California’s Workplace Violence Prevention in Health Care: What You Need to Know
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Cal/OSHA’s Workplace Violence Prevention in Health Care Standard: What You Need to Know

Workplace safety and health hazards affecting California employees have traditionally been viewed as arising from unsafe work practices, hazardous industrial conditions, or exposures to harmful chemical, biological, or physical agents, not from violent acts committed by other human beings. However, the phenomenon of workplace violence, which has increased steadily in recent years, has been generating concern among employers. Employees, as well as supervisors and managers, have become all too frequent victims of assaults or other violent acts in the workplace, which entail a substantial risk of physical or emotional harm.

Many of these assaults result in fatal injuries, but an even greater number result in nonfatal injuries or in the threat of injuries, which can lead to medical treatment, missed work, lost wages, and decreased productivity. Workers in healthcare and social services workplaces are at a particular risk to violence.

Workplace violence incidents in health care

According to Bureau of Labor Statistics (BLS) research, nationally, healthcare workers are at a “substantially higher” risk of workplace violence than the average worker. In 2013, for example, private sector hospital workers were 5 to 12 times (depending on the type of healthcare facility) more likely to take time off from work because of an injury caused by violence than a typical private sector worker.

In California, two unions, the California Nurses Association and the Service Employees International Union (SEIU), have been pushing for more comprehensive protections because of what they see as an “alarming” rate of healthcare workplace assaults, including the 2010 strangling death of a nurse at a state-run psychiatric hospital in Napa. Donna Gross, a 54-year old psychiatric technician, was working alone at Napa State Hospital in October 2010 when she was strangled to death by a patient.
The unions stated in a petition to the California Occupational Safety and Health Administration (Cal/OSHA) Standards Board that far from being an isolated incident, the attack on the nurse was one of hundreds reported at the facility between 2009 and 2010. According to Cal/OSHA, there are many more, probably thousands of incidents, not reported—some healthcare workers even believe the violence comes with the job.

The violent death of Gross ignited widespread outrage and demand for change from healthcare workers in California who face violence—physical, emotional, sexual, and verbal assaults—on the job every day they go to work.

Patients are the largest source of violence in healthcare settings, but they are not the only source. In 2013, 80 percent of serious violent incidents reported in healthcare settings were caused by interactions with patients. Other incidents were caused by visitors, coworkers, or other people, according to BLS data.

**Workplace violence comes at a high cost**

The cost to organizations is staggering. It is impossible to overstate the costs of workplace violence because a single incident can have sweeping repercussions. There can be the immediate and profound loss of life or physical or psychological repercussions felt by the victim, as well as the victim’s family, friends, and coworkers; the loss of productivity and morale that sweeps through an organization after a violent incident; and the public relations impact on an employer when news of violence reaches the media.

Workplace violence affects other areas as well. The adverse impact on organizations and individuals is wide-ranging and can include:

- Temporary/permanent absence of skilled employees
- Psychological damage
- Property damage, theft, and sabotage
- Productivity impediments
- Diversion of management resources
- Increased security costs
- Increased workers’ compensation costs
- Increased personnel costs

The Government Accountability Office (GAO) reviewed the costs associated with workplace violence in a report published in March 2016. The GAO reviewed California and analyzed workers’ compensation injury data for one of its hospitals from 2003 to 2013. According to state officials, 1,169 of the 4,449 injuries were due to patient assaults and amounted to $16.6 million in workers’ compensation costs over this time period.
California steps up

After discussions with unions and other stakeholders and because violence against healthcare and social services workers is so high, the Cal/OSHA Standards Board has adopted regulations on Workplace Violence Prevention in Health Care, 8 California Code of Regulations (CCR) 3342—Workplace Violence Prevention in Health Care. The standard is by far the strictest occupational safety and health regulation in the country governing workplace violence for healthcare workers.

The Cal/OSHA rule applies to private healthcare facilities in the state, specifically healthcare facilities, home healthcare programs, home-based hospice, drug treatment programs, medical transport services, outpatient medical services, emergency medical services, and correctional and detention treatment centers. It does not apply to facilities operated by the California Department of Corrections.

