplace violence. Assessments should be used to create hazard prevention and control measures needed to reduce or eliminate the possibility of a workplace violence incident occurring, including appropriate training.

Follow-up worksite assessments should be done periodically to measure progress towards the goals set up by the initial inspection. Finally, it can be helpful to invite independent reviewers such as safety and health professionals, law enforcement or security specialists and insurance safety auditors to review and strengthen programs. These experts often provide a different perspective that serves to improve a program.

## Hazard Prevention & Control

The principles of industrial hygiene dictate that hazards must be controlled in a systematic way from the most effective method to the least, this is called this the hierarchy of controls:

1. Elimination
2. Substitution
3. Engineering controls
4. Administrative controls
5. Personal Protective Equipment

Because workplace violence is most often person to person and sometimes animals, we cannot effectively “eliminate” the hazard. In this case, we would move down to substitution and because we can’t “substitute” patients/clients we move on to engineering controls where we can begin to address the problem. For example, we can install engineering controls such as locked doors, alarm systems, protective barriers to protect workers and other clients from potential hazards. Because these items won’t stop the hazard, we should also consider administrative controls and personal protective equipment which are not mutually exclusive.

- Elimination and Substitution: While most effective at reducing hazards, also tend to be the most difficult to implement in an existing process. If the process is still at the design or development stage, elimination and substitution of hazards may be inexpensive and simple to implement.
- Engineering Controls: Engineering controls are favored over administrative and personal protective equipment (PPE) for controlling existing worker exposures in the workplace because they are designed to remove the hazard at the source, before it comes in contact with the worker.
- Administrative Controls and Personal Protective Equipment: Administrative controls and Personal Protective Equipment are frequently used with existing processes where hazards are not particularly well controlled. Administrative controls and PPE programs may be relatively inexpensive to establish but, over the long term, can be very costly to sustain. These methods for protecting workers have also proven to be less effective than other measures, requiring significant effort by the affected workers.

## **Health & Safety Training**

Effective training programs raise the overall safety and health knowledge across the workforce, provide employees with the tools needed to identify workplace safety and security hazards and address potential problems before they arise and ultimately reduce the likelihood of workers being assaulted.

To be most effective, training programs should involve all workers, including contract workers, supervisors and managers. Workers who may face safety and security hazards should receive formal instruction on specific and potential hazards associated with job and the facility. Such training may include information on the types of injuries or problems identified in the facility and the methods to control the specific hazards. It may also include instructions to limit physical interventions in workplace altercations whenever possible.

## **Recordkeeping & Program Evaluation**

Accurate recordkeeping of injuries, illnesses, incidents, assaults, hazards, corrective actions, patient histories and training can help employers determine the severity of the problem. Recordkeeping can also help in identifying developing trends or patterns in particular locations, jobs or departments as well as identifying training needs and developing solutions for an effective program. Records can be especially useful to large organizations and for members of a trade association that “pool” data. Key records include:

OSHA Log of Work-Related Injuries and Illnesses (OSHA Form 300). Covered employers are required to prepare and maintain records of serious occupational injuries and illnesses, using the OSHA 300 Log. Injuries caused by assaults must be entered on the log if they meet the recording criteria. As of January 2015, all employers must report:

- All work-related fatalities within 8 hours; and
- All work-related inpatient hospitalizations, all amputations and all losses of an eye within 24 hours.

Medical reports of work injury, workers’ compensation reports and supervisors’ reports for each recorded assault. These records should describe the type of assault, such as an unprovoked sudden attack or patient-to-patient altercation, who was assaulted, and all other circumstances of the incident. The records should include a description of the environment or location, lost work time due to the injury and the nature of injuries sustained. These medical records are confidential

documents and should be kept in a locked location under the direct responsibility of a healthcare professional.

Records of incidents of abuse, reports conducted by security personnel, verbal attacks or aggressive behavior that may be threatening, such as pushing or shouting and acts of aggression toward staff or other clients. This may be kept as part of an assaultive incident report. Ensure that the affected department evaluates these records routinely.

Information on patients with a history of past violence, drug abuse or criminal activity recorded on the patient's chart. Anyone who cares for a potentially aggressive, abusive or violent client should be aware of the person's background and history, including triggers and de-escalation responses. Log the admission of violent patients to help determine potential risks. Log violent events on patients' charts and flagged charts.

Program evaluation is important to a successful workplace violence prevention because it establishes a uniform violence reporting system and regular review of reports. These reviews can lead to opportunities to analyze trends in illnesses, injuries or fatalities caused by violence. Evaluations should include:

- Reviewing reports and minutes from staff meetings on safety and security issues;
- Measuring improvement based on decreased frequency and severity of workplace violence;
- Keeping up-to-date records of administrative and work practice changes to prevent workplace violence;
- Surveying workers before and after making job or worksite changes to determine their effectiveness;
- Tracking recommendations through completion; and  
Keeping abreast of new strategies available to prevent and respond to violence in the healthcare and social service fields as they develop.

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For more information about protecting workers from workplace hazards, please contact the AFSCME Research & Collective Bargaining Department, Health and Safety Program at (202) 429-1215. You can also contact our office located at 1625 L Street, NW Washington, DC 20036.

