Combating Workplace Violence in Healthcare and Social Services Facilities

Holland & Hart News Update

Insight — April 21, 2015

Between 2011 and 2013, 70 to 74% of all reported workplace assaults occurred in healthcare and social service settings, according to statistics cited by the Occupational Safety and Health Administration (OSHA). In addition, workplace assaults account for over ten percent of the injuries that result in healthcare workers missing days from work. Healthcare workers thus face a significant risk of injury at work from the violence of others and their employers are exposed to stiff penalties from OSHA if any regulations were violated in relation to the injury.

The increased risks of violence faced by healthcare workers prompted OSHA to update its guidelines for violence prevention programs in the healthcare industry. In its Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers, OSHA sets forth employer best practices and ways in which healthcare organizations may incorporate violence prevention into their overall safety and health programs.

Violence Prevention Programs

OSHA advocates that healthcare organizations should adopt written workplace violence prevention programs. Such programs should offer an effective approach to reduce or eliminate the risk of violence faced by workers based on the type, size and complexity of each facility's operation. Although each program should be individualized, focusing on processes and procedures that are suitable for the workplace in question, the basic components of an effective workplace violence prevention program should include:

- Commitment by management
- Participation by employees
- An analysis of the worksite
- Hazard prevention and control
- Safety and health training
- Accurate recordkeeping, and
- Ongoing evaluation of the program

The new guidelines offer specific steps that healthcare employers may take to adopt, implement and evaluate their violence prevention programs. It includes charts offering possible engineering controls, such as alarm systems, exit routes, metal detectors, lighting enhancements and barrier protections. Possible suggested work practice and administrative controls



include tracking patients with a known history of violence, entry procedures, employee uniform issues, incident response and high risk activity procedures and transportation concerns. In short, the guidelines provide practical, real-life suggestions for addressing workplace violence for different types of healthcare facilities.

Workplace Violence Program Checklists

OSHA also provides a number of comprehensive checklists to allow organizations to evaluate their workplace and determine appropriate security measures to help lessen the risk of violence in their facilities. Adaptable to all sorts of healthcare settings, the checklists will assist safety and health officers and committees to be proactive in preventing workplace violence and to conduct periodic audits of the effectiveness of their security measures.

Update and Review Your Violence Prevention Program

If your organization has not yet adopted a written violence prevention program, now is the time to get started. Utilize the resources provided by OSHA as a starting point to create a program that is tailored to your facility and protects your workers from harm. Engage counsel, if necessary, to help assist you with this process.

If your facility already has a program in place, take a look at the updated guidelines to see if additional security measures, training or prevention procedures are warranted. Your workplace violence prevention program should not sit on a shelf but instead should be reviewed and updated regularly. Doing so will help keep assaults and threatening behavior away from your employees.

Subscribe to get our Insights delivered to your inbox.

This publication is designed to provide general information on pertinent legal topics. The statements made are provided for educational purposes only. They do not constitute legal or financial advice nor do they necessarily reflect the views of Holland & Hart LLP or any of its attorneys other than the author(s). This publication is not intended to create an attorney-client relationship between you and Holland & Hart LLP. Substantive changes in the law subsequent to the date of this publication might affect the analysis or commentary. Similarly, the analysis may differ depending on the jurisdiction or circumstances. If you have specific questions as to the application of the law to your activities, you should seek the advice of your legal counsel.