



Minimize Workplace Violence in Health Care and Social Services

Staff the Front Lines! AFSCME 2023

VIOLENCE is *NOT* part of the job



Minimize Violence Risk in Health Care and Social Services: Learning Objectives

- Violence: Recognized Health Hazard
- Responses: De-Escalation and Safety
- Strategies to Combat Violence
- Employer Best Practices
- Regulations, Unions & Power



Worker Protection Basics



- Occupational Safety and Health Administration
Federal: *Legal protections for worker safety*
 - Covers private companies with 10 or more workers
- Public employees not covered
 - 23 states 'equivalent' state plans for occupational safety
- **Most regulations are hazard specific**
 - **NO OSHA WORKPLACE VIOLENCE PREVENTION LAW!!**



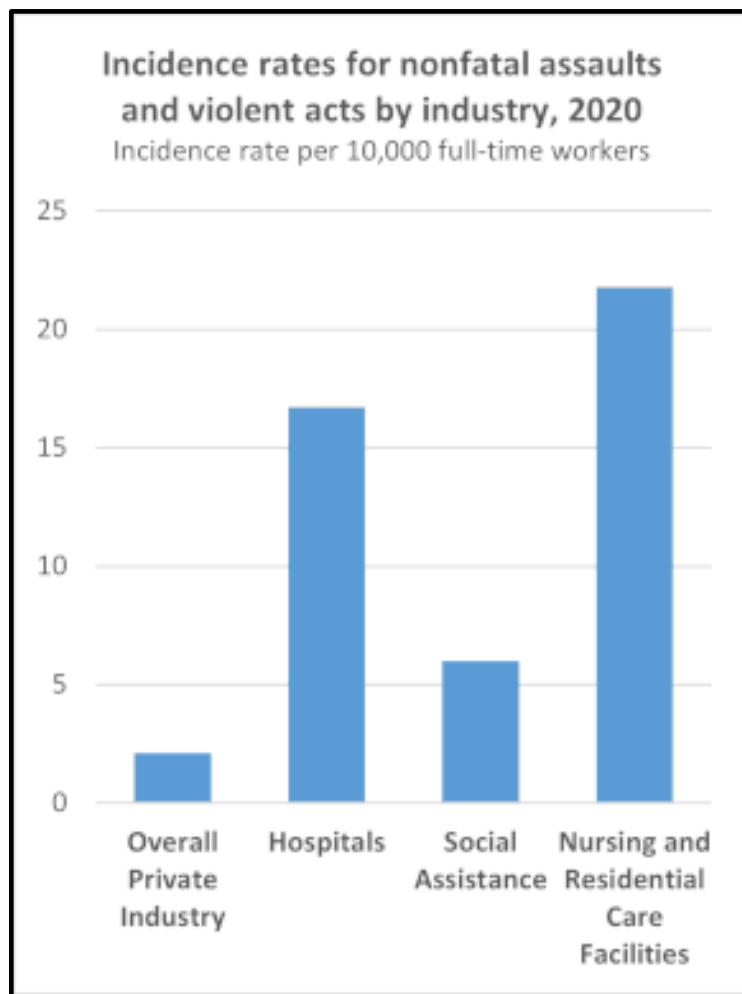
Federal Protection - OSHA General Duty Clause

- ***'Non-specific'***
- Section 5 (a) (1)
 - *Each employer must furnish to each of his/her 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/her employee's.*

**FREE FROM RECOGNIZED HAZARDS
WHICH COULD CAUSE PHYSICAL HARM**



Violence: Anticipated and Recognized Hazard



2020 BLS stats



Highest Risk?

