

**OREGON OCCUPATIONAL SAFETY AND HEALTH DIVISION
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES**

PROGRAM DIRECTIVE

Program Directive: A-283

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SUBJECT: Workplace Violence Incidents – Enforcement Procedures for Investigating or Inspecting

**AFFECTED
STANDARDS/
DIRECTIVES:**

OAR 437 Division 1, General Administrative Rules

[Oregon OSHA Program Directive A-267; Safety of Health Care Employees](#)

[Oregon OSHA Program Directive A-284; Local Emphasis Program \(LEP\): Hospitals and nursing and residential care facilities](#)

[Oregon OSHA Program Directive A-288; Whistleblower 11\(c\) Investigations Manual](#)

[Oregon OSHA Field Inspection Reference Manual \(FIRM\)](#)

PURPOSE: The purpose of this instruction is to provide general policies and procedures that apply when workplace violence is identified as a hazard while conducting an inspection at worksites in industries with a high incidence of workplace violence and when responding to complaints, referrals and incidents where workplace violence is an issue.

SCOPE: This instruction applies to all of Oregon OSHA.

APPLICATION: This instruction applies to inspections and investigations conducted by Oregon OSHA Compliance Safety/Health Officers (CSHOs) in response to complaints of workplace violence or when conducting programmed inspections at worksites that are in industries with a high incidence of workplace violence (e.g., healthcare, social service settings, taxi driving, late-night retail establishments, and corrections establishments). This instruction also applies to field enforcement managers when determining whether or not an inspection should be conducted in response to a

workplace violence complaint. This directive is not intended to require a response to every complaint or fatality of workplace violence or require that citations or hazard letters be issued for every incident inspected or investigated. Instead, it provides general enforcement guidance to be applied in determining whether to make an initial response and/or cite an employer. An instance of workplace violence is presumed to be work-related if it results from an event occurring in the workplace.

Employers may be found in violation of the general employer responsibility rules under 437-001-0760 or the general duty clause if they fail to reduce or eliminate serious recognized hazards. Under this directive, inspectors should gather evidence to demonstrate whether an employer recognized, either individually or through its industry, the existence of a potential workplace violence hazard affecting employees. **Inspections and investigations should focus on the availability to employers of feasible means of preventing or minimizing such hazards.**

BACKGROUND: Nationally, workplace violence has been one of the leading causes of workplace deaths for over twenty years and it impacts thousands of workers and their families annually. Workplace violence is recognized as an occupational hazard in some industries and environments which, like other safety issues, can be prevented or minimized if employers take appropriate precautions.

Research has identified factors that may increase the risk of workplace violence. Such factors include working with the public or volatile, unstable people. Working alone or in isolated areas may contribute to the potential for violence. Handling money and valuables, providing services and care, and working where alcohol is served may also impact the likelihood of violence. Additionally, time of day and location of work, such as working late at night or in areas with high crime rates, are risk factors that should be considered when addressing workplace violence issues.

Data on workplace violence provides information on the number and types of both fatal and non-fatal incidents of workplace violence. The Bureau of Labor Statistics' (BLS) Census of Fatal Occupational Injuries (CFOI) shows an average of 590 homicides a year from 2000 through 2009, with homicides remaining one of the four most frequent work-related fatal injuries. Nationally, workplace homicide was the number one cause of workplace deaths for women in 2009. While there was some fluctuation over this ten year period there was an overall decline, with the highest number of homicides occurring in 2000 (677) and the lowest number occurring in 2009 (521). During this same time period, the Department of Justice's National Crime Victimization Survey showed an overall decline

in the rate per 1,000 people of workplace nonfatal violence against employees, starting at 7.96 in 2000 and ending at 3.86 in 2009. This survey showed that from 2005 through 2009 the majority of non-fatal incidents were instigated by strangers. In addition, during the same time period, survey results showed that 19 percent of victims of workplace violence worked in law enforcement, 13 percent worked in retail and 10 percent worked in medical occupations. While in Oregon alone, there was an average of 4 workplace homicides per year from 2005-2009. And between 2013 and 2015, workplace assaults and other violent acts injured 1,646 Oregon workers.

Research has provided some frameworks for developing methods to prevent or minimize the likelihood of workplace violence. As more is learned about workplace violence, it has become apparent that workplace violence prevention is a concern spread across many responsible entities. In September 2006, NIOSH published “Workplace Violence Prevention Strategies and Research Needs” (NIOSH Publication No. 2006-144). In it, National Institute for Occupational Safety and Health (NIOSH) noted that a multidisciplinary team approach to workplace violence prevention was needed: “The involvement of persons with diverse expertise and experience is especially critical due to the depth and complexity of [workplace violence] prevention. Such teamwork is crucial for planning, developing, and implementing programs...” This includes “management, union, human resources, safety and health, security, medical/psychology, legal, communications, and worker assistance.”

Several studies have shown that prevention programs can reduce incidents of workplace violence (See Appendix C). By assessing their worksites, employers can identify methods for reducing the likelihood of such incidents from occurring. Oregon OSHA believes that a well written and implemented workplace violence prevention program, combined with engineering controls, administrative controls, and training can reduce the incidence of workplace violence in private and public sector workplaces. Classifications of workplace violence have been developed to describe the relationship between the perpetrator and the target of workplace violence in the section titled “Types of Workplace Violence” below.

Oregon OSHA and federal OSHA have developed several guidance documents to assist employers, some of which are listed in Appendices A and B of this instruction. In addition, Appendix C provides research studies addressing different aspects of workplace violence prevention.

OUTREACH:

Oregon OSHA has developed guidance and recommendations on workplace violence in the publication, [*Workplace Violence: Can it happen where you work?*](#) This resource, along with other research listed in the

appendices, can be used to inform employers about developing a workplace violence prevention program.

Oregon OSHA's on-site consultation program is available for employers requesting help on workplace violence prevention. The consultation includes an appraisal of the work practices and occupational safety and health hazards of the workplace. In addition, the service offers assistance to employers in developing and implementing an effective safety and health program.

INSPECTION SCHEDULING:

This instruction is provided for initiating inspections when: (1) responding to a complaint, referral or a fatality or catastrophic event and (2) conducting a programmed inspection where a *reasonably foreseeable* workplace violence hazard has been identified.

An inspection will be considered where there is a complaint, referral, fatality, or catastrophic event involving an incident of workplace violence, particularly when it stems from a workplace in an industry identified by OSHA as having a potential for workplace violence. For the purpose of this instruction, Oregon OSHA uses the NIOSH definition of workplace violence: Violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty. "Assault" means intentionally, knowingly or recklessly causing physical injury. Per [Program Directive A-267, Safety of Health Care Employees](#),

A. Types of Inspections.

1. Complaint/Referral/Fatality/Catastrophic Event.

An inspection shall be considered where there is a complaint, referral, fatality, or catastrophic event involving workplace violence, particularly when it takes place in an OSHA-identified, high-risk industry.

2. Programmed Inspections.

Programmed inspections that specifically highlight workplace violence as a potential hazard should include appropriate review of injury and illness records, any incident reports, and employee interviews. Compliance officers may also consider expanding an inspection to include an assessment of the potential for workplace violence when records or interviews suggest such hazards may be present.

Note: In both types of inspections, CSHOs should make note of whether employees have experienced any

retaliation from the employer for complaining of workplace violence or potential workplace violence or for reporting an injury resulting from workplace violence. Retaliatory acts investigators might identify include: workers having had their hours reduced, termination, denial of promotion or reassignment to a less desirable position or type of work, or other adverse personnel actions.

B. OSHA-Identified, High-Risk Industries.

1. Correctional Facilities.

This category includes prisons, detention centers, and jails where OSHA has coverage under the Act.

2. Healthcare and Social Service Settings.

This category covers a broad spectrum of workers who provide healthcare and social services at a range of facilities. Six categories of facilities have been identified for the purpose of this instruction and are further developed in OSHA's [Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers](#).

