

# **SOUTHERN NEW JERSEY FEDERAL SAFETY AND HEALTH COUNCIL**

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## **Workplace Violence**

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# Disclaimer

This information is intended to assist employers, workers, and others improve workplace health and safety. While we attempt to thoroughly address specific topics, it is not possible to include discussion of everything necessary to ensure a healthy and safe working environment in this presentation. This information is a tool for addressing workplace hazards, and is not an exhaustive statement of an employer's legal obligations, which are defined by statute, regulations, and standards.

# Disclaimer

This document does not have the force and effect of law and is not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies. It does not create (or diminish) legal obligations under the Occupational Safety and Health Act. Finally, OSHA may modify rules and related interpretations in light of new technology, information, or circumstances; to keep apprised of such developments, or to review information on a wide range of occupational safety and health topics, you can visit OSHA's website at [www.osha.gov](http://www.osha.gov).

# Learning Objectives

- Participants will be able to:
  - Describe the Scope of the Problem
  - Define Workplace Violence (WPV)
  - Describe Types of WPV
  - Identify Risk Factors for WPV
  - Identify Components of an Effective WPV Prevention Program (WPVPP)
  - Describe Engineering and Administrative Controls
  - Know Where to Find Additional WPV Resources

# Workplace Violence

## Scope of the Problem

- According to the Bureau of Labor Statistics (BLS), **454** U.S. workers were victims of workplace homicide in 2019.
- Violence is the third leading cause of death in the workplace.
- Fatal occupational injuries involving violence by gender in 2019:
  - 120 women
  - 721 men

# Workplace Violence

## Scope of the Problem

(cont'd)

- Healthcare and social service workers experienced **10.4 cases of serious workplace violence injuries per 10,000 full-time equivalents (FTEs)** in 2018.
- Other large industry sectors such as construction, manufacturing, and retail all had fewer than **2 cases per 10,000 FTEs**.

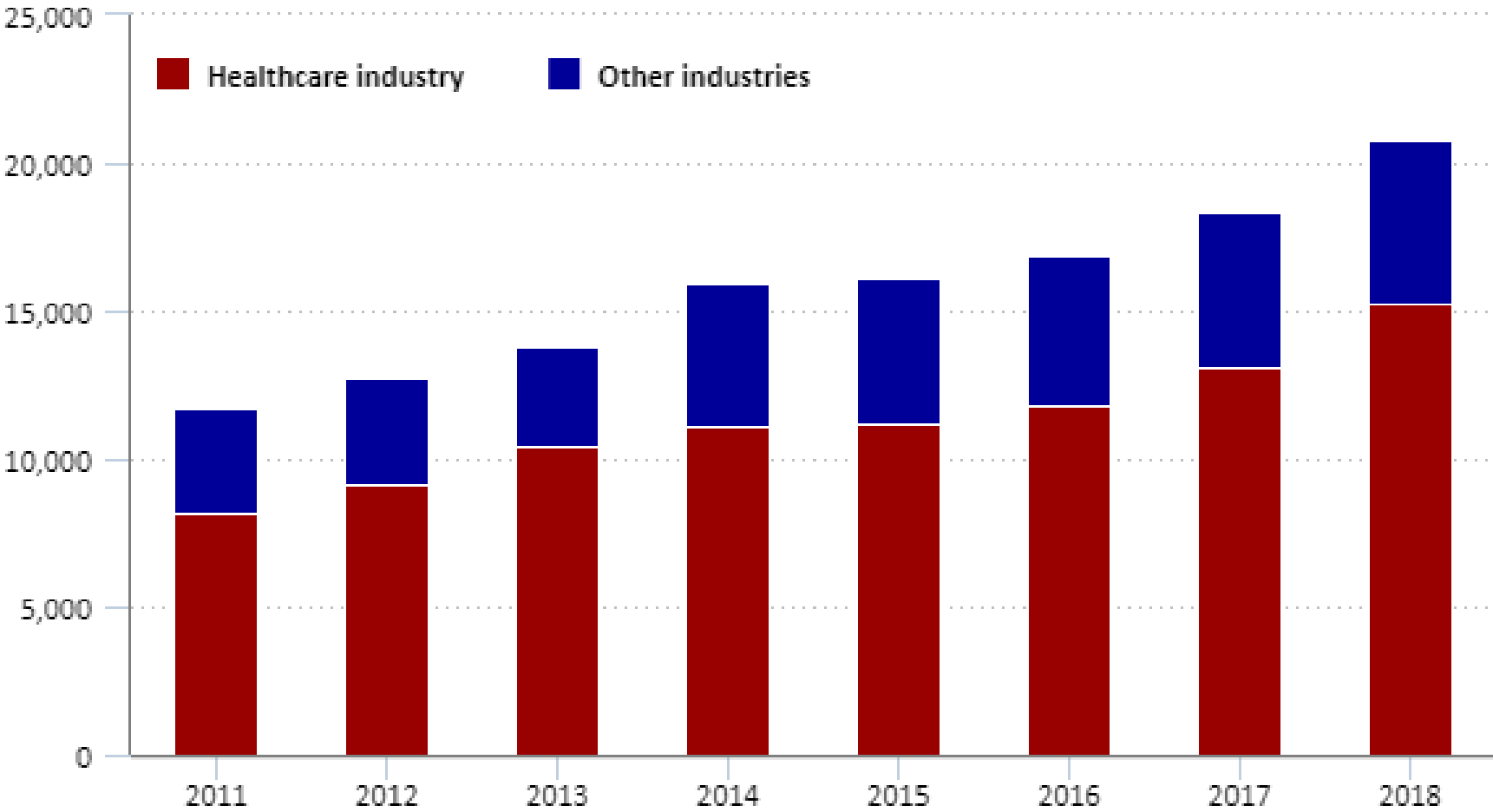
# Workplace Violence in Healthcare, 2011-2018