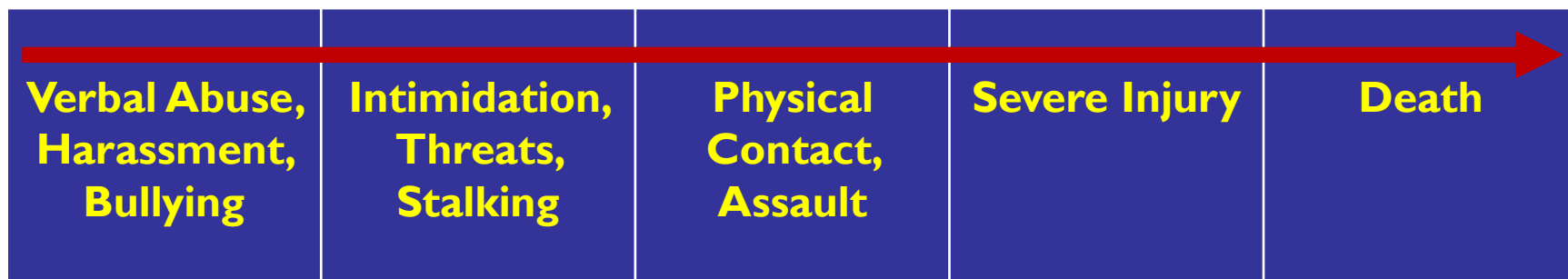
- Nurses, behavioral health, social services, frontline health care workers (HCW)





Workplace Violence

- **Range** of overlapping, hostile behaviors
 - Abuse in verbal or written form, Threats
 - Stalking, impeding movement, cornering
 - Inappropriate touch, scratching, pinching, squeezing
 - Physical assault by patients **with or without malicious intent**
 - Physical or sexual violence, domestic violence at work
 - Aggravated assault, battery, up to homicide





Hostile Behaviors

Psychosocial Intimidation Harassment and Bullying



- Slander
- Maliciousness
- Insults
- Name Calling
- Disrespect
- Chronic rudeness
- Lying to hurt someone's reputation
- *More Examples?*



*Lots of 'Grey Areas' here.
Doubting your 'gut'?*

Keep A Log, Report



Violence Risk



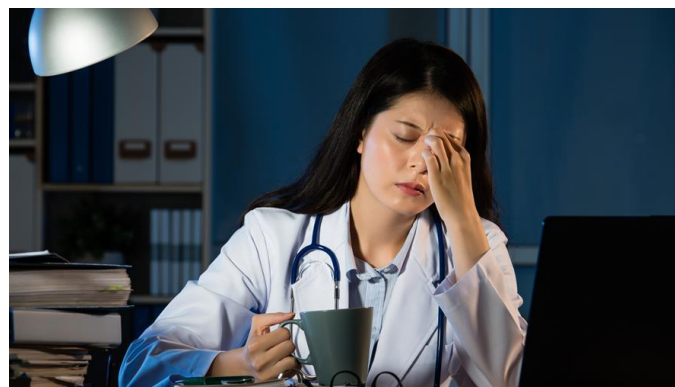
Violence chronically under-reported in health care and social services. *WHY?*

- **Perception that violence is part of job**
 - *Workers dissuaded from reporting*
- **Unclear, inconsistent violence reporting procedures & policies**
- **Disorganized, inconsistent data**
- **Inaccurate OSHA reporting**
 - *Inadequate incident investigation and data collection*



Risk Factors

- No **effective** organizational policies
- Isolation
- **Short Staffing**
- Overcrowding, long wait times for care
- Late night or early morning shifts
- Gang areas, high-crime
- Substance abuse





What Promotes Violence?

Violence occurs when there are:

- Inadequate Violence Prevention Plans that do not include needs of front-facing workers
- Short-Staffing, Inconsistent Staffing Levels
- Ineffective Violence Prevention Training



Riskiest work environments?

(According to Joint Commission)

- Emergency and Trauma
- In-patient psychiatric
- Long-term care
- Home care
- Alzheimer's and Dementia Units
- Labor and delivery
- Waiting rooms
- Wherever narcotics dispensed
- *We can add – Social Services Delivery*



pic: <https://www.marketwatch.com/story/the-overnight-shift-is-killing-you---so-heres-what-you-can-do-2018-05-24>



Physical Risk Factors



- **Bad lighting (stairs, parking lots)**
- **Poor communication systems**
- **Missing alarms & panic buttons**
- **Working alone - No buddy or check-in system**
- **Poor room design**
- **Crowds**





Who Perpetrates Violence?