- a. **Hospital** settings represent large institutional medical facilities.
- b. **Residential Treatment** settings include institutional facilities, such as nursing homes and other short and long-term care facilities.
- c. **Nonresidential Treatment Services** settings include small neighborhood clinics and mental health centers.
- d. **Community Care** settings include community-based residential facilities and group homes.
- e. **Field Work** settings include home healthcare workers or social workers who make visits to the home of clients.
- f. **Ambulatory Surgical Center** settings include outpatient surgery centers.

3. Late-Night Retail.

This category includes workplaces such as convenience stores, liquor stores, and gas stations. Factors that put late-night retail employees at risk include the exchange of money, being located in a high-crime area, 24-hour operations (time-of-day should not be considered the only factor), solo work, isolated worksites, the sale of alcohol, and poorly-lit stores and parking areas.

4. Taxi driving.

This category includes taxi and delivery drivers. Factors that put taxi drivers at risk include working alone, late at night, in recognized high-crime areas where money is exchanged and customers may be under the influence of alcohol or other drugs.

Note: CSHOs should initially determine that an employer/employee relationship exists under the Act prior to continuing any investigation.

C. Most Common Types of Violence Covered by this Instruction.

Researchers often classify the types of workplace violence by examining the relationship between the perpetrator and the target of the workplace violence. Types of workplace violence include:

1. Type 1 – Criminal Intent.

This type of violence focuses on violent acts by people who enter the workplace to commit a robbery or other crime. OSHA may initiate inspections at late-night retail facilities that include this type of violence.

2. Type 2 – Customer/Client/Patients.

This type of violence is directed at employees by customers, clients, patients, students, inmates or any others to whom the employer provides a service. OSHA may initiate an inspection in response to these types of incidents, especially when they occur at healthcare, social service and prison and detention facility settings and during taxi transport.

3. Type 3 – Co-worker & Type 4 – Personal.

Type 3 violence is targeted toward co-workers, supervisors, or managers by a current or former employee, supervisor, or manager. Type 4 violence is violence by someone who is not an employee, but who knows or has a personal relationship with an employee at a workplace.

Oregon OSHA should generally **not** initiate an inspection in cases of co-worker or personal threats of violence. In cases of co-worker violence, the field enforcement manager will evaluate whether an inspection is appropriate on a case-by-case basis. Among the factors to consider are: (1) whether the incident was foreseeable, that is whether the incidents of co-worker violence are ongoing and/or escalating and whether the employer has taken steps to address the hazard; and (2) if foreseeable, the severity of the incidents.

If a field enforcement manager becomes aware of instances that could be classified as non-violent intimidation, they should consider referring the complainant to the appropriate government entity. The field enforcement manager should consult the statewide enforcement manager if a referral is considered. Referrals could be made to the local police department or the Oregon's Bureau of Labor and Industries (BOLI) - Civil Rights Division. Follow Program Directive A-288, Whistleblower 11(c) Investigations Manual, for potential whistleblower cases. The field enforcement manager may inform the employer if a referral is made.

INSPECTION ASSESSMENT:

In addition to following procedures for formal complaints and referrals, field enforcement managers shall determine whether reasonable grounds exist to conduct an inspection by assessing whether there is evidence to support a general duty clause violation. This determination should be based on the known risk factors described below. A factual screening should be conducted (i.e., talking to the source of the complaint or referral) to assess whether the criteria have been met prior to initiating an inspection.

A. General Duty Clause Criteria.

The criteria necessary to support a citation under the general duty clause under ORS 654.010 of the OSE Act shall be followed in determining the evidence necessary to support a violation. CSHOs should also review the guidance set forth in Chapter 2, IV of the FIRM. The elements of a general duty clause violation, along with NIOSH's definition of workplace violence (violent acts, including physical assaults and threats of assaults, directed toward persons at work or on duty) must be examined to determine the existence of, or potential for, serious physical harm.

B. The employer failed to keep the workplace free of a hazard to which employees were exposed.

- Were the employer's own employees exposed to a foreseeable, hazardous workplace condition or practice?

C. The hazard was recognized.

- Did the incident occur in an OSHA-recognized high-risk industry?
- Does the evidence suggest the employer or the employer's industry was aware of the hazard of workplace violence?

D. The hazard was causing or was likely to cause death or serious physical harm.

- Does the hazard cause or was it likely to cause death or serious physical harm? If an incident has occurred, did the injury/injuries result in an impairment of the body that would usually require medical treatment?

E. There was a feasible and useful method to correct the hazard.

- Are there means of abatement available to the employer to eliminate or materially reduce the likelihood of the hazard occurring? *See Appendix B for Potential Abatement Methods.*

**INSPECTION
SCOPE:**

Inspections will generally be conducted in response to complaints and referrals or as part of a fatality or overnight hospitalization investigation according to Oregon OSHA's FIRM procedures and where reasonable grounds exist after an evaluation of the criteria stated below.

A. Known Risk Factors.

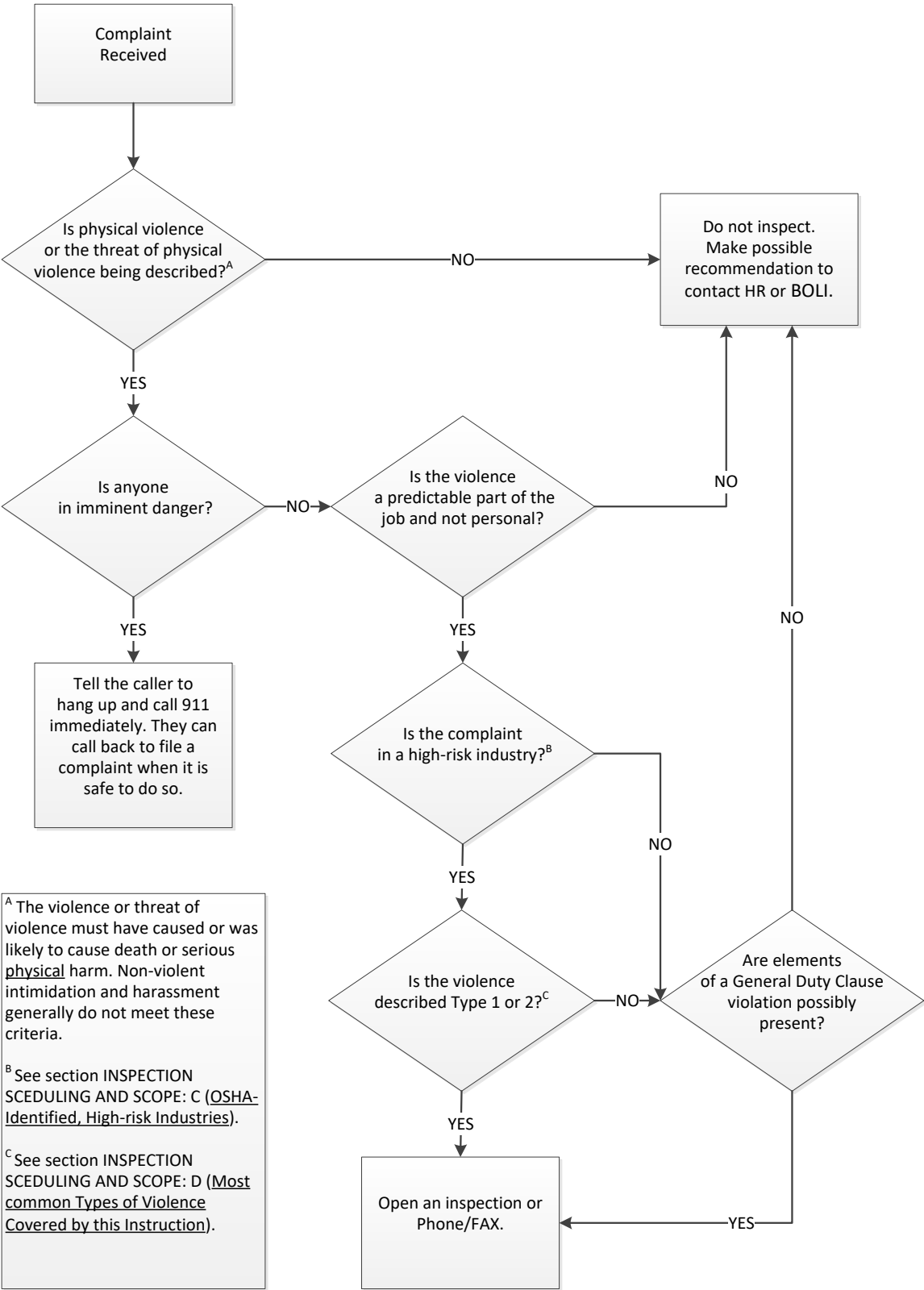
Below is a modified list of known risk factors from the [NIOSH Current Intelligence Bulletin #57: Violence in the Workplace: Risk Factors and Prevention Strategies](#) (1996). While each of these factors should be considered in determining whether to inspect a worksite, none of them would individually trigger an inspection.