Nonfatal occupational injuries and illnesses involving days away from work

| YEAR        | HEALTHCARE INDUSTRY | OTHER INDUSTRIES |
|-------------|---------------------|------------------|
| 2011        | 8,180               | 3,510            |
| 2012        | 9,170               | 3,610            |
| 2013        | 10,450              | 3,350            |
| 2014        | 11,100              | 4,880            |
| 2015        | 11,200              | 4,960            |
| 2016        | 11,830              | 5,060            |
| 2017        | 13,080              | 5,320            |
| <b>2018</b> | <b>15,230</b>       | <b>5,560</b>     |

Source: US Bureau of Labor Statistics, last updated - April 2020

Chart 2. Number of nonfatal workplace violence injuries and illnesses with days away from work, 2011-18



Click legend items to change data display. Hover over chart to view data.  
Source: U.S. Bureau of Labor Statistics.



# Workplace Violence

## Scope of the Problem

(cont'd)

- Of those victims who experienced trauma from workplace violence:
  - 71% were female
  - 64% were aged 25 to 54
  - 73% worked in the healthcare and social assistance sector
  - 20% required 31 or more days away from work to recover, and 21% involved 3 to 5 days away from work

# Examples of Workplace Violence Incidents Reported by the Health Care Workers

| Health care facilities         | Examples of reported workplace violence incidents                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hospitals with emergency rooms | <ul style="list-style-type: none"><li>• Worker hit in the head by a patient when drawing the patient's blood and suffered a concussion and a permanent injury to the neck.</li><li>• Worker knocked unconscious by a patient when starting intravenous therapy on the patient.</li></ul>                                                                                                                                                                                           |
| Psychiatric hospitals          | <ul style="list-style-type: none"><li>• Worker punched and thrown against a wall by a patient and had to have several surgeries. As a result of the injuries, the worker was unable to return to work.</li><li>• Patient put worker in a head-lock, and worker suffered neck pain and headaches and was unable to carry out regular workload.</li><li>• Patient broke healthcare worker's hand when the healthcare worker intervened in a conflict between two patients.</li></ul> |
| Residential care facilities    | <ul style="list-style-type: none"><li>• Patient became upset after being deemed unfit to return home and attacked the worker.</li><li>• Worker hit in the head by a patient and suffered both physical and emotional problems as a result of the incident.</li></ul>                                                                                                                                                                                                               |
| Home health care services      | <ul style="list-style-type: none"><li>• Worker attacked by patient with dementia and had to defend self.</li><li>• Worker was sexually harassed by a patient when the patient grabbed the worker while rendering care.</li></ul>                                                                                                                                                                                                                                                   |

# WORKPLACE VIOLENCE

## Definition:

Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide.