What is workplace violence?

Cal/OSHA defines “workplace violence” as any act of violence or threat of violence that occurs at the worksite. It does not include lawful acts of self-defense or the defense of others.

Workplace violence includes:

- 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; and

- 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 definition includes the four types of workplace violence:

- **Type 1 violence** is workplace violence committed by a person who has no legitimate business in the worksite and includes violent acts by anyone who enters the workplace with the intent to commit a crime.

- **Type 2 violence** is workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors or other individuals accompanying a patient.

- **Type 3 violence** is workplace violence against an employee by a present or former employee, supervisor, or manager.

- **Type 4 violence** is 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.

A large portion of Type 2 violence incidents occur in the healthcare industry where the victim is a provider and the perpetrator is the patient.
Workplace Violence Prevention in Health Care rule requirements

Workplace violence prevention plan
Facilities subject to the rules must develop a written workplace violence prevention plan (Plan) that can be incorporated into the injury and illness prevention program (IIPP) or maintained as a separate document.

The Plan requires the following elements:

◆ Names or job titles of people responsible for Plan implementation.
◆ Procedures for the active involvement of employees in developing, implementing, and reviewing the Plan.
◆ Methods for coordinating implementation of the Plan with other employers whose employees work in the same facility, service, or operation.
◆ Procedures for obtaining assistance of law enforcement during all work shifts.
◆ Procedures for accepting reports of workplace violence from employees, including Type 3 violence, and to prohibit retaliation against an employee who makes such a report.
◆ Procedures to ensure employees comply with the Plan.
◆ Procedures for communicating with employees about workplace violence matters, including:
  — How employees will document and communicate to other employees and between shifts and units information regarding conditions that may increase the potential for workplace violence incidents;
  — How employees can report a violent incident, threat, or other workplace violence concern;
  — How employees can communicate workplace violence concerns without fear of reprisal; and
  — How employee concerns will be investigated and how employees will be informed of the results of the investigation and any corrective actions to be taken.
◆ Procedures for training employees on workplace violence. Employees are allowed to participate in developing the training.
◆ Assessment procedures to identify environmental risk factors for workplace violence.
  — Includes nine elements of environmental risk factors, such as poor lighting, lack of physical barriers, or lack of escape routes.
◆ Procedures to identify patient-specific risk factors, such as patient’s mental status, medications, history of violence, disruptive or threatening behavior—another potentially difficult portion of the rule for many medical providers that may not have a full history at the time of accepting a patient for treatment or that may have mandated requirements for accepting patients, regardless of the patient’s past history.
◆ Procedures to correct workplace violence hazards in a timely manner.
  — Includes 10 corrective measures, as applicable to specific worksites. Some of the measures relate to staffing levels at the facility. Additionally, there is a requirement for security personnel to be specifically present to maintain order and to respond to workplace violence.
◆ Procedures for postincident response and investigation.

The Plan needs to be reviewed and updated at least annually.

**Violent incident log**

Regardless of whether an injury occurs, employers need to maintain a violent incident log about every incident, postincident response, and investigation. The provision specifically requires that no personal identifying information be included in the log, such as the person’s name, address, or Social Security number.

The log must be reviewed during the annual review of the written workplace violence prevention plan.

**Employee training**

Effective training must be provided to employees that addresses the workplace violence risks that the employees are reasonably anticipated to encounter in their jobs. Employees must be actively involved in developing training curricula and training materials, participating in training sessions, and reviewing and revising the training program. The training material vocabulary must be to the level of literacy and in the language of the employee receiving the training.

All employees working in the facility, unit, service, or operation must be provided initial training when the workplace violence prevention plan is first established and when an employee is newly hired or newly assigned to perform duties for which the training required was not previously provided.
There are additional training requirements for employees performing patient contact activities and those assigned to respond to alarms or violent incidents. Refresher training is required as needed and annually.

**Reporting requirements**

Every general acute care hospital, acute psychiatric hospital, and special hospital must report to Cal/OSHA any use of physical force against an employee, regardless of whether an injury occurs. If there is an injury or use of a weapon, the report must be made within 24 hours. If there is no injury or use of a weapon, the report must be made within 72 hours.

**Recordkeeping**

Employers need to maintain the following records:

- Records of the workplace violence hazard identification, evaluation, and correction;
- Training records to be created and maintained for 1 year; and
- Records of violent incidents, including the violent incident log, reports to Cal/OSHA, and workplace violence investigation, maintained for a minimum of 5 years.

The records must be made available to Cal/OSHA and to employees on request for examination and copying.
Prevention strategies for employers
To prevent violence in healthcare or social service facilities, employers should develop a safety and health program that includes management commitment, employee participation, hazard identification, safety and health training, hazard prevention, and reporting. Employers should evaluate this program periodically. Although risk factors for violence are specific for each healthcare facility and its work scenarios, employers can follow general prevention strategies.

*Environmental designs*

- Develop emergency signaling, alarms, and monitoring systems.
- Install security devices, such as metal detectors, to prevent armed persons from entering the facility.
- Install other security devices such as cameras and good lighting in hallways.
- Provide security escorts to the parking lots at night.
- Design waiting areas to accommodate and assist visitors and patients who may have a delay in service.
- Design the triage area and other public areas to minimize the risk of assault:
  - Provide staff restrooms and emergency exits.
  - Install enclosed nurses’ stations.
  - Install deep service counters or bullet-resistant and shatterproof glass enclosures in reception areas.
  - Arrange furniture and other objects to minimize their use as weapons.

*Administrative controls*

- Design staffing patterns to prevent personnel from working alone and to minimize patient waiting time.
- Restrict the movement of the public in healthcare facilities by card-controlled access.
- Develop a system for alerting security personnel when violence is threatened.

*Behavior modifications*

- Provide all workers with training in recognizing and managing assaults, resolving conflicts, and maintaining hazard awareness.
Safety tips for healthcare workers

Violence may occur in the workplace in spite of preventive measures. As such, workers must be proactive.

◆ Watch for signals that may be associated with impending violence:
  — Verbally expressed anger and frustration.
  — Body language such as threatening gestures.
  — Signs of drug or alcohol use.
  — Presence of a weapon.

◆ Maintain behavior that helps diffuse anger:
  — Present a calm, caring attitude.
  — Don’t match the threats.
  — Don’t give orders.
  — Acknowledge the person’s feelings (for example, “I know you are frustrated”).
  — Avoid any behavior that may be interpreted as aggressive (for example, moving rapidly, getting too close, touching, or speaking loudly).

◆ Be alert:
  — Evaluate each situation for potential violence when you enter a room or begin to relate to a patient or visitor.
  — Be vigilant throughout the encounter.
  — Don’t isolate yourself with a potentially violent person.
  — Always keep an open path for exiting—don’t let the potentially violent person stand between you and the door.

Take these steps if you can’t defuse the situation quickly:

◆ Remove yourself from the situation.

◆ Call security for help.

◆ Report any violent incidents to your management.

Photo credit: Getty Images
Conclusion

Workplace violence is a serious concern for the approximately 15 million healthcare workers in the United States. Moreover, BLS data indicate that reported nonfatal workplace violence against healthcare workers has increased in recent years.

The federal Occupational Safety and Health Administration (OSHA) provides guidance and training materials to help educate healthcare and other employers on preventing workplace violence. But OSHA has no specific regulations in place for workplace violence prevention. Instead, it relies on the General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health Act of 1970, to cite employers for hazards involving workplace violence. However, do not be surprised to see federal OSHA referring to the California standard during inspections in the future.

California has set the bar with the strongest workplace violence regulation in the country. Many in the healthcare industry believe that the California rule will become a national model. All employers—not just in California—should prepare for tougher workplace violence prevention regulations.
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