- Contact with the public.
- Exchange of money.
- Delivery of passengers, goods, or services.
- Having a mobile workplace such as a taxicab.
- Working with persons in healthcare, social service, or criminal justice settings.
- Working alone or in small numbers.
- Working late at night or during early morning hours.
- Working in high-crime areas.
- Guarding valuable property or possessions.
- Working in community-based settings, such as drug rehabilitation centers and group homes.

B. Criteria for Initiating Complaint Inspections.

The following flowchart and four examples provide criteria used to review the complaint and determine whether an inspection should be conducted. Making a determination to conduct an inspection does not necessarily mean that a citation will be issued.

Decision-making flowchart for opening an inspection in response to a workplace violence



^A The violence or threat of violence must have caused or was likely to cause death or serious physical harm. Non-violent intimidation and harassment generally do not meet these criteria.

^B See section INSPECTION SCHEDULING AND SCOPE: C (OSHA-Identified, High-risk Industries).

^C See section INSPECTION SCHEDULING AND SCOPE: D (Most common Types of Violence Covered by this Instruction).

EXAMPLE 1 – Decision to inspect
<p><u>COMPLAINT:</u></p> <p>A nurse working in an Emergency Department (ED) complains that many staff members have been brutally attacked by patients coming into the ED and no preventive measures have been taken.</p>
<p><u>EMPLOYEE EXPOSURE?</u> YES</p> <p>Complainant reported several colleagues being brutally attacked and sustaining serious injuries.</p>
<p><u>INDUSTRY/EMPLOYER KNOWLEDGE?</u> YES</p> <p>The complaint comes from an identified high-risk industry.</p>
<p><u>HAZARD LIKELY TO CAUSE DEATH/SERIOUS HARM?</u> YES</p> <p>Evidence suggests that the hazard could cause death or serious harm.</p>
<p><u>EXISTENCE OF FEASIBLE MEANS OF ABATEMENT?</u> YES</p> <p>A large body of work on feasible means of abatement is available to address workplace violence in healthcare settings (e.g., create secure areas for staff away from incoming patients).</p>
<p><u>KNOWN RISK FACTOR?</u> YES</p> <p>Working with persons in healthcare.</p>

<p>EXAMPLE 2 – Decision <u>not</u> to inspect</p>
<p><u>COMPLAINT:</u> A disgruntled acquaintance stabs an employee at the bookstore where he works.</p>
<p><u>EMPLOYEE EXPOSURE?</u> YES According to the complaint, one employee was exposed.</p>
<p><u>INDUSTRY/EMPLOYER KNOWLEDGE?</u> NO</p> <ul style="list-style-type: none"> • No industry knowledge. • Employer had no previous experiences with the occurrence of such an incident.
<p><u>HAZARD LIKELY TO CAUSE DEATH/SERIOUS HARM?</u> YES Employee was stabbed and hospitalized.</p>
<p><u>EXISTENCE OF FEASIBLE MEANS OF ABATEMENT?</u> NO There are no known prevention measures for random acts of violence in this type of workplace setting.</p>
<p><u>KNOWN RISK FACTOR?</u> NO</p> <ul style="list-style-type: none"> • The store is not located in a high-crime area. • The incident occurred at 10 a.m. in a store with five employees present.

EXAMPLE 3 – Field Enforcement Manager discretion required

COMPLAINT:

A shooting was reported at a local grocery store.

EMPLOYEE EXPOSURE? **YES**

Employees were at the store at the time of the shooting.

INDUSTRY/EMPLOYER KNOWLEDGE? **UNKNOWN**

- Answers to the questions below (Known Risk Factors) will help determine if the store may be considered a late-night retail establishment or whether such an incident is reasonably foreseeable.
- Information should be gathered on any safety precautions taken by the employer and a review should be conducted of injury and illness logs to determine whether the employer recognized the potential for violence or knew of past incidents.

HAZARD LIKELY TO CAUSE DEATH/SERIOUS HARM? **YES**

One person was confirmed shot and several others received serious injuries as well.

EXISTENCE OF FEASIBLE MEANS OF ABATEMENT? **UNKNOWN**

Conducting an assessment regarding details of the operation/configuration of a workplace will help determine what specific feasible means of abatement would be appropriate.

KNOWN RISK FACTOR? **UNKNOWN**

- Is the store located in a high-crime area?
- Have there been past incidents at the store?
- What time did the incident occur?
- How many times have the police responded to disturbances at this location?
- How many employees were working at the time?

EXAMPLE 4 – Decision to conduct a phone/FAX

COMPLAINT:

An employee at a late-night retail establishment in a high-crime neighborhood complains that her employer is not providing enough protection, and that some staff members have been threatened by customers.

EMPLOYEE EXPOSURE? YES

Complainant reported colleagues being threatened.

INDUSTRY/EMPLOYER KNOWLEDGE? YES

The complaint comes from a high-risk industry.

HAZARD LIKELY TO CAUSE DEATH/SERIOUS HARM? UNKNOWN

Complainant did not provide detailed information on the type of threats present.

EXISTENCE OF FEASIBLE MEANS OF ABATEMENT? YES

Large body of work on feasible means of abatement available to address workplace violence in late-night retail **but unclear what the employer has done to date.**

KNOWN RISK FACTOR? YES

- Working in high-crime area.
- Working late at night.
- Exchanging money.

C. Criteria for Initiating a Fatality/Catastrophe Inspection.

An inspection will generally be conducted where there is a death or hospitalization of one or more employees. If the field office manager determines, after assessing the facts and applying the criteria above, that it is not appropriate to initiate an inspection for workplace violence, they must document the reasons.

NOTE: CSHOs should not conduct their own inspections at the same time other law enforcement personnel are conducting their investigation. If a CSHO arrives during a police investigation, the CSHO should stop his/her inspection, contact the on scene commander or law enforcement officer in charge and request to be notified once the on-site criminal investigation is completed.

D. Criteria for Investigating Workplace Violence during a Programmed Inspection.

A CSHO may pursue an investigation for workplace violence hazards during programmed inspections where there is recognition of the potential for workplace violence in that industry or where a hazard exists (as determined through employee interviews and a review of injury and illness logs or incident reports) and meets the criteria above.

Hazards related to workplace violence may be addressed during programmed inspections when at least one of the following is present:

- A review of the OSHA 300 indicates a pattern of violence in the workplace.
- The inspected industry is an identified risk industry.
- The CSHO identifies risk factors consistent with the section of this PD titled **Criteria for Initiating Complaint Inspections.**

**CSHO
TRAINING:**

Field enforcement managers must ensure that CSHOs performing workplace violence inspections are familiar with this instruction and are adequately trained on workplace violence prevention and recognition of high-risk situations.

Training should also include instruction on potential industries/workers, collecting sufficient documentation, and abatement measures available to address the hazard. CSHOs are also encouraged to review resources and references listed in Appendix A. These resources and references are intended to help CSHOs understand specific workplace violence incidents, to identify hazard exposure and to help the employer abate the hazard.

**PROGRAMMED
INSPECTION
PROCEDURES:**

This section outlines procedures for conducting inspections and issuing citations or notices for workplace violence hazards. Follow the procedures in FIRM Chapter 3 (Conducting Inspections).

CSHOs who are conducting inspections for a local, regional, or national emphasis program and who identify incidents of workplace violence through observations, employee interviews, or injury and illness records may expand the scope of the inspection to address these safety and health hazards.

