Cal/OSHA’s Impending Workplace Violence Prevention Regulations

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Agenda

- Review proposed Workplace Violence Prevention Program (WPVP) Regulations
- Discuss hospital preparation
- Preview CHA resources

Proposed WPVP Regulations

Elements
- Creating and maintaining a WPVP
- Identifying management with responsibility for administering
- Coordinating with other employers of employees working at your site
- Identifying and evaluating safety and security risks
- Investigating violent incidents
- Correcting hazards
- Communicating with employees and others
- Training
- Reporting to Cal/OSHA
- Recordkeeping
- Program Review
Proposed WPVP Regulations
Estimated Timeline

- **Aug. 26, 2016:** Third Version Proposed Regulation is Released
- **Sept. 12, 2016:** 15-day Comment Period Closes
- **Oct. 20, 2016:** Proposed Regulations Presented to Cal/OSHA Standards Board for Review and Approval
- **Jan. 1, 2017:** Effective Date (assuming adoption by Cal/OSHA Standards Board no later than Oct. 30, 2016)
  - Per current version – Violent Incident Log, Recordkeeping and Hospital Reporting would be required to be in place as of Jan. 1, 2017; remainder in place as of Jan. 1, 2018

Proposed Scope

Scope
- Health facilities including hospitals, long-term care, intermediate care, congregate care, correctional treatment center, psychiatric hospital
- Home health care and home based hospice
- Emergency medical services and medical transport, including those services when provided by firefighters and other emergency responders
- Drug treatment programs
- Outpatient medical services to the incarcerated in correctional and detention settings
- NOTE: DDS facilities must comply so long as they are not designated to close by 2021; CDCR facilities are exempt
Proposed: Key Provisions

Healthcare Workplace Violence Prevention

• “Workplace violence” means 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. Workplace violence includes the following:
  – 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
  – 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

Proposed: Key Provisions

Four workplace violence types:

• “Type 1 violence” means workplace violence committed by a person who has no legitimate business in the work site, and includes violent acts by anyone who enters the workplace with the intent to commit a crime.
• “Type 2 violence” means workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors or other individuals accompanying a patient.
• “Type 3 violence” means workplace violence against an employee by a present or former employee, supervisor, or manager.
• “Type 4 violence” means 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.
Workplace Violence Prevention
Looking at the Continuum of Behavior

Intimidating Behavior

Harassment

Workplace Violence

Bullying

Threat of Violence

Proposed Training

• Training to be tailored to the risks employees are reasonably anticipated to encounter in their jobs
• Awareness training for all employees when the plan is adopted and, for new employees, at the start of employment
  – Overview of the Plan
  – Recognizing potential for violence
  – Strategies for avoiding harm
  – Hospital alarm systems and how to use identified escape routes
  – Role of private security personnel, if any
  – Reporting incidents
  – Resources
Proposed Training

- Opportunity to ask questions
  - Computer-based learning is permitted so long as employees can have their questions answered within one business day

- Annual refresher training for employees whose job involves patient contact and their supervisors
  - At least annually to review topics included in the initial training and results of the annual review
  - Focused on topics/information applicable to those employees

- Opportunity to ask questions
  - Computer-based learning is permitted so long as employees can have their questions answered within one business day

Proposed Training

- Specified training for employees whose job responsibilities include violent incident response
  - General and personal safety measures
  - Aggression and violence predicting factors
  - The assault cycle
  - Characteristics of aggressive and violent patients and victims
  - Verbal intervention and de-escalation techniques and physical maneuvers to defuse and prevent violent behavior
  - Strategies to prevent physical harm
  - Appropriate use of restraining techniques
  - Appropriate use of medications as safety restraints

- The opportunity to practice maneuvers and techniques with other team members and a de-brief after the training to identify and correct issues
Proposed: Key Provisions

Post-Incident Response
- Provide appropriate medical/psychological care
- Investigate
- Debrief
- Document
- Correct identified hazards

Proposed: Key Provisions

Other Plan Elements
- Procedures to identify and evaluate patient-specific risk factors
  - Factors specific to a patient that may increase the likelihood or severity of a workplace violence incident such as use of drugs or alcohol, psychiatric condition or diagnosis associated with increased risk of violence, any condition or disease process that would cause confusion and/or disorientation, or history of violence
  - How “patient-specific” is still a question
- Procedures to assess visitors or other individuals who display disruptive behavior or otherwise demonstrate a risk of committing workplace violence
Proposed: Key Provisions

Other Plan Elements

• Procedures to implement corrective action, as applicable, including but not limited to:
  – Sufficient staffing
  – Eliminating line of sight obstacles
  – Removing, fastening or controlling items that could be used as a weapon
  – Preventing transport of unauthorized firearms or other weapons
• Annual Review or review when changed circumstances

Proposed: Key Provisions

Other Plan Elements

• Identification of leaders responsible for implementation
• Procedures to obtain the active involvement of employees or their representatives in all aspects of plan development, implementation and evaluation/assessment
• Developing effective procedures for obtaining assistance from appropriate law enforcement agency, including a policy statement that prohibits the employer from adopting a policy that prevents employees from calling local law enforcement
• Procedures to assess the work environment, including parking lots, etc., for safety/security risks
Proposed: Key Provisions

Violent Incident Log
• To be reviewed during the annual plan review and available to employees
• For each incident, employer completes based on information solicited from the employee(s):
  – Date, time, location and department
  – Detailed description of the incident
  – Classification of perpetrator
  – Circumstances
  – Type of incident
  – Consequences of incident

Proposed: Key Provisions

Acute Care, Acute Psych and Specialty Hospital Reporting
• Required by SB 1299
• Must report any violent incident that involves:
  – 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; or
  – An incident involving the use of a firearm or other dangerous weapon, regardless of whether the employee sustains an injury
Proposed: Key Provisions

Acute Care, Acute Psych and Specialty Hospital Reporting

• 24 Hour Reporting for:
  – 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
  – 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

Proposed: Key Provisions

Acute Care, Acute Psych and Specialty Hospital Reporting

• 72 Hour Reporting for:
  – Other reportable incidents within the following parameters
    • 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
  – For this purpose, injury is defined as an incident requiring medical treatment more than first aid
## Action Steps

- Identify lead at your hospital/health system
- Create multi-disciplinary workgroup
- Review proposed regulations
- Begin gap analysis and other preparatory activity
- Monitor regulatory process
- Be ready to implement Violence Incident Log, Reporting and Record-keeping by January 2017
- Be ready to satisfy the remaining sections by January 2018
- Recognize that Cal/OSHA is already investigating complaints

## CHA Activities

- Continue provide input to Cal/OSHA on reporting obligation
- Submit public testimony at Oct. 20 Cal/OSHA Standards Board Meeting
- Continue to update dedicated website
  - [www.calhospital.org/workplace-violence-prevention](http://www.calhospital.org/workplace-violence-prevention)
- Develop a Healthcare Workplace Violence Prevention Regulation Guidebook
- Present a Webinar on Nov. 1 (tentative)
- Work with Cal/OSHA on various training opportunities
  - Particularly with respect to reporting obligation
Logistical Challenges

- Resources - $$$$$ for program requirements, unfunded mandated
- Policy Development – HR, Nursing, Security, Case Management, ED
- Risk Assessment(s):
  - By unit, service, location determine hazards, job design, equipment,
  - Patient – Orange Dot, STAMP for ED, MS4 Risk Screening
  - Visitors or others entering facilities or services
  - Security – BSIS Licensure Scope of Practice (Observe and Report), Armed vs. Unarmed, local LE response
- Staff involvement – multidisciplinary – all levels, collective bargaining representatives
- Training requirements
  - Initial - before start working
  - 3 levels based on response choices, online and face to face for hands on maneuvers of some staff based on response plan
  - Temporary employee – nursing, contracted physicians, DaVita
  - Annually or more often as processes change or incidents happen - AAR
Logistical Considerations

- Investigation requirements – Threat Assessment Team
- Discharge planning – Violent vs. Aggressive for placement D/C
- Documentation using Violent Incident Log
  - Separate from 300 Log requirements
  - Record maintenance annual cost of $89.38 per establishment based on needlestick/sharps program
- Reporting requirements - CALOSHA Electronic Website data entry
  - Limited access for people to do input
  - Estimates 30 minutes to do one incident
  - CALOSAH used est. .14.2 incidents a year from CDC to show minimal cost 30 minutes x 45.12/hour pay rate = $320.35.
  - Violent Incident Log contains 20 plus types of reportable incidents
- Public displayed data – Affects on reputation/branding
- Patient satisfaction scores
Workplace Violence
Topic Collection
10/21/2015

WORKPLACE SAFETY AND HEALTH

Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence
Requirements for a workplace violence program:

- CA, CT, IL, MD, MN, NJ, OR, NY: Limited to public employers only.
- Reporting of incidents: WA.

Only those states with laws designating penalties for assaults that include "nurses" are reflected below:

- Establish or increase penalties for assault of "nurses": AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IA, KS, LA, MI, MS, MT, NE, NV, NJ, NM, NY, NC, OH, OK, RI, TN, TX, UT, VT, VA.
Workplace Violence, Bullying and Stress

The National Institute for Occupational Safety and Health Administration (NIOSH) and the Occupational Safety and Health Administration (OSHA) define workplace violence as any physical assault, threatening behavior or verbal abuse occurring in the workplace. Violence includes overt and covert behaviors ranging in aggressiveness from verbal harassment to murder (NIOSH 1996, OSHA 1996). Workplace violence occurs in numerous healthcare settings from emergency and ED to ambulatory care and behavioral health units.

The healthcare sector leads all other industries, with 43% of all nonfatal assaults against workers resulting in lost work days in the US (Center for Disease Control and Prevention, 2010). In a recent study, workplace safety audits of healthcare facilities cited assaults and violent acts as the 10th leading cause of nonfatal occupational injury in 2010, representing about 8% of all workplace injuries and a cost of $400 million (Osheroff, Mullins, & Johnson, 2007). The incidence of violence is likely far greater than that which is reported due to inadequate reporting mechanisms and victims’ fear of isolation, embarrassment, and reprisal (Johns Hopkins University, 2004). Click here to read more.

Click on the following links to view resources and information about the Oregon Workplace Violence Prevention Law for Health Care:

- The Oregon Workplace Violence Prevention Law for Health Care

Training from LAL

Facilitators and Instructors

- Convene the Stove Crew (the design team).
- Crowd Control Resources for Big Retail Sales Events (3:10 P.M. – Hazard Awareness).

Preventions

- Accident Prevention Program (APP).
- Critical Incident Stress: Defining (3:30 Overview) online training increasing trauma workplace events, including workplace violence incidents.
- Working Alone Safety.
- Workplace Violence Prevention – Module 1, Module 2.

Videos

- Workplace Violence: The Calm Before The Storm (English/Spanish).
- Workplace Violence in Retail Stores – Your Money or Your Life.
- See a list of videos about workplace violence.

Workers in hospitals, nursing homes, and other healthcare settings face significant risks of workplace violence. Many factors contribute to this risk, including working alone with people who have a history of violence or who may be volatile for the influence of drugs. Photo courtesy of LAL.
Sentinel Event Alert

June 3, 2010

Preventing violence in the health care setting

Once considered safe havens, health care institutions today are confronting an ever-increasing array of crimes, including violent crimes such as assaults, rape and homicide. As criminal activity spills over from the streets and into the workplace, health care professionals, with the protection and support of hospital security, are needed more than ever to ensure the safety and security of staff and patients. Violence in the workplace, whether physical or emotional, creates a hazardous environment for all involved.

The Joint Commission’s Sentinel Event Database includes a category of assaults, rape and homicide (combined) with 255 reports since 1990 – numbers that we believe to be significantly below the actual number of incidents due to the “silent” nature of crime in health care institutions. While not an accurate measure of violence, it is noteworthy that the assault, rape and homicide category of sentinel events is considerably less frequent than other categories, such as patient suicide and suicide attempt, which account for 28% of all sentinel events.

The impact on staff is significant: reports of assaults, rape and homicide, with the greatest number of reports in the last three years: 16 incidents in 2007, 14 in 2008 and 18 in 2009.

Of the information in the Sentinel Event Database regarding assault events, the following contributing causal factors were identified most frequently over the last two years:

- Leadership, noted in 42 percent of the events, most notably problems in the areas of policy and procedure development and implementation.
- Human resource-related factors, noted in 42 percent of the events, such as the increased need for staff education and employees’ awareness of behavioral assessment tools.
- Severe physical assaults, noted in 38 percent of the events, particularly in the areas of physical patient restraint protocols, management of patients on psychiatric medications and attempted suicide.
- Communication failures, noted in 32 percent of the events, both among staff and with patients and family.
- Physical environment, noted in 30 percent of the events, in terms of deficiencies in general safety of the environment and design procedures and practices.
Workplace Violence and Its Effects on Patient Safety

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Abstract

PATIENT SAFETY FIRST

Workplace Violence and Its Effects on Patient Safety

SHRM
SOCIETY FOR HUMAN RESOURCE MANAGEMENT

Workplace Violence Training for Supervisors
The America Medical Association House of Delegates voted Tuesday to adopt several policy proposals to improve the nation’s health.

Physicians, medical students and residents representing all states and medical fields met in Chicago to vote on the policies.

Here are seven policies the AMA adopted.

1. Prevention of detergent poisoning in children. The AMA voted to ask state and federal authorities to enact a law that requires detergent product packaging to be child-resistant and less vibrant in color, in an effort to curb accidental exposure or ingestion. Between 2012 and 2013, more than 17,000 children under the age of six were exposed — the majority through ingestion — to highly-concentrated laundry detergent pods, leading to hundreds of hospitalizations and one confirmed death.

2. Prevention of hearing loss in children from noisy toys. The AMA also adopted a policy to establish noise exposure standards for children’s toys. Toys that emit dangerously high levels of noise can impair children’s hearing. AMA board member Jesse Eisenfeld, MD, said. The policy states toys need to adhere to pediatric noise exposure standards and include warning labels when standards are exceeded.

3. Protection of healthcare workers from violence. Between 2011 and 2013, about 70 percent of reported workplace assaults took place in healthcare and social service settings, according to the U.S. Bureau of Labor Statistics. As a result, the AMA adopted a policy that increases healthcare worker safety. The policy asks the Occupational Safety and Health Administration to require healthcare employers to establish violence prevention programs. OSHA currently has guidelines to increase healthcare worker safety, but they are not enforceable or required. The new policy would make OSHA guidelines a requirement and encourage employers to undergo training that will help them prevent and respond to workplace violence threats, report incidents and promote a safe workplace culture.
Data on Healthcare Violence Remains Out of Reach

Statistics say healthcare workers are twice as likely to be victims of workplace violence, but employers are exempt from OSHA reporting requirements, and can keep info on training and safety plans under wraps.

By Christen McCurdy

June 7, 2012 — Two weeks ago, community health worker Jennifer Warren was stabbed to death in the St. Helens home of Brent K. Redd Jr., who was receiving services from Columbia County Community Mental Health (CCMH), Warren’s employer.

Redd had been released from Oregon State Hospital under supervision by the Psychiatric
Workplace Violence Risk Assessment

by Langley Memorial Hospital

Co-authored by
Advance Workplace Management Inc.

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Workplace Violence Inspection Checklist - OSHA

Free

This checklist can help employees identify present or potential workplace violence problems. It contains various factors and controls that are commonly encountered in retail establishments. Not all of the questions listed here fit all types of retail businesses, and this checklist does not include all possible topics. Specific businesses need employees to expand, modify, and adapt this checklist to fit their own circumstances.

Download Forms

You need Adobe Acrobat Reader 3.1 or later to view PDF forms.
Healthcare Facility Workplace Violence Risk Assessment Tool

Violence in the workplace continues to be an area that risk managers need to be proactively preparing their institutions to prevent. At the same time, the risk manager needs to know what to do in the event they are faced with an immediate situation. This tool kit is designed to assist in both of these areas. The links below include a check list to ensure you are prepared to prevent violence against staff and a separate tool to have handy to address it if it happens. For each item ASHRM has shared some resources such as example policies, but you may also want to print the tool and track resources in your organization so you have everything at the tip of your fingers if needed. If you have additional resources you think would be valuable to add, please share them with us by emailing ashrm@aha.org.

Staff to Staff Violence/Harassment
- Proactive Prevention
- Reactive Response to Event
WORKPLACE VIOLENCE INSPECTION CHECKLIST

This checklist was adapted from "Violence on the Job: A Guidebook for Labor and Management" published by the Labor Occupational Health Program, University of California, Berkeley, 1997.

Use this checklist as part of a regular safety and health inspection or audit that is conducted by the joint labor/management safety committee or by the union itself. Although this checklist can be used for any facility, it can also be adapted to meet the local union’s needs. If a question does not apply to the workplace, then write “NA” (not applicable) in the notes column. Add any other questions that may be appropriate.

Use this inspection checklist to determine which hazards are well controlled and what control measures need to be enhanced. While inspecting the facility for workplace violence hazards, the local union or committee may need to ask workers or investigate in other ways to answer some of the checklist questions.

STAFFING

1. Is there someone responsible for building security?

   • Yes
   • No
   • Sometimes

Who is it? ____________________________

SITUATIONAL AWARENESS
DIFFUSING ASSAULTIVE BEHAVIOR CLASSES
SHC-VC In-Patient Risk Screening

- Risk Assessment for in-patient admission
- Orange dots on staffing boards
- Orange Dots on door frames
- Orange Inserts in patient charts
- Ticket to Ride
- Flagging of Records
- Numbers reported at Ops Huddle

Risk Screening for Violent Behavior

Patient has history of or present event:
- Neurological (brain, spinal cord, nerves) or cognitive disorder that results in acute/chronic cognitive impairment or lack of impulse control (i.e. stroke, tumor, seizure, encephalitis, meningitis, dementia, Alzheimer Disease, Autism Spectrum Disorder, Intellectual Disability, Traumatic brain injury)
- Mental health disorders or psychiatric hold (i.e. diagnosed with: paranoia-schizophrenia, bipolar, personality disorder)
- Current drug and/or alcohol abuse (i.e. actively withdrawing from alcohol) or benzodiazepines; active use of amphetamine, alcohol
- Current disruptive behavior (i.e. credible verbal threats or violence against patients or staff, name calling, racial/sexual harassment)
- Current incarceration

If ≥ 1 item is selected above, implement "High Risk for Violent Behavior" interventions
- None of the above
Questions?

Thank You!

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