- A workplace may be any location either permanent or temporary where an employee performs any work-related duty.

# Definition (cont'd)



- This includes, but is not limited to, the buildings and the surrounding perimeters, including the parking lots, field locations, and clients' homes. **signments**



# Workplace Violence Includes:

- Beatings
- Stabbings
- Shootings
- Rapes
- Psychological traumas
- Threats or obscene phone calls
- Intimidation
- Harassment of any nature
- Being followed, sworn or shouted at



# Workplace Violence Includes (cont'd):

- Verbal threats to inflict bodily harm; including vague or covert threats.
- Attempting to cause physical harm; striking, pushing and other aggressive physical. acts against another person

# OSHA-Identified High-Risk Industries for WPV

- Healthcare and Social Service
- Late-Night Retail
- Taxi Driving
- Correctional Facilities

# Types of Workplace Violence

- **Type 1-Criminal Intent**: Violent acts by people who enter the workplace to commit a robbery or other crime (current or former employees).
- **Type 2- Customer/Client/Patients**: Violence directed at employees by customers, clients, patients, students, inmates or any others to whom the employers provides a service.
- **Type 3 – Co-worker**: Violence against co-workers, supervisors, or managers by a current or former employee, supervisor or manager.
- **Type 4 – Personal**: Violence in the workplace by someone who does not work there, but who is known to, or has a personal relationship with an employee.

# Risk Factors: Patient, Client and Setting-Related

- Working directly with people who have a history of violence, substance use disorders, and relatives of patients or clients.
- Transporting patients and clients.
- Working alone in a facility or in patients' homes.
- Poor environmental design of a workplace that may block employees' vision or interfere with their escape from a violent incident.

# Risk Factors: Patient, Client and Setting-Related (cont'd)

- Poorly lit corridors, rooms, parking lots and other areas.
- Lack of means of emergency communication.
- Prevalence of firearms, knives and other weapons among patients, their families, and friends.
- Working in neighborhoods with high crime rates.

# Risk Factors: Organizational

- Lack of facility policies and staff training for recognizing and managing escalating hostile and assaultive behaviors from patients, clients, visitors, or staff.
- Working when understaffed –especially during mealtimes and visiting hours.
- High worker turnover.
- Inadequate security and mental health personnel on site.
- Long waits for patients or clients and overcrowded, uncomfortable waiting rooms.
- Unrestricted movement of the public in clinics and hospitals.
- Perception that violence is tolerated and victims will not be able to report the incident to police and/or press charges.

# Risk Factors: Late-Night Retail

- The exchange of money;
- Delivering packages, goods or services;
- Working in a high-crime area;
- 24-hour operations;
- Solo work and isolated work sites;
- Poorly lit stores and parking areas; and
- Lack of staff training in recognizing and managing escalating hostile and aggressive behavior.

# Engineering Controls



- Alarm systems and other security devices
- Metal detectors
- Closed-circuit video recording for high-risk areas
- Safe rooms for use during emergencies
- Enclose nurses' station, install deep service counters or bullet-resistant glass in reception area, triage, admitting



# Administrative and Work Practice Controls

- State clearly to patients, clients, and employees that violence will not be tolerated or permitted.
- Require employees to report all assaults and threats.
- Set up trained response teams to respond to emergencies.
- Establish liaison with local police and state prosecutors.

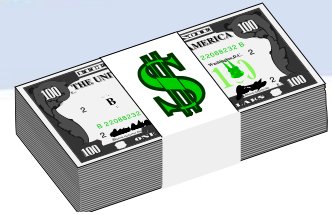
# Late-Night Retail: Engineering Controls

- Limiting window signs to low or high locations so that workers can see incoming customers and so that police can observe what is occurring from the outside of store;
- Maintaining adequate lighting inside and outside the establishment;
- Install physical barriers such as bullet-resistant enclosures with pass-through windows between customer and worker;
- Installing video surveillance equipment; and
- Installing and regularly maintaining alarm systems and other security devices, panic buttons, handheld alarms or noise devices.

# Late-Night Retail: Administrative and Work Practice Controls

- Integrate violence prevention activities into daily procedures, such as checking lighting, locks, and security cameras to help maintain a secure worksite.
- Establish a policy of when doors should be locked. Require workers to keep doors locked before and after official business hours. Prohibit transactions with large bills (over \$20).
- When possible, increase staffing levels at stores with a history of robbery or assaults, or located in high crime areas.
- Develop and implement procedures for workers to use in case of a robbery or security breach such as calling the police or triggering an alarm.

# Economic Impact of Workplace Violence



- Estimates from the National Crime Victimization Survey over the years 1987-1992 put annual losses incurred by victims of workplace violence in the U.S. at more than \$55 million in wages, not including days covered by sick or annual leave.
- Lost productivity, legal expenses, property damage, diminished public image, increased security: \$ billions \$
- OSHA reports indicate that nearly two million people suffer from workplace violence each year and the National Institute for Occupational Safety and Health estimates those incidents cost employers more than \$120 billion.

# Costs, Economic Impacts, and Benefits

- Even if a worker does not have to miss work, violence can still lead to “hidden costs” such as higher staffing turnover and deterioration of productivity and morale.
- In addition to the out-of-pocket costs by the employer and employee, healthcare workers who experience workplace violence have reported short term and long term emotional effects which can negatively impact productivity.
- The implementation of a comprehensive workplace violence prevention program that includes administrative and engineering controls has been shown to lead to lower injury rates and workers' compensation costs.

# OSHA's Commitment

OSHA has developed guidelines to provide information to assist employers in meeting their responsibilities under the OSH Act.



# OSHA's Commitment

**Occupational  
Safety and Health  
Administration**

**Recommendations for  
Workplace Violence  
Prevention Programs**  
in Late-Night Retail Establishments

OSHA 3153-12R 2009

# OSHA Guidelines

- Not a new standard or regulation.
- Advisory in nature and informational in content.
- Intended for use by employers and employees who are seeking to provide a safe and healthful workplace through effective workplace violence programs.
- Based on OSHA's Safety and Health Program Management Guidelines published in 1989.

# OSHA's New Guidance On Workplace Violence CPL 02-01-058



## OSHA INSTRUCTION

U.S. DEPARTMENT OF LABOR

Occupational Safety and Health Administration

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DIRECTIVE NUMBER: **CPL 02-01-058**

EFFECTIVE DATE: **01/10/2017**

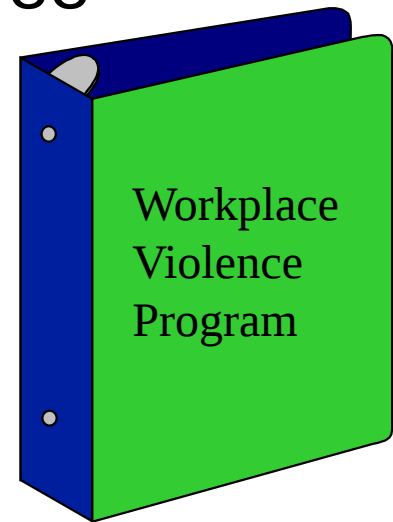
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SUBJECT: Enforcement Procedures and Scheduling for Occupational Exposure to Workplace Violence

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# WPV Prevention Program Elements

1. Management Commitment and Employee Involvement
2. Worksite Analysis
3. Recordkeeping and Evaluation
4. Hazard Prevention and Control
5. Post Incident Procedures and Services
6. Safety and Health Training



# Recordkeeping and Evaluation

Recordkeeping and evaluation of the violence prevention program are necessary to determine overall effectiveness and identify deficiencies or changes that should be made.

# Records Review



- OSHA Log of Work-Related Injuries and Illnesses (OSHA Form 300)
- Medical reports of worker injury
  - Workers' Compensation Reports
  - Insurance Records
  - Police Reports
  - First-Aid Logs
  - Accident or Near-Miss Logs
  - Supervisors' reports of each recorded assault
- 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 other clients.

# Records Review

## (cont'd)



- Information on patients with a history of past violence, substance use or criminal activity recorded on the patients' chart.
- Documentation of minutes of safety meetings, records of hazard analyses and corrective actions recommended and taken.
- Records of all training programs, attendees, and qualifications of trainers.

# Post-Incident Response

Provide comprehensive treatment for victimized employees and employees who may be traumatized by witnessing a workplace violence incident.



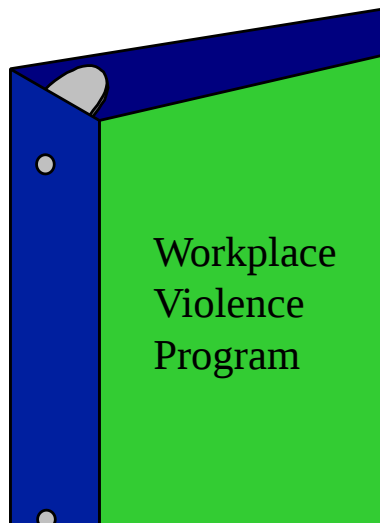
# Post-Incident Response

(cont'd)

- Trauma-crisis counseling
- Critical incident stress debriefing
- Employee assistance programs to assist victims



# Training and Education



Ensure that all staff are aware of potential security hazards and ways of protecting themselves.

# Training and Education

- Workplace violence prevention policy
- Risk factors that cause or contribute to assaults
- Early recognition of escalating behavior or warning signs
- Ways to prevent volatile situations
- Standard response action plan for violent situations
- Location and operation of safety devices

# WPV Program Evaluation

- Establish a uniform violence reporting system and regular review of reports.
- Survey workers periodically to learn if they experience hostile situations while performing their jobs.
- Review reports and minutes of minutes from staff meetings on safety and security issues.
- Analyze trends and rates in illness, injuries or fatalities caused by violence.
- Measure improvement based on lowering frequency and severity of workplace violence.
- Keep up-to-date records of administrative and work practice changes to prevent workplace violence to evaluate how well they work.

# WPV Program Evaluation

## (cont'd)

- Survey workers before and after making job or worksite changes or installing security measures or new systems to determine their effectiveness.
- Track recommendations through to completion.
- Keep abreast of new strategies available to prevent and respond to violence in healthcare and social service fields.
- Comply with OSHA and state requirements for recording and reporting injuries, illnesses and fatalities.
- Request periodic law enforcement or outside consultant review of the worksite for recommendations on improving worker safety.

# OSHA GENERAL DUTY CLAUSE: SECTION 5(a)(1)

Each employer shall furnish to each of his 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.

- This includes the prevention and control of the hazard of workplace violence.
- OSHA will rely on Section 5 (a)(1) of the OSH Act for enforcement authority.

# OSHA Proposed Rule-Making for WPV

- December 7, 2016 OSHA published a Request for Information (RFI) on the Proposed Rule Concerning Workplace Violence in Healthcare and Social Assistance Industries.
  - Comment period closed on April 6, 2017
  - 80,165 comments/submissions were received
  - OSHA is currently assessing the research and comments received and exploring possible regulatory language.
- March 24, 2021 the Committee on Education and Labor voted in favor of advancing H.R.1195 – **WPV Prevention for Healthcare and Social Service Workers Act** to the House of Representatives without amendments.

# State Laws Addressing WPV

As of August 2015, nine states had enacted laws that require employers who employ healthcare and/or social assistance workers to establish a plan or program to protect those workers from workplace violence:

- |                |               |
|----------------|---------------|
| 1. California  | 6. New Jersey |
| 2. Connecticut | 7. New York   |
| 3. Illinois    | 8. Oregon     |
| 4. Maine       | 9. Washington |
| 5. Maryland    |               |

# The Violence Prevention in Healthcare Facilities Act- NJ

- Passed in January 2008
- By June 30, 2008 the Workplace Violence Prevention committee must be established
- By June 30, 2009, all remaining elements of the Workplace Violence Prevention Plan must be in place

# New York State Law

- All public employers must evaluate their workplaces to identify violence-related risk factors
- Must implement written program (if >20 workers)
  - Incident reporting and recordkeeping
  - List of risk factors
  - Risk-reduction measures
  - Training
- Union reps and employees must be included
- Enacted June 2006

# Sources of Assistance

- OSHA Consultation Program
- OSHA Internet Site
  - [www.osha.gov/SLTC/workplaceviolence](http://www.osha.gov/SLTC/workplaceviolence)
- NIOSH
- Public Safety Officials
- Trade Associations
- Unions
- Insurance Carrier
- Human Resource and Employee Assistance Professionals/Program

# QUESTIONS