A CSHO may pursue an investigation for workplace violence during programmed inspections where there is recognition of the potential for workplace violence in that industry or where the hazard is identified as existing. Hazards related to violence in the workplace may be addressed during programmed inspections when at least one of the following is present:

- A review of the OSHA 300 indicates a pattern of violence in the workplace.
- The inspected industry is an identified risk industry.
- The CSHO identifies risk factors consistent with the section of this PD titled **Criteria for Initiating Complaint Inspections**.

A. Opening Conference

1. Conduct an opening conference in accordance with the FIRM and include any incidents that may have prompted the inspection. Also identify all employees who are in charge of security and/or responsible for the workplace violence prevention program (if any).

NOTE: CSHO may provide employers with a copy of Oregon OSHA's concise guide to preventing aggression where you work, [*Workplace Violence – Can it happen where you work?*](#)

2. Request information on any hazard assessments performed and incident reviews at the facility concerning issues of workplace violence.
3. Determine whether the employer has a workplace violence prevention program.

- a. Conduct interviews and request relevant documents to determine whether the employer has considered or implemented a hierarchy of controls for worker protection against potential acts of workplace violence (e.g., engineering or administrative controls, work practices and personal protective equipment).
 - b. The evaluation of an employer's workplace violence prevention program should be based on any written safety programs and recordkeeping for injury and illness data. In addition, other information to be reviewed includes medical records related to incidents of workplace violence, police incident reports, actions taken to prevent future incidents and any other information deemed appropriate by the CSHO.
4. Request all information regarding worker training programs and other methods used to inform workers of the potential for, and prevention of, workplace violence. Where appropriate, CSHOs should also request any discipline records related to violence or aggression shown at the workplace.

B. Walkaround and Records Review

CSHOs will use professional judgment in determining which areas of the facility will be inspected. Identify jobs or locations with the greatest potential for workplace violence, as well as any processes and procedures that put workers at risk, including: building layout, interior and exterior lighting, communication systems and absence of security systems.

Interview all employees on all work shifts (if available) who observed or experienced any acts of workplace violence. If the inspection was initiated from a specific incident, the CSHO should also interview first responders, police officers, managers, and any others who observed the incident or its aftermath.

Documenting resident or patient handling activities by videotaping or photography requires the resident's informed written consent. Family members or guardians may give consent for those residents who are incapable of giving informed consent (See Appendix F).

Record review includes:

1. **Access to employee medical records:** In situations where the CSHO determines that medical records should be reviewed, follow PD A-266, Oregon OSHA Access to Employee Medical Records, PD A-267, Safety of Health Care Employees, and PD A-284, LEP: Hospitals and nursing and residential care facilities. CSHOs may also consider obtaining specific written consent from an employee pursuant to 1910.1020(e)(2)(ii)(B) and should ensure that the agency or agency employee receiving the information is listed on the consent form as the designated representative.
2. **Injury/Illness Records:** Review the employer's injury and illness records from five years prior to identify any workers with recorded injuries associated with workplace violence and identify the frequency and severity of incidents to establish any existing trends. If there is evidence that a particular work-related incident that meets the recordkeeping criteria has not been recorded by the employer, a citation for violation of OAR 437-001-0700 may be issued.
3. **Other Records:** Whenever possible, review the following types of records to determine if other incidents of workplace violence occurred and were undocumented on the OSHA 300 log. As with the injury and illness records, identify the frequency and severity of the incidents.
 - Healthcare assault log.
 - Workers' compensation records.
 - Insurance records.
 - Police reports.
 - Security reports.
 - First-aid logs.
 - Accident or near-miss logs.

C. Citation and Notice Procedures

Cite as appropriate for employee exposure to workplace violence incidents. This list is not intended to be comprehensive.

- [OAR 437-001-0706](#), Recordkeeping for Healthcare Assaults
- [OAR 437-001-0700](#), Recordkeeping and Reporting
- [OAR 437-002-0161](#), Medical Services and First Aid.
- [OAR 437-002-0042](#), Emergency Action Plans
- [ORS 654.412-.423](#), Safety of Health Care Employees

NOTE: Variable language used in the citations should focus on the hazard and not include opinions, generalizations or unsupported observations.

The following are the types of evidence or documentation necessary to establish each element of a general duty clause violation. Reference materials in Appendices A and C should be reviewed to support information presented in the citation or notice.

1. A serious workplace violence hazard exists and the employer failed to keep its workplace free of hazards to which employees were exposed. Documentation to meet this element should include:
 - OSHA 300 (Injury/Illness) logs and 801 forms documenting injuries from workplace violence for the prior five years.
 - Injury reports specific to instances of workplace violence, including any reports generated as part of the Joint Commission (formerly JCAHO—Joint Commission on Accreditation of Healthcare Organizations) accreditation/certification for healthcare settings.
 - Past complaints or grievances noting the particular hazard.
 - Safety committee or safety meeting minutes where workplace violence issues were discussed.
 - Workers' compensation records documenting injuries from workplace violence.
 - Medical records regarding workplace violence incidents.
 - Police and security records documenting incidents of workplace violence.
 - Employee interviews, which include information on any previous incidents of violence.
 - Actual or potential employee exposure to workplace violence.
 - Documentation that the workplace violence hazard was reasonably foreseeable by the employer.

NOTE: Cite the specific hazard employees are exposed to, not the events that led to the incident or the lack of a particular abatement method.

2. Industry and Employer Knowledge.

Where present, CSHOs should document the existence of industry and/or employer recognition of the hazard.

a. Industry Recognition

- Documentation from the business groups and associations (including the Joint Commission for healthcare facilities) affiliated with the employer identifying the problem of workplace violence.
- Journal articles and research showing the existence of workplace violence in the given industry.
- NIOSH and OSHA publications.
- National consensus standards.
- State and local laws that address workplace violence in specific industries, such as healthcare facilities or late-night retail.

b. Employer Knowledge

- Documentation of any employees informing the employer of the hazard or related inspections of the employer.
- Employer awareness of any prior incidents, injuries or close calls related to workplace violence.
- Any precautions or protective measures taken by the employer to prevent or minimize workplace violence.
- Documentation of how the employer currently addresses workplace violence including a security plan, training plan, presence of a preventative plan and other safety documents.

- Interviews of management, including the person responsible for certifying the OSHA 300 logs.
 - Employee interviews.
 - Union complaints.
 - Employer awareness of local and state laws and recommendations, i.e., state or municipal licensing or accrediting regulations. (See Appendix A for a partial list.)
3. The hazard caused or was likely to cause serious physical harm or death.
- Documentation that the workplace violence hazard caused or was likely to cause serious physical harm. Examples include employee interviews, injury and illness logs and police reports.
 - Evidence of actual instances where employees were threatened with physical harm or seriously injured or killed as a result of workplace violence.
4. There are feasible abatement methods available to address the hazard.
- CSHOs should document any feasible abatement methods and an explanation of how they would materially reduce the hazard. (Appendix B includes information on types of feasible abatement methods. See Appendix C for information on studies and abatement methods for healthcare and retail settings.)

NOTE: See Appendix E for an example of a case file with alleged violations and citation language to support a general duty clause violation.

- Observation of hazards. If potential workplace violence hazards noted by a CSHO during an inspection are not covered by a particular standard and do not rise to the level of a general duty clause violation, a hazard letter recommending the implementation of protective measures that address identified hazards will be considered. (See Appendix D for a sample hazard alert letter.)

D. Closing Conference—Abatement Methods

In workplaces where a potential for violence against employees has been identified, the employer should be encouraged to develop and implement a workplace violence prevention program. CSHOs should discuss with the employer potential controls for these types of hazards. However, it is the employer’s responsibility to employ the most effective feasible controls available to protect its employees from acts of workplace violence.

The selection of abatement methods should be based on specific hazards identified in a workplace analysis of the place of employment, including temporary duty locations and workers’ travel routes while on duty. (For examples of industry-specific abatement methods, see Appendix B.)

E. IMIS Coding

Enforcement: Complete the OSHA-170 for any inspection of workplace violence resulting in a fatality or catastrophe.

- OSHA-1 Block 42
- Type = N ID = 16 Value = Violence
- OSHA-7 Item 46
- When an OSHA-7 is completed and the complaint alleges employee exposure to workplace violence, CSHOs should enter the code “N-16-Violence” in optional information.
- The “N-16-Violence” code applies to the following forms: OSHA-1, OSHA-7, OSHA-36, OSHA-90, and OSHA-55.
- Emphasis activity tracked with “violence” code.

21d Consultation: Whenever a consultation visit is made in response to this instruction, use N-16 Violence in item 18 on Form-20 and in item 22 on Form-30.

REFERENCES:

CPL 02-01-058: Enforcement Procedures for Scheduling for Occupational Exposure to Workplace Violence (2017)

Oregon OSHA, Publication 440-2857: [Workplace Violence – Can it happen where you work?](#) (2016)

Workplace Violence: Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers
OSHA 3148-06R (2016)

Recommendations for Workplace Violence Prevention Programs in Late-Night Retail Establishments
OSHA 3153-12R (2009)

OSHA Fact Sheet: Preventing Violence Against Taxi and For-Hire Drivers (2010)

[NIOSH Current Intelligence Bulletin #57: Violence in the Workplace: Risk Factors and Prevention Strategies](#) (1996)
[NIOSH Publication #2006-144](#); Workplace Violence Prevention Strategies and Research Needs (2006)

Centers for Disease Control and Prevention (CDC) – National Institute of Occupational Safety and Health (NIOSH): [NIOSH Current Intelligence Bulletin #57: Violence in the Workplace: Risk Factors and Prevention Strategies](#)

BLS; Workplace Injuries (2008)

[OPM, Dealing with Workplace Violence](#): A Guide for Agency Planners (1998)

Workplace Violence Prevention and Intervention, ASIS/SHRM WVPI.1 (2011)

History: Issued 12-1-2011 Revised 5-31-2017

Appendix A

Additional Resources

Many federal, state, and local agencies; private industry employers; and universities and schools have workplace violence prevention programs or policies that include hazard analysis and controls and may include disciplinary procedures for work rule violations.

Oregon OSHA:

- Oregon OSHA has published a “concise guide to preventing aggression” in the workplace entitled, “Workplace Violence - Can it happen where you work?” to assist employers in evaluating risks and implementing a policy against workplace violence.

OSHA:

- Recommendations for Workplace Violence Prevention Programs in Late-Night Retail Establishments. OSHA 3153-12R, 2009.
- Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers. OSHA 3148-01R, 2004.
- OSHA Safety and Health Topics Workplace Violence.
[<https://www.osha.gov/SLTC/workplaceviolence/index.html>]
- Preventing Violence against Taxi and For-Hire Drivers. OSHA Fact Sheet, 2010.

Additional resources are listed on OSHA’s Workplace Violence Topic Page under Possible Solutions and Additional Information.

- National Institute for Occupational Safety and Health (NIOSH)
- NIOSH has a workplace violence web page that lists publications pertaining to workplace violence and other resources. These references include additional controls/abatement methods for workplace violence hazards.
- NIOSH Safety and Health Topic: Occupational Violence.
[<http://www.cdc.gov/niosh/topics/violence>].
- Center for Disease Control and Prevention, National Institute for Occupational Health. (2002). “Occupational Hazards in Hospitals.” DHHS (NIOSH) Pub. No. 2002-101.
[<http://www.cdc.gov/niosh/docs/2002-101/#5>]
- Federal Bureau of Investigation

- The FBI has several documents addressing workplace violence and recommendations for reducing the risk. For more information visit the FBI website at: [<http://www.fbi.gov>]
- FBI [2010]. Law Enforcement Bulletin: Workplace and Campus Safety. [<http://www.fbi.gov/stats-services/publications/law-enforcement-bulletin/february-2010/title-1>].
- FBI [No Date]. Workplace Violence, Issues in Response. [<http://www.fbi.gov/stats-services/publications/workplace-violence>].

Other Resources:

- Canadian Center for Occupational Safety and Health (CCOHS) topic page: Violence in the workplace is available at [<http://www.ccohs.ca/oshanswers/psychosocial/violence.html>].
- Florida State University: [<http://www.vpfa.fsu.edu/Employee-Assistance-Program/Workplace-Violence>].
- Michigan State University Criminal Justice Resources: Workplace violence is available at: <http://staff.lib.msu.edu/harris23/crimjust/workplac.htm>. This website lists online publications and articles, books and other sources of information pertaining to workplace violence.

Appendix B

Potential Abatement Methods

The employer may use any one or combination of the following abatement methods to materially reduce or eliminate the hazard of workplace violence. Other references should also be reviewed to determine the most effective methods applicable to the workplace.

General recommendations for all industries and administrative workplaces:

- Conduct a workplace violence hazard analysis (this includes analyzing vehicles used to transport clients).
- Assess any plans for new construction or physical changes to the facility or workplace to eliminate or reduce security hazards.
- Provide employees with training on workplace violence.

Implement Engineering Controls, such as:

- Install and regularly maintain alarm systems and other security devices, panic buttons, hand-held alarms or noise devices, cellular phones and private channel radios where risk is apparent or may be anticipated. Arrange for a reliable response system when an alarm is triggered.
- Provide metal detectors—installed or hand-held, where appropriate—to detect guns, knives or other weapons, according to the recommendations of security consultants.
- Use a closed-circuit recording on a 24-hour basis for high-risk areas.
- Place curved mirrors at hallway intersections or concealed areas.
- Lock all unused doors to limit access, in accordance with local fire codes.
- Install bright, effective lighting, both indoors and outdoors.
- Replace burned-out lights and broken windows and locks.
- Keep automobiles well maintained if they are used in the field.
- Lock automobiles at all times.

Implement Administrative Controls—to change work practices and management policies in order to reduce exposure to hazards. Such controls include:

- Establish liaisons with local police and state prosecutors. Report all incidents of violence. Give police physical layouts of facilities to expedite investigations.
- Require employees to report all assaults or threats to a supervisor or manager (in addition, address concerns where the perpetrator is the manager). Keep log books and reports of such incidents to help determine any necessary actions to prevent recurrences.
- Advise employees of company procedures for requesting police assistance or filing charges when assaulted and help them do so, if necessary.
- Provide management support during emergencies. Respond promptly to all complaints.
- Set up a trained response team to respond to emergencies.
- Use properly trained security officers to deal with aggressive behavior. Follow written security procedures.

Engineering Controls

	Hospital	Residential Treatment	Non-residential Treatment/Service	Community Care	Field Workers (Home Healthcare, Social Service)
Security/silenced alarm systems	<ul style="list-style-type: none"> Panic buttons or paging system at workstations or personal alarm devices worn by employees 			<ul style="list-style-type: none"> Paging system GPS tracking Cell phones 	
	<ul style="list-style-type: none"> Security/silenced alarm systems should be regularly maintained and managers and staff should fully understand the range and limitations of the system. 				
Exit routes	<ul style="list-style-type: none"> Where possible, rooms should have two exits Provide employee 'safe room' for emergencies Arrange furniture so workers have a clear exit route 		<ul style="list-style-type: none"> Where possible, counseling rooms should have two exits Arrange furniture so workers have a clear exit route 	<ul style="list-style-type: none"> Managers and workers should assess homes for exit routes 	
	<ul style="list-style-type: none"> Workers should be familiar with a site and identify the different exit routes available. 				
Metal detectors – hand-held or installed	Hospital	Residential Treatment	Non-residential Treatment/Service	Community Care	Field workers (Home Healthcare, Social Service)
	<ul style="list-style-type: none"> Employers and workers will have to determine the appropriate balance of creating the suitable atmosphere for services being provided and the types of barriers put in place. Metal detectors should be regularly maintained and assessed for effectiveness in reducing the weapons brought into a facility. Staff should be appropriately assigned, and trained to use the equipment and remove weapons. 				
Monitoring systems & natural surveillance	<ul style="list-style-type: none"> Closed-circuit video – inside and outside Curved mirrors Proper placement of nurses' stations to allow visual scanning of areas Glass panels in doors/walls for better monitoring 		<ul style="list-style-type: none"> Closed-circuit video – inside and outside Curved mirrors Glass panels in doors for better monitoring 		Field workers (Home Healthcare, Social Service)
	<ul style="list-style-type: none"> Employers and workers will have to determine the appropriate balance of creating the suitable atmosphere for services being provided and the types of barriers put in place. Staff should know if video monitoring is in use or not and whether someone is always monitoring the video or not. 				

	Hospital	Residential Treatment	Non-residential Treatment/Service	Community Care	Field Workers (Home Healthcare, Social Service)
Barrier protection	<ul style="list-style-type: none"> Enclosed receptionist desk with bulletproof glass Deep counters at nurses' stations Lock doors to staff counseling and treatment rooms Provide lockable (or keyless door systems) and secure bathrooms for staff members (with locks on the inside)—separated from patient/client and visitor facilities Lock all unused doors to limit access, in accord with local fire codes 	<ul style="list-style-type: none"> Deep counters in offices Provide lockable (or keyless door systems) and secure bathrooms for staff members (with locks on the inside)—separated from patient/client and visitor facilities Lock all unused doors to limit access, in accord with local fire codes 	<ul style="list-style-type: none"> Deep counters Provide lockable (or keyless door systems) and secure bathrooms for staff members (with locks on the inside)—separated from patient/client and visitor facilities 		
	<ul style="list-style-type: none"> Employers and workers will have to determine the appropriate balance of creating the suitable atmosphere for the services being provided and the types of barriers put in place. 				
Patient/client areas	<ul style="list-style-type: none"> Establish areas for patients/clients to de-escalate Provide comfortable waiting areas to reduce stress Divide waiting areas to limit the spreading of agitation among clients/visitors 	<ul style="list-style-type: none"> Establish areas for patients/clients to de-escalate Provide comfortable waiting areas to reduce stress Assess staff rotations in facilities where clients become agitated by unfamiliar staff 	<ul style="list-style-type: none"> Provide comfortable waiting areas to reduce stress 	<ul style="list-style-type: none"> Establish areas for patients/clients to de-escalate 	<ul style="list-style-type: none"> Establish areas for patients/clients to de-escalate
	<ul style="list-style-type: none"> Employers and workers will have to determine the appropriate balance of creating the suitable atmosphere for the services being provided and the types of barriers put in place. 				

	Hospital	Residential Treatment	Non-residential Treatment/Service	Community Care	Field Workers (Home Healthcare, Social Service)
Furniture, materials & maintenance	<ul style="list-style-type: none"> Secure furniture and other items that could be used as weapons Replace open hinges on doors with continuous hinges to reduce pinching hazards Ensure cabinets and syringe drawers have working locks Pad or replace sharp edged objects (such as metal table frames) Consider changing or adding materials to reduce noise in certain areas Recess any hand rails, drinking fountains and any other protrusions Smooth down or cover any sharp surfaces 			<ul style="list-style-type: none"> When feasible, secure furniture or other items that could be used as weapons Ensure cabinets and syringe drawers have working locks Pad or replace sharp-edged objects (such as metal table frames) Ensure carrying equipment for medical equipment, medicines and valuables have working locks 	<ul style="list-style-type: none"> Ensure carrying equipment for medical equipment, medicines and valuables have working locks
	<ul style="list-style-type: none"> Employers and workers will have to determine the appropriate balance of creating the appropriate atmosphere for the services being provided when securing furniture. 				
Lighting	<ul style="list-style-type: none"> Install bright, effective lighting—both indoors and outdoors on the grounds, in parking areas and walkways. 			<ul style="list-style-type: none"> Ensure lighting is adequate in both the indoor and outdoor areas 	<ul style="list-style-type: none"> Work with client to ensure lighting is adequate in both the indoor and outdoor areas
	<ul style="list-style-type: none"> Ensure burned out lights are replaced immediately. While lighting should be effective it should not be harsh or cause undue glare. 				
Travel vehicles	<ul style="list-style-type: none"> Ensure vehicles are properly maintained Where appropriate, consider physical barrier between driver and patients 			<ul style="list-style-type: none"> Ensure vehicles are properly maintained 	

Administrative Controls

Workplace violence response policy	Hospital	Residential Treatment	Non-residential Treatment/Service	Community Care	Field Workers (Home Healthcare, Social Service)
<ul style="list-style-type: none"> Clearly state to patients, clients, visitors and workers that violence is not permitted and will not be tolerated. Such a policy makes it clear to workers that assaults are not considered part of the job or acceptable behavior. 					
Tracking workers	Hospital	Residential Treatment	Non-residential Treatment/Service	Community Care	Field Workers (Home Healthcare, Social Service)
		Traveling workers should: <ul style="list-style-type: none"> have specific log-in and log-out procedures be required to contact the office after each visit and managers should have procedures to follow-up if workers fail to do so 		Workers should: <ul style="list-style-type: none"> have specific log-in and log-out procedures be required to contact the office after each visit and managers should have procedures to follow-up if workers fail to do so be given discretion as to whether or not they begin or continue a visit if they feel threatened or unsafe 	
<ul style="list-style-type: none"> Log-in/log-out procedures should include: <ul style="list-style-type: none"> the name and address of client visited; the scheduled time and duration of visit; a contact number; a code word used to inform someone of an incident/threat; worker's vehicle description and license plate number; details of any travel plans with client; contacting office/supervisor with any changes. 					
Tracking clients with a known history of violence	Hospital	Residential Treatment	Non-residential Treatment/Service	Community Care	Field Workers (Home Healthcare, Social Service)
<ul style="list-style-type: none"> Supervise the movement of patients throughout the facility Update staff in shift report about violent history or incident 		<ul style="list-style-type: none"> Update staff in shift report about violent history or incident 		<ul style="list-style-type: none"> Report all violent incidents to employer 	
<ul style="list-style-type: none"> Determine the behavioral history of new and transferred patients and clients to learn about any past violent or assaultive behaviors. <ul style="list-style-type: none"> Identify any event triggers for clients, such as certain dates or visitors. Identify the type of violence including severity, pattern and intended purpose. Information gained should be used to formulate individualized plans for early identification and prevention of future violence. Establish a system—such as chart tags, log books or verbal census reports—to identify patients and clients with a history of violence and identify triggers and the best responses and means of de-escalation. Ensure workers know and follow procedures for updates to patients' and clients' behavior. Ensure patient and client confidentiality is maintained. Update as needed. If stalking is suspected, consider varying check-in and check-out times for affected workers and plan different travel routes for those workers. 					

	Hospital	Residential Treatment	Non-residential Treatment/Service	Community Care	Field workers (Home Healthcare, Social Service)
Working alone or in secure areas	<ul style="list-style-type: none"> • Treat and interview aggressive or agitated clients in relatively open areas that still maintain privacy and confidentiality • Ensure workers are not alone when performing intimate physical examinations of patients • Advise staff to exercise extra care in elevators and stairwells • Provide staff members with security escorts to parking areas during evening/late hours— Ensure these areas are well lit and highly visible 	<ul style="list-style-type: none"> • Advise staff to exercise extra care in elevators, stairwells • Provide staff members with security escorts to parking areas during evening/late hours. Ensure these areas are well lit and highly visible 	<ul style="list-style-type: none"> • Ensure workers have means of communication— either cell phones or panic buttons • Develop policy to determine when a buddy system should be implemented 	<ul style="list-style-type: none"> • Advise staff to exercise extra care in unfamiliar residences • Workers should be given discretion to receive backup assistance by another worker or law enforcement officer • Workers should be given discretion as to whether or not they begin or continue a visit if they feel threatened or unsafe • Ensure workers have means of communication—either cell phones or panic buttons 	
	<ul style="list-style-type: none"> • Limit workers from working alone in emergency areas or walk-in clinics, particularly at night or when assistance is unavailable. • Establish policies and procedures for secured areas and emergency evacuations. • Use the “buddy system,” especially when personal safety may be threatened. 				
Reporting	Hospital	Residential Treatment	Non-residential Treatment/Service	Community Care	Field Workers (Home Healthcare, Social Service)
	<ul style="list-style-type: none"> • Require workers to report all assaults or threats to a supervisor or manager (for example, through a confidential interview). Keep logbooks and reports of such incidents to help determine any necessary actions to prevent recurrences. • Establish a liaison with local police, service providers who can assist (e.g., counselors) and state prosecutors. • When needed, give police physical layouts of facilities to expedite investigations. 				
	Hospital	Residential Treatment	Non-residential Treatment/Service	Community Care	Field Workers (Home Healthcare, Social Service)
Entry procedures	<ul style="list-style-type: none"> • Provide responsive, timely information to those waiting; 	<ul style="list-style-type: none"> • Institute sign-in procedures with passes for visitors • Enforce visitor 	<ul style="list-style-type: none"> • Provide responsive, timely information to those waiting; 	<ul style="list-style-type: none"> • Ensure workers determine how best to enter facilities 	<ul style="list-style-type: none"> • Ensure workers determine how best to enter clients’ homes

	<ul style="list-style-type: none"> • adopt measures to reduce waiting times • Institute sign-in procedures and visitor passes • Enforce visitor hours and procedures for being in the hospital • Have a “restricted visitors” list for patients with a history of violence/gang activity; make copies available to security, nurses, and sign-in clerk 	<ul style="list-style-type: none"> • hours and procedures • Establish a list of “restricted visitors” for patients with a history of violence or gang activity; make copies available at security checkpoints, nurses’ stations and visitor sign-in areas 	<ul style="list-style-type: none"> • adopt measures to reduce waiting times 		
	Hospital	Residential Treatment	Non-residential Treatment/Service	Community Care	Field Workers (Home Healthcare, Social Service)
Incident response/high-risk activities	<ul style="list-style-type: none"> • Use properly trained security officers and counselors to respond to aggressive behavior; follow written security procedures • Ensure that adequate and qualified staff members are available at all times, especially during high-risk times such as patient transfers, emergency responses, mealtimes and at night • Ensure that adequate and qualified staff members are available to disarm and de-escalate patients if necessary • Assess changing client routines and activities to reduce or eliminate the possibility of violent outbursts 		<ul style="list-style-type: none"> • Use properly trained security officers and counselors to respond to aggressive behavior; follow written security procedures 		<ul style="list-style-type: none"> • Ensure assistance if children will be removed from the home
	<ul style="list-style-type: none"> • Advise workers of company procedures for requesting police assistance or filing charges when assaulted—and assist them in doing so if necessary. • Provide management support during emergencies. Respond promptly to all complaints. • Ensure that adequately trained staff members and counselors are available to de-escalate a situation and counsel patients. • Prepare contingency plans to treat clients who are “acting out” or making verbal or physical attacks or threats. • Emergency action plans should be developed to ensure that workers know how to call for help or medical assistance. 				

	Hospital	Residential Treatment	Non-residential Treatment/Service	Community Care	Field Workers (Home Healthcare, Social Service)
Employee uniforms/dress	<ul style="list-style-type: none"> • Provide staff with identification badges, preferably without last names, to readily verify employment. • Discourage workers from wearing necklaces or chains to help prevent possible strangulation in confrontational situations. • Discourage workers from wearing expensive jewelry or carrying large sums of money. • Discourage workers from carrying keys or other items that could be used as weapons. • Encourage the use of head netting/cap so hair cannot be grabbed and used to pull or shove workers. 				
Facility & work procedures	<ul style="list-style-type: none"> • Survey facility periodically to remove tools or possessions left by visitors or staff that could be used inappropriately by patients • Survey facilities regularly to ensure doors that should be locked are locked—smoking policies should not allow these doors to be propped open • Keep desks and work areas free of items, including extra pens and pencils, glass photo frames, etc. 	<ul style="list-style-type: none"> • Survey facility periodically to remove tools or possessions left by visitors or staff that could be used inappropriately by patients • Keep desks and work areas free of items, including extra pens and pencils, glass photo frames, etc. 	<ul style="list-style-type: none"> • Survey facility periodically to remove tools or possessions left by visitors or staff that could be used inappropriately by patients • Establish daily work plans to keep a designated contact person informed about employees' whereabouts throughout the workday; have a contact person follow up if an employee does not report in as expected 	<ul style="list-style-type: none"> • Survey facility periodically to remove tools or possessions left by visitors or staff that could be used inappropriately by patients • Establish daily work plans to keep a designated contact person informed about employees' whereabouts throughout the workday; have a contact person follow up if an employee does not report in as expected 	<ul style="list-style-type: none"> • Have clear contracts on how home visits will be conducted, the presence of others in the home during visits and the refusal to provide services in clearly hazardous situations • Establish daily work plans to keep a designated contact person informed about employees' whereabouts throughout the workday; have a contact person follow up if an employee does not report in as expected
Transportation procedures	<ul style="list-style-type: none"> • Develop safety procedures that specifically address the transport of patients. • Ensure that workers transporting patients have an effective and reliable means of communicating with their home office. 			<ul style="list-style-type: none"> • Develop safety procedures that specifically address the transport of patients. • Ensure that workers transporting patients have an effective and reliable means of communicating with their home office. 	

Develop a written, comprehensive workplace violence prevention program, which should include:

- A policy statement regarding potential violence in the workplace and assignment of oversight and prevention responsibilities.
- A workplace violence hazard assessment and security analysis, including a list of the risk factors identified in the assessment and how the employer will address the specific hazards identified.
- Development of workplace violence controls, including implementation of engineering and administrative controls and methods used to prevent potential workplace violence incidents.
- A recordkeeping system designed to report any violent incidents. Additionally, the employer must address each specific hazard identified in the workplace evaluation. The reports must be in writing and maintained for review after each incident and at least annually to analyze incident trends.
- Development of a workplace violence training program that includes a written outline or lesson plan.
- Annual review of the workplace violence prevention program, which should be updated as necessary. Such review and updates must set forth any mitigating steps taken in response to any workplace violence incidents.
- Development of procedures and responsibilities to be taken in the event of a violent incident in the workplace.
- Development of a response team responsible for immediate care of victims, re-establishment of work areas and processes and providing debriefing sessions with victims and coworkers. Employee assistance programs, human resource professionals and local mental health and emergency service personnel should be contacted for input in developing these strategies.

Retail Industry:

Minimizing Risk through Engineering Controls and Workplace Adaptations

- Limit window signs to low or high locations and keep shelving low so that workers can see incoming customers and so that police can observe what is occurring from the outside of the store.
- Ensure that the customer service and cash register areas are visible from outside of the establishment.
- Place curved mirrors at hallway intersections or concealed areas.
- Maintain adequate lighting inside and outside the establishment.
- Install video surveillance equipment and closed-circuit TV to increase the likelihood of identification of perpetrators.
- Use door detectors so that workers are alerted when someone enters the store.
- Have height markers on exit doors to help witnesses provide more accurate descriptions of assailants.
- Install and regularly maintain alarm systems and other security devices, panic buttons, handheld alarms or noise devices, cellular phones and private channel radios where risk is apparent or may be anticipated.
- Arrange for a reliable response system when an alarm is triggered.

- Install fences and other structures to direct the flow of customer traffic into and around the store.
- Control access to the store with door entry (buzzer) systems.
- Install physical barriers between customers and workers, such as bullet-resistant enclosures with pass-through windows.
- Use drop safes to limit the availability of cash to cashiers and post signs stating that cashiers have limited access to cash.
- Use a panic button and responsive staff or other system that can be used to call for back-up assistance, when needed in an emergency.
- Use an x-ray or other security screening to detect and prevent weapons from being brought into the facility.

Minimizing Risk through Administrative and Work Practice Controls

- Integrate violence prevention activities into daily procedures, such as checking lighting, locks and security cameras to help maintain a secure worksite.
- Require workers to use the drop safes and keep a minimal amount of cash in each register.
- Develop and implement procedures for the correct use of physical barriers, such as enclosures and pass-through windows.
- Establish a policy of when doors should be locked. Require workers to keep doors locked before and after official business hours.
- Require workers to lock unlocked doors when not in use.
- Require that deliveries be made during normal daytime operations.
- Develop and implement emergency procedures for workers to use in case of a robbery or security breach, such as calling the police or triggering an alarm.
- Train all staff to recognize and defuse verbal abuse that can escalate to physically combative behavior.
- Train all staff and practice drills for physically restraining combative patients or clients, including the use of physical restraints and medication, when appropriate.

Healthcare and Social Services Facilities:

Engineering Controls and Workplace Adaptations to Minimize Risk:

- Enclose nurses' stations and install deep service counters or bullet-resistant, shatter-proof glass in reception, triage and admitting areas or client service rooms.
- Provide employee "safe rooms" for use during emergencies.
- Establish "time-out" or seclusion areas with high ceilings without grids for patients who "act out" and establish separate rooms for criminal patients.
- Provide comfortable waiting rooms (client or patient) designed to minimize stress.
- Ensure that counseling or patient care rooms have two exits.
- Lock doors to staff counseling rooms and treatment rooms to limit access.
- Arrange furniture to prevent entrapment of staff.
- Use minimal furniture in interview rooms or crisis treatment areas and ensure that it is lightweight, without sharp corners or edges and affixed to the floor, if possible. Limit the number of pictures, vases, ashtrays or other items that can be used as weapons.

- Provide lockable and secure bathrooms for staff members separate from patient/client and visitor facilities.
- Install partitions in transport vehicles to protect drivers from aggressive patients or clients.

Administrative and Work Practice Controls to Minimize Risk:

- State clearly to patients, clients and employees that violence is not permitted or tolerated.
- Ensure that adequate and properly trained staff is available to restrain patients or clients, if necessary.
- Provide sensitive and timely information to people waiting in line or in waiting rooms. Adopt measures to decrease waiting time.
- Ensure that adequate and qualified staff is available at all times. The times of greatest risk occur during patient transfers, emergency responses, mealtimes, and at night. Areas with the greatest risk include admission units and crisis or acute care units.
- Institute a sign-in procedure with passes for visitors, especially in a newborn nursery or pediatric department. Enforce visitor hours and procedures.
- Establish a list of “restricted visitors” for patients with a history of violence or gang activity. Make copies available at security checkpoints, nurses’ stations and visitor sign-in areas.
- Review and revise visitor check systems, when necessary. Limit information given to outsiders about hospitalized victims of violence.
- Supervise the movement of psychiatric clients and patients throughout the facility.
- Control access to facilities other than waiting rooms, particularly drug storage or pharmacy areas.
- Prohibit employees from working alone in emergency areas or walk-in clinics, particularly at night or when assistance is unavailable. Do not allow employees to enter seclusion rooms alone.
- Establish policies and procedures for secured areas and emergency evacuations.
- Determine the behavioral history of new and transferred patients to learn about any past violent or assaultive behaviors.
- Establish a system—such as chart tags, log books or verbal census reports—to identify patients and clients with assaultive behavior problems. Keep in mind patient confidentiality and worker safety issues. Update as needed. Review any workplace violence incidents from the previous shift during change-in-shift meetings.
- Treat and interview aggressive or agitated clients in relatively open areas that still maintain privacy and confidentiality (such as rooms with removable partitions).
- Use case management conferences with coworkers and supervisors to discuss ways to effectively treat potentially violent patients.
- Prepare contingency plans to treat clients who are “acting out” or making verbal or physical attacks or threats. Consider using certified employee assistance professionals or in-house social service or occupational health service staff to help diffuse patient or client anger.
- Transfer assaultive clients to acute care units, criminal units or other more restrictive settings.
- Ensure that nurses, physicians and other clinicians are not alone when performing intimate physical examinations of patients.
- Discourage employees from wearing necklaces or chains to help prevent possible strangulation in confrontational situations. Urge community workers to carry only required identification and money.

- Survey the facility periodically to remove tools or possessions left by visitors or maintenance staff that could be used inappropriately by patients.
- Provide staff with identification badges, preferably without last names, to readily verify employment.
- Discourage employees from carrying keys, pens or other items that could be used as weapons.
- Provide staff members with security escorts to parking areas in evening or late hours. Ensure that parking areas are highly visible, well lit and safely accessible to the building.
- Use the “buddy system,” especially when personal safety may be threatened. Encourage home healthcare providers, social service workers and others to avoid threatening situations.
- Advise staff to exercise extra care in elevators, stairwells and unfamiliar residences; leave the premises immediately if there is a hazardous situation; or request police escort, if needed.
- Develop policies and procedures covering home healthcare providers, such as contracts on how visits will be conducted, the presence of others in the home during the visits and the refusal to provide services in a clearly hazardous situation.
- Establish a daily work plan for field staff to keep a designated contact person informed about their whereabouts throughout the workday. Have the contact person follow up if an employee does not report in as expected.

Taxi Drivers:

- Use automatic vehicle location or global positioning systems (GPS) to locate drivers in distress.
- Use caller ID to help trace the location of fares.
- Provide first-aid kits for use in emergencies.
- Install in-car surveillance cameras to aid in apprehending perpetrators.
- Install partitions or shields to protect drivers from would-be perpetrators. These must be used properly to work effectively.
- Coordinate with police—taxi owners and police need to track high-crime locations and perpetrator profiles.
- Use radios to communicate in case of emergency (e.g., “open mike switch”).
- Provide safety training to teach protective measures to drivers, dispatchers and company owners.
- Use silent alarms to alert others in the event of danger (e.g., “bandit lights”).
- Install cashless fare systems (i.e., debit/credit cards) to discourage robbers.

Appendix C

Studies of Workplace Violence Abatement Methods

General / Combined Studies.

Bibliography of studies looking at the effectiveness of workplace violence prevention in different settings.

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Appendix D

Sample Hazard Letters

Note: The letters below are sample hazard alert letters, which may be customized to the specific incident and/or industry that have been inspected.

LATE NIGHT RETAIL

[Date]

Best One Gas Station
100 Orange Lane
Middle, OR 33333

Attention: Thomas Brown, General Manager

Dear Mr. Brown:

An inspection of your workplace at [street address, city and state], on [date], revealed that employees were exposed to hazards associated with workplace violence. Oregon OSHA regards workplace violence as a serious safety and health hazard. The purpose of this letter is to bring your attention to this hazard and to encourage you to address it within your establishment.

Our inspection found that you have not developed or implemented measures to protect workers from assaults or other forms of physical violence in your workplace. On several occasions, [list examples, e.g., the police have responded to your establishment regarding several robberies where two employees were shot and there have been other assaults involving firearms].

At the time of the inspection no violations were alleged because [List the reason, hazard or risk]. In the interest of workplace safety and health, however, I recommend that you voluntarily take the necessary steps [appropriate abatement action, e.g., as outlined in Recommendations for Workplace Violence Prevention Programs in Late-Night Retail Establishments ([OSHA pub. # 3153-12R, 2009](#))]. These recommendations may help to eliminate or materially reduce your employees' exposure to the risk factors listed above.

Feasible methods to protect employees from the hazard of physical assault may include, but are not limited to, the following: [List appropriate abatement actions].

- (1) Develop a coordinated plan covering work practices and training to prevent/mitigate employee exposure to assault(s).
- (2) Develop work schedules that would ensure that employees are not working alone.

(3) Provide reliable means of communication to employees who may need to summon assistance.

(4) Where work must be conducted on the night shift, coordinate with local law enforcement to have officers on site clear work stations of all patrons when changing shifts.

For additional guidance, please refer to [OSHA or industry-specific publications, e.g., Recommendations for Workplace Violence Prevention Programs in Late-Night Retail Establishments (OSHA pub. # 3153-12R, 2009)].

Under Oregon OSHA's current inspection procedures, we may return to your work site in approximately [recommended time period, e.g., one year] to further examine the conditions noted above.

Attached is a list of available resources that may be of assistance to you in preventing work-related injuries due to workplace violence.

If you have any questions, please feel free to contact the local Oregon OSHA office at 503-378-3272.

Sincerely,

Michael Wood
Administrator

Attachments [(#)]

Oregon OSHA's web page on workplace violence.

Oregon OSHