

# UC Medical Center

## SAFETY SPOTLIGHT

A UC Systemwide Publication of the Environment, Health & Safety Leadership Council



### FEBRUARY 2017

#### Workplace Violence Prevention

#### IN THIS ISSUE

- Workplace Violence Prevention
- Types of Workplace Violence
- Workplace Violence Risk Factors

#### POSTER OF THE MONTH

DO	DO NOT
Project calmness, move and speak slowly, quietly and confidently.	Use communication that generates hostility such as arguing, the breath test, criticism, condescension. Avoid going silently by the rules or giving the run-around.
Be an empathetic listener. Encourage the person to talk and listen patiently.	Reject all of the individual's demands from the start.
Focus your attention on the other person to let him/her know you are interested in what he/she has to say.	Pose or challenge statements such as standing directly opposite someone, hands on hips or crossing your arms. Avoid any physical contact, finger pointing or long periods of fixed eye contact.
Maintain a relaxed yet attentive posture and position yourself at a right angle rather than directly in front of the other person.	Make sudden movements which can be seen as threatening. Notice the tone, volume and rate of your own speech.
Acknowledge the person's feelings. Indicate that you can see how he/she is upset or angry.	Challenge, threaten or dare the individual. Never berate the person or make him/her feel foolish.
Ask for small, specific requests such as asking the person to move to a quieter area.	Critique or act impudently toward the agitated individual.
Establish ground rules of unreasonable behavior patterns. Carefully describe the consequences of any inappropriate behavior.	Attempt to bargain with a threatening individual.
Use delaying tactics which will give the person time to calm down. For example, get yourself or offer a drink of water (in a disposable cup).	Try to make the situation seem less serious than it is.
Be reassuring and point out choices. Break big problems into smaller, more manageable problems.	Make false statements or promises you cannot keep.
Accept criticism in a positive way. When a complaint might be true, use statements like "You are probably right" or "It was my fault." If the criticism seems unwarranted, ask clarifying questions.	Try to impart a lot of technical or complicated information when emotions are high.
Ask for his/her recommendations. Repeat back to him/her what you feel he/she is requesting of you.	Take sides or agree with distortions.
Arrange yourself so that a visitor cannot block your access to an exit.	Invasively invade the individual's personal space. Make sure there is a space of three 5-6 feet between you and the individual.

## Workplace Violence Prevention

Workplace violence is a growing, serious concern. The Division of Occupational Safety and Health (DOSH), better known as Cal/OSHA, defines workplace violence as any act of violence or threat of violence that occurs at the work site. The term workplace violence shall not include lawful acts of self-defense or defense of others.

In hospitals and other healthcare settings, possible sources of violence include patients, visitors, intruders, and even coworkers. Examples include verbal threats or physical attacks by patients, a distraught family member who may be abusive or even become an active shooter, gang violence in the emergency department, or a domestic dispute that spills over into the workplace.

Healthcare workers are at an increased risk for workplace violence. The Bureau of Labor Statistics reports incidents of serious workplace violence (those requiring days off from work due to an injury) were four times more common in healthcare than in private industry on average from 2002 to 2013.

### Statistics

Studies and surveys highlight the prevalence of workplace violence among healthcare occupations:



21 percent of registered nurses and nursing students reported being physically assaulted—and over 50 percent verbally abused—in a 12-month period.

(Source: American Nurses Association. 2014. American Nurses Association Health Risk Appraisal (HRA): Preliminary Findings October 2013–October 2014.)



12 percent of emergency department nurses experienced physical violence—and 59 percent experienced verbal abuse—during a seven-day period.

(Source: Emergency Nurses Association and Institute for Emergency Nursing Research. 2010. Emergency Department Violence Surveillance Study.)



13 percent of employees in Veterans Health Administration hospitals reported being assaulted in a year.

(Source: Hodgson, M.J., Reed, R., Craig, T., Murphy, F., Lehmann, L., Belton, L., and Warren, N. 2004. Violence in healthcare facilities: Lessons from the Veterans Health Administration. *Journal of Occupational and Environmental Medicine*. 46(11): 1158–1165.)

## TYPES OF WORKPLACE VIOLENCE

Cal/OSHA has defined workplace violence as the threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury; or an incident involving the threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury.

### The four workplace violence types include:

#### TYPE 1

Workplace violence committed by a person who has no legitimate business at the work site, and includes violent acts by anyone who enters the workplace with the intent to commit a crime.

#### TYPE 2

Workplace violence directed at employees by customers, clients, patients, students, inmates, visitors or other individuals accompanying a patient.

#### TYPE 3

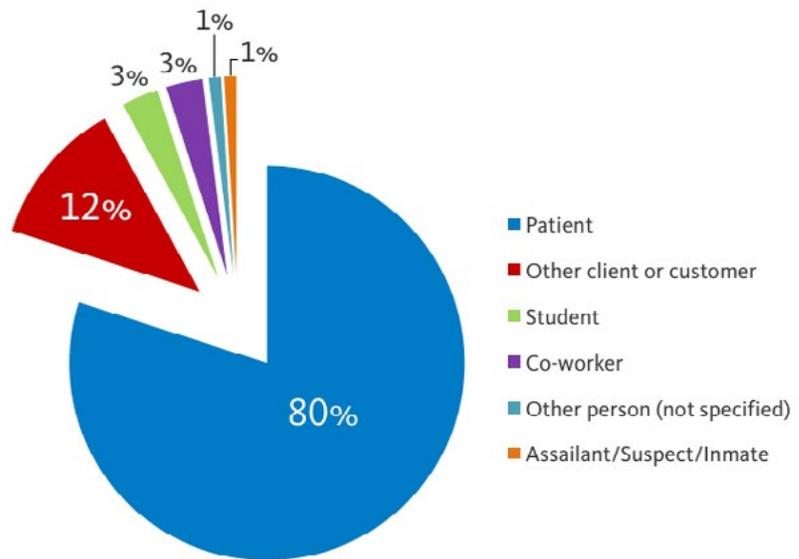
Workplace violence against an employee by a present or former employee, supervisor, or manager.

#### TYPE 4

Workplace violence committed in the workplace by someone who does not work there, but has or is known to have had a personal relationship with an employee.

In 2013, 80 percent of serious violent incidents reported in healthcare settings were caused by interactions with patients (see graph). Other incidents were caused by visitors, coworkers, or other people.

### Healthcare Worker Injuries Resulting in Days Away from Work, by Source



## Cal/OSHA Regulation

In September 2014, Governor Brown signed Senate Bill (SB) 1299, Workplace Violence Prevention Plans: Hospitals and in October 2016, the California Occupational Safety & Health Standards Board (OSHSB) adopted regulations that require healthcare workplaces in California to adopt a Workplace Violence Prevention in Healthcare Program to protect healthcare workers and other personnel from violent behavior.

This Cal/OSHA regulation facilitated the development and implementation of the University of California Workplace Violence Prevention Program in our healthcare facilities, services, and operations. The regulation will go into effect on April 1, 2017. Some program requirements will go into effect on that date, while the remaining program requirements will go into effect on April 1, 2018.

### The University of California Workplace Violence Prevention in Healthcare Program includes the following:

#### Plan with established procedures:

- To obtain the active involvement of employees and their representatives
- To coordinate with other employers whose employees work in the same facility, service, or operation
- To obtain assistance from law enforcement
- To accept and respond to reports of workplace violence



## WORKPLACE VIOLENCE RISK FACTORS

Workplace violence risk factors vary by healthcare setting, but common factors include the following:

- Working with individuals who have a history of violence or who may be delirious or under the influence of drugs
- Lifting, moving, and transporting patients
- Working alone
- Poor environmental design that may block vision or escape routes
- Poor lighting in hallways or outside areas
- Lack of means of emergency communication
- Presence of firearms
- Working in neighborhoods with high crime rates
- Lack of training and policies for staff
- Understaffing
- High worker turnover
- Inadequate security staff

- To communicate with employees regarding workplace violence matters
- To identify and evaluate risk factors
- To correct WPV hazards using applicable, feasible methods
- Post-incident response and investigation

**Training** for all employees when the Plan is first established or when the employee is newly hired or newly assigned should include:

- Overview of the Plan
- How to recognize the potential for violence
- Strategies to avoid harm
- Hospital alarm systems and how to use escape routes
- Role of private security personnel, if any
- How to report violent incidents
- Resources

There are additional training requirements for individuals who are assigned to respond to incidents of workplace violence. Refresher training is also required to ensure ongoing education.

**Reporting** tools for general acute care hospitals and acute psychiatric hospitals to report to Cal/OSHA any violent incident

Report within **24 hours**:

- A fatality or an injury that requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement
- An incident involving the use of a firearm or other dangerous weapon
- An urgent or emergent threat to the welfare, health, or safety of hospital personnel such that they are exposed to a realistic possibility of death or serious physical harm

Report within **72 hours**:

- All other incidents involving the use of physical force against an employee by a patient or a person accompanying a patient that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress regardless of whether the employee sustains an injury

**Violent Incident Log** records all workplace violent incidents:

**Recordkeeping**

- Records of WPV hazard identification, evaluation, and correction
- Training records
- Records of violent incidents

## Scope and Application

The Cal/OSHA regulation applies to all of the following healthcare facilities, services, and operations within the University of California:

- Health facilities including hospitals, intermediate care, congregate care, correctional treatment centers, psychiatric hospitals
  - Including any service that falls under the hospital's license
- Home healthcare and home-based hospice
- Emergency medical services and medical transport, including those services when provided by firefighters and other emergency responders
- Drug treatment programs

## UC Teams Prepare for Implementation

Throughout the past 18 months, UC medical center teams have been hard at work setting the stage for implementation of the new program. In preparation for UC's participation, UC Office of the President has convened a systemwide workgroup. The workgroup engaged with teams from all five UC medical centers to move the project forward. Staff members from several healthcare disciplines developed templates, plans and protocols, risk assessment procedures, and systems for data collection and reporting. More information and materials will be coming regarding the reporting requirement.

Resource: <http://www.dir.ca.gov/OSHSB/Workplace-Violence-Prevention-in-Health-Care.html>

For information regarding your medical center's Workplace Violence Prevention Program, please contact EH&S or Security.



## CONNECT

[UC Davis](#)

[UC Irvine](#)

[UCLA](#)

[UC San Francisco](#)

[UC San Diego](#)



## FEEDBACK PLEASE

Send an email to [safetyspotlight@ucdavis.edu](mailto:safetyspotlight@ucdavis.edu) to submit your comments on the February issue or to suggest content ideas for future issues. We look forward to hearing from you!

*This publication is produced and maintained by the Communications Team at Risk @ Safety Solutions. For more information regarding our products and services, please email [service@RiskandSafetySolutions.com](mailto:service@RiskandSafetySolutions.com).*



[www.RiskandSafetySolutions.com](http://www.RiskandSafetySolutions.com)