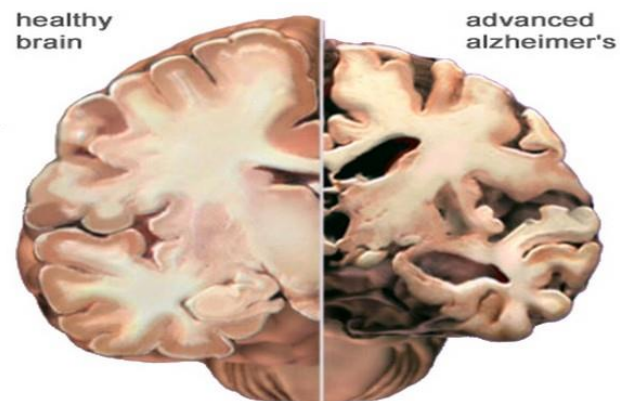
- People frustrated with the health care or social services system; in shock or angry
- People with a history of violence
- People unable to control their behavior
- People with discriminatory attitudes or behaviors
- People under influence of drugs or alcohol



Who Perpetrates Violence?

People with **ALTERED MENTAL STATUS**

- Dementia
- Delirium
- Substance intoxication, addiction
- Decompensated mental illness



OR

- Patients in police custody, within a health care setting
- **Joint Commission Sentinel Event Alert 59, 4/17/18**



Who Perpetrates Violence?

- Sometimes, **trauma survivors** act out with anger when **triggered** by situations that remind them of past trauma, whether consciously or not
- People may become **retraumatized** when:
 - Feeling vulnerable, sick
 - Afraid
 - Alone, feeling helpless
 - Grieving
 - In Despair, feeling hopeless
 - In Pain
 - Disappointed





Who Perpetrates Violence?

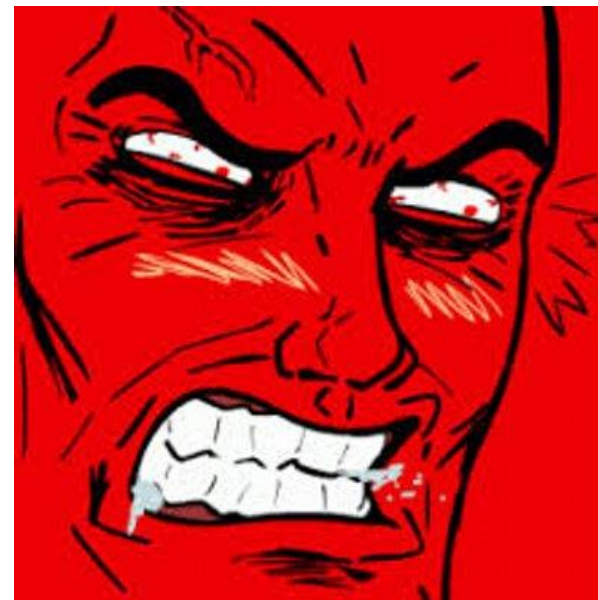
ANYONE

People who feel:

- *I am being threatened*
- *I am being deprived*
- *My requests are being ignored*

People who feel:

- **Intense frustration**
- **Desperation - perceiving no other 'tools' to use except violence**
- **Need to control and dominate**



pic: <https://www.marketwatch.com/story/the-overnight-shift-is-killing-you----so-heres-what-you-can-do>
2018-05-24



Are You at Risk? Interpreting Behavior

- Not all uncomfortable behavior signifies risk....
- Get training on cultural differences

- ***Uncomfortable with someone's behavior?***

Respectfully ask them to change it. Be specific

- *“You are talking really fast, and I am having a hard time understanding you. Could you please slow down?”*

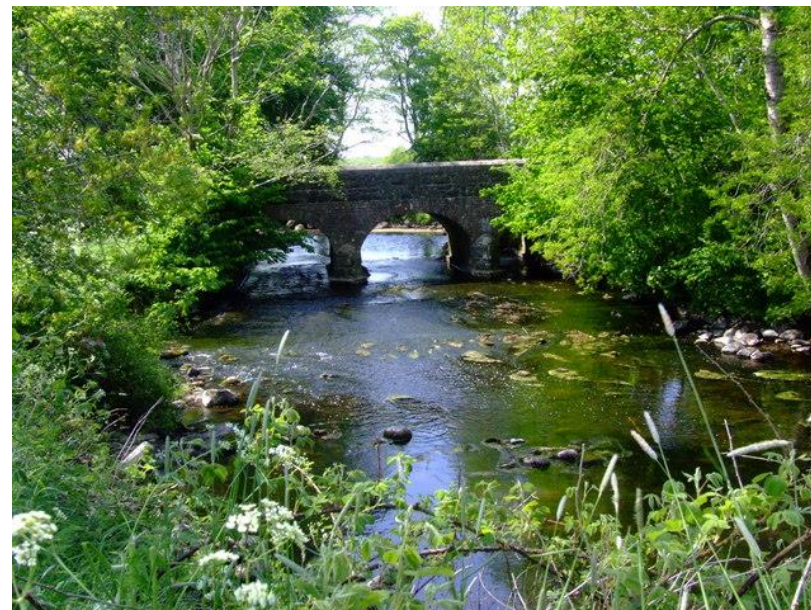
- ***Differences are not danger***





What Is De-Escalation?

- **Conflict Management**
- **Crisis Resolution**
- **Talking Down**
- **Defusing the Situation**



***There is no ONE gold standard
of de-escalation techniques to use
that will prevent all workplace violence***



Which **de-escalation tactics** have been most successful for you, and why?





Effective De-escalation:

- **Encourages angry people to regain self control**
 - **Prevents violent behavior**
- **Reduces anger and frustration**
 - **Avoids use of restraints**
 - **Maintains safety**

(Joint Commission's 'Quick Safety, De-escalation in Health Care' , Issue 47, Jan. 2019)

“40% of restraint related deaths are caused by unintended asphyxiation during restraint”



De-Escalation Techniques

- **MIRROR** the behavior **YOU** want
- **LISTEN** carefully
- **Re-state** what was said to show you understand
 - Speak softly and clearly
- Provide real help
 - Offer other resources
- If necessary, ***apologize***
- **Be honest:** Tell people what to expect
- **SET CLEAR LIMITS:**

“I would like to help you. Please lower your voice.”



Safety Reminders: **Disruptive** Behavior



Is someone **disruptive or rude?**

- Stay calm, choose words with care
- Set respectful and clear boundaries

Just because someone is rude or disruptive does not mean they will become violent.

However, this behavior is inappropriate

- **KNOW** how to call for help
- **KNOW** how to get to safety if things escalate
- **Document and report incident**



Safety Reminders: Threatening Behavior

Keep in touch with your somatic awareness –

Things can escalate quickly

- *Your body may register threat before mind catches up*
- **YOU might feel *angry or anxious* in response**

Picture credit - <http://blog.diversitynursing.com/blog/topic/violent-patients>

Respect Your Instincts





De-Escalation Safety

AVOID:

- **Becoming physically isolated**
- **Getting penned, cornered or trapped**



**DON'T lose access to
PATH OUT OF
DANGER**



Surviving Violence: YOUR SAFETY FIRST *not anyone else's!*



Subjected to threatening or violent behavior?

- **Signal for Help**
- **KNOW YOUR ESCAPE ROUTE**
- **GET OUT IMMEDIATELY**
- **If you can't get out, SEEK SHELTER**
- **Shelter-in-Place and Call 911**
- **DO NOT CONFRONT**
 - **If Necessary,
RUN! HIDE! FIGHT!**

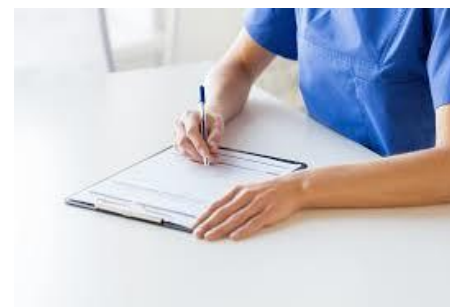




Strategies: Reporting and Documenting Violence

- **KEEP A RECORD**

- Report inappropriate touch, intimidation, threats or workplace violence



- **REPORT TO:**

- Local/ Union Rep
- Management/ HR/ Safety/ Public Safety/ Security/ Supervision
- Police

- *Keep a copy of everything*



What does thorough documentation include?

- **WHO:** Your name and title, contact info
- **WHO:** Employer, supervisor, witnesses & contact info (*if possible*)
- **WHO:** Who else is impacted by event or hazard
- **WHO:** First responders
- **WHERE:** Incident occurred
- **WHEN:** Incident Date and Time
- **WHAT:** What happened
- **WHAT:** What was said
- **WHAT:** What you have done since incident
- **WHAT:** What management has done since incident
- **WHY:** Why you think the incident occurred
- **TIMELINE** of events
- **REPORTING:** When and how you reported incident
- **REPORTING:** Who you reported incident to



VIOLENCE:

No Malicious Intent Required

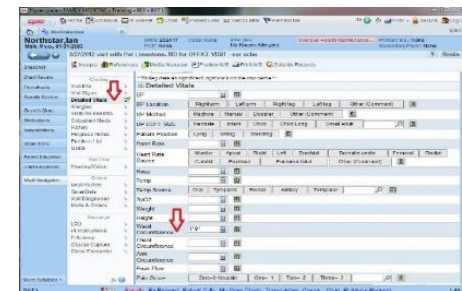
- OSHA does **NOT** require malicious intent for assault to be listed as ‘Workplace Violence’ incident.
- OSHA hazard definition:
 - A workplace condition or practice to which employees are exposed, creating the potential for death or serious physical harm to employees.**
- *The intent of the perpetrator shall not be considered in determining whether a hazard exists.* OSHA compliance inspector’s manual



What do you think are the most important things to include in employer's violence prevention program?



What can employers do?



- Clear, confidential, SAFE WPV **REPORTING** process
 - *Dedicated violence report forms*
 - *Review and track incidences*
- **TRAIN** employees how to document **ALL incidences of workplace violence**
- **COMMUNICATE** the risk of violence at work
 - *Patient, client information passes through shift change!*
 - *Inappropriate behavior noted in history, charts, care plans*
 - *Alert Union to hazards*



What can employers do?

- Perform annual site inspections to minimize violence risk- *done with Union participation*

Findings  Recommendations  **CHANGE**





What can employers do?

- Support Survivors of Violence and Assault
 - Support complaints to law enforcement
 - **Immediately** provide free, confidential, third-party counseling & medical support
 - Provide resources for legal assistance
 - **No retaliation! No one shall be punished in any way for reporting harassment, intimidation, threats or violence**





What can employers and unions do together?

- Joint WPV Committee
- Immediately investigate reports of both **Violence AND Inappropriate Touch**
- **Perform WPV Incident Investigations JOINTLY with Union**
- **Support annual GOOD training on WPV prevention**
- Review and update WPV policies and training material at least annually
 - **Include ‘Lessons Learned’, site inspections, investigation results, safety improvements**
 - *Protect employee confidentiality*



Regulatory Help: **NO FORMAL STANDARD**

- No federal laws addressing health care workplace violence
YET

- **Proposed New OSHA Standard: Workplace Violence Prevention for Health Care and Social Services Act**

➤ **Senate 4182**

HR 1195 Passed House April 2021

- *Currently (April 2023) in Committee*





What Can OSHA Do Now?

- Formally investigate a well-documented workplace violence complaint
- Issue a Hazard Alert Letter (HAL)
 - Identifies program deficiencies
 - Outlines steps employer should take to strengthen violence prevention program
 - No enforcement – *no bite*
 - Union can use HAL to document employer inaction when violence incidents reoccur- **long term strategy to win General Duty Clause violation**





WPV General Duty Clause Violation

- General Duty Clause - Section 5 (a)(1)

*‘The employer did not furnish each of his employees with employment and a place of employment that was free from recognized hazards that were causing or likely to cause death or serious physical harm, **in that medical ward employees were exposed to the hazard of physical assaults by clients exhibiting violent behavior during medical evaluations and examinations.**’*

- **‘The violent behavior of clients during medical evaluations is the hazardous condition; it is irrelevant whether those clients had the *intent* to harm someone.’**



Union + Contract + Regulators

Successful grievances and OSHA/State Plan complaints can force the employer to institute safety improvements that work.

These tools work best when WE:

1. Review Policies and Procedures
2. Document **Violence and Short-Staffing**
3. Workplace Violence Committee Participation
4. **Bargain for Stronger S&H Contract Language**
5. **File Grievances**
6. **Verify ACCURATE OSHA Logs** - OSHA 300, 300a, 301s
Double check your employer's documentation!



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Union Tools

- **Documentation – Where can report copies go?**
 - Management
 - Local union rep and safety rep
 - OSHA Injury and Illness logs
 - Workplace Violence Incidence logs
 - Facility Violence Prevention Committee *meeting notes*



OSHA's Form 300 (Rev. 01/2004)
Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year: 2009
U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0046

Establishment name: Chicago
City: Chicago State: Illinois

Case No.	Employee's name (e.g., Welder)	Job Title	Date of injury or onset of illness (e.g., 1/1/09)	Where the event occurred (e.g., Loading dock north end)	Describe injury or illness, parts of body affected, and compensation that directly related to injury or illness (e.g., Second degree burns on right forearm from acetylene torch)	Classify the case				Enter the number of days the injured or ill worker was unable to perform his or her regular job	Check the " injury " column or type of illness				
						Death	Days away from work	Restricted work or transfer to other job duties	Job transfer or restriction (days)						
26	Tapia, Sheila	Cashier	1/3	trade store	Scratched arm on shelves										
27	Choi, George	Welder	2/2	Loading dock	Ignited back work area in light space		x			5					
28	Domino, Jacobson	cashier	4/13	Garage dock	Chipped second toe from			x		25					
Page totals						0	1	1	1	2	20	2	1	0	0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search existing data sources, gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room 3044, 400 Constitution Ave, NE, Washington, DC 20201. Do not send the completed forms to this office.

Page 1 of 1 (1) (2) (3) (4)



Union Tools

- WPV Prevention Committee – Make sure management knows **you know** about patterns of workplace violence.
- Push YOUR safety agenda.
- **MAKE SURE** Union concerns are reflected in formal *Minutes*

OSHA checks safety committee minutes during inspections....





Crafting OSHA Complaints

- Get ALL the information – Investigate Everything
- Multiple perspectives
- Review employer's policies
 - Violence Prevention
 - Incident Reporting
 - Security, Emergency and Code Response
 - Employee Training Records
- Review copies of the workplace violence prevention committee minutes so you know what OSHA will find in the written record





Before OSHA Arrives

- **Get names and contact information of members who have suffered from violent assaults.**

Find members who are:

- **NOT AFRAID TO TALK TO OSHA**
- Available and reliable
- Trustworthy and accurate

- ***Hardest part:***

Ensuring members and OSHA Investigator talk together!

- All contact with investigator is **CONFIDENTIAL**
- *Retaliation Forbidden*



Picture credit: 7/2017
Boston Magazine/ Mass.
Nurses Assoc.



When OSHA Finishes On-Site Inspection

- CSHO investigator announces initial potential violations
 - Management may respond
 - UNION has right to BE AT TABLE and speak
- **MOST IMPORTANT: FREQUENT FOLLOW UP WITH CSHO**



When We Win a Citation

Employer must institute safety improvements

- OSHA issues ‘Notice to Comply’
 - Identifies standard violation
 - Establishes deadline to abate hazard
 - Employer must post citation at worksite
- **PROCESS MOST EFFECTIVE WHEN:**
 - WE DOCUMENT what employer does and tell OSHA
 - We keep pressure on employer by tracking and pushing long-term change
 - *We can always call OSHA back again.....*



**STAFF THE
FRONT
LINES**

Questions?

For more information:

Research and Collective Bargaining Services
AFSCME International

Ellie Barbarash, Senior Safety and Health Advocate

Healthandsafetytraining@afscme.org



References and Credits

- CDC/NIOSH Workplace Violence
 - <http://www.cdc.gov/niosh/topics/violence/>
- *Workplace Violence in health care: Strategies for Advocacy* by AnnMarie Papa, DNP, RN, CEN, NE-BC, FARN, and Jeanne Vanella, DNP, MS, RN, CEN, CPEN
 - *OJIN: Online Journal of Issues in Nursing, Volume 18, No.1, Manuscript 5; Jan. 31, 2013*
- District I 199C *Health Workers Working Healthy* OSHA Susan Harwood Training Grant SH-26270-4 , *Workplace Violence Prevention in health care*, by Ellie Barbarash, MS, CPEA
- *Preventing Violence and Harassment in the Workplace, Canadian Union of Public Employees, Health and Safety Branch*
- *Department of Homeland Security*
https://www.dhs.gov/xlibrary/assets/active_shooter_pocket_card.pdf