USACHPPM
Readiness thru Health

59-017-0402

Just the Facts...

# *Medical Safety and Security*
# *Workplace Violence*
# *Frequently Asked Questions*

## *What is workplace violence?*

Workplace violence is defined as violent acts and threats of assault directed toward persons at work or on duty. These violent acts include, but are not limited to, homicide, beating, stabbing, suicide, shooting, rape, intimidation, stalking, vandalism, obscene phone calls, and verbal attacks. Incidents of workplace violence usually fall into one of four categories based on the relationship between the worker and the assailant. These categories, illustrated with actual incidents, are:

- *Violence by Co-Workers*: Medical Center of Central Massachusetts, MA. As a patient slept in the operating room, a surgeon and an anesthesiologist began arguing. The surgeon threw a cotton swab at the anesthesiologist. After they briefly scuffled on the floor, the two resumed the operation without further incident.
- *Violence by Strangers*: Belleview Hospital, NY. A vagrant, who was living in the hospital for weeks, beat, raped, and strangled to death a 33 year-old female pathologist.
- *Violence by Personal Relations*: Huntsville Hospital, AL. A 45 year-old male took a sawed off shotgun to the hospital to confront his estranged wife, a nurse's aide. Two police officers were wounded when they tried to take the gun away from the assailant.
- *Violence by Customers/Clients*: Sandy, Utah. A 39 year-old man armed with dynamite and two guns, killed a nurse and held 8 people hostage. The man was angry with a physician for performing sterilization surgery on his wife years prior to the incident.

## *What category of violence presents the greatest threat in healthcare?*

Homicides are rare in hospitals; however, lost-time injuries resulting from violence by customers/clients are common. Data from the Bureau of Labor Statistics showed that in 1994, hospitals reported 9,726 cases of lost-time injuries (37.6 injuries per 100,000 workers) resulting from violent acts. About 72 percent of these violent acts involved patients who hit, kicked, beat, squeezed, pinched, scratched, twisted, bit, stabbed, shot, raped, or threatened their healthcare providers. On average, the victims in these cases required 3 to 5 days away from work to recuperate.

## *What are the factors that may increase a healthcare worker's risk for workplace violence?*

The factors related to an increased risk of violent acts in Military Treatment Facilities (MTFs) include:

- the presence of handguns and other weapons among patients, family members, and friends
- the use of MTFs by military police for criminal holds and the care of acutely disturbed and violent individuals
- an increasing number of released acute and chronically mentally ill patients without follow-up care
- the presence of drugs or money, providing robbery targets
- the presence of gang members, drug or alcohol abusers, trauma patients, or distraught family members
- an unrestricted movement of the public in the MTF
- frustration subsequent to long waits in the emergency department or clinic areas
- low staffing levels during meal times, visiting hours, or patient transport times
- isolated work with patients during examination or treatment
- solo work in high-crime areas without alarm or support systems
- workers inadequately trained to recognize and manage increasingly hostile behavior
- poorly illuminated or distant parking areas

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Another factor that may increase risk for workplace violence is the patient's perception of his treatment. For example, a patient may become angry and act out when he believes that his healthcare provider:

- delivers information in a way that causes anxiety (e.g., having other office personnel relay important information by telephone)
- fails to reassure or provide adequate support (e.g., failing to reassure the patient when a significant test must be repeated)
- drags things out (e.g., scheduling a biopsy days or weeks after citing the need for such an examination)
- reveals too little (e.g., being silent while conducting the physical examination)
- ignores the patient's pocketbook (e.g., prescribing costly medications beyond the patient's ability to pay)
- orders too may tests (e.g., draining the patient monetarily and emotionally while he waits for the test results)
- forgets to treat pain (e.g. failing to prescribe adequate postoperative pain relief)

### *Can OSHA cite Army hospitals for failure to have a workplace violence program?*

OSHA's Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers, OSHA 3148-1996, are voluntary in nature. OSHA intends these guidelines as a "best practices" guide and as a means of sharing information, which interested employers are free to use. Army MTFs may be subject to citations under the General Duty Clause, Executive Order 12196, Section 201(a) and 29 CFR 1960.8(a) when they fail to maintain a workplace free from recognized hazards, such as workplace violence. Citations for violation of the General Duty Clause are issued when no specific OSHA standard has been promulgated to address the recognized hazard and the following components are present:

- the employer failed to keep his workplace free of a "hazard"
- the hazard was "recognized" either by the cited employer individually, or by the employer's industry generally
- the recognized hazard was causing or was likely to cause death or serious physical harm
- there was a feasible means available that would eliminate or materially reduce the hazard

### *What are the core elements of an effective violence prevention program?*

Effective violence prevention programs include five fundamentals: management commitment and employee involvement; work site analysis, hazard prevention and control; incident reporting, emergency response, follow-up, investigation, and record keeping; and safety and health training. Security officers and safety managers should read the following USACHPPM Fact Sheets for more detailed information on these fundamentals:

- 59-018-0402, Management Commitment and Worker Involvement
- 50-019-0402, Work Site Analysis
- 59-016-0402, Hazard Prevention and Control
- 59-015-0402, Safety and Health Training
- 59-020-0402, Incident Reporting, Emergency Response, Follow-up, Investigation, and Record Keeping

### *References:*


- Felton, Jean Spencer, MD. "Violence Prevention at the Health Care Site." Occupational Medicine: State of the Art Reviews. Vol. 12, No. 4 (1997): 701-715.
- Long Island Coalition for Workplace Violence Awareness & Prevention. "Workplace Violence Awareness & Prevention." Online Posting. U.S. Department of Labor. 5 January 1999. http://www.osha-slc.gov/workplace_violence/wrkplaceViolence.coalition.html. Available.
- Roll, Fred G., "Violence in Healthcare," American Society of Healthcare Engineering, July 1997, pages 185-234.
- U.S. Department of Health and Human Services. National Institute for Occupational Safety and Health (NIOSH) Current Intelligence Bulletin 57, Violence in the Workplace, Risk Factors and Prevention Strategies. Washington D.C. NIOSH, June 1996.
- U.S. Department of Labor. Occupational Safety and Health Administration. Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers, OSHA 3148-1996. Washington D.C. OSHA, March 1996.
- U.S. Office of Personnel Management. "Dealing with Workplace Violence: A Guide for Agency Planners." Online posting. United States Office of Personnel Management. 5 January 1999. http://www.opm.gov/workplac/. Available.
- U.S. Medical Command. Memorandum Subject: Violence in the Workplace. Headquarters U.S. Army Medical Command, Fort Sam Houston, Texas. 16 October 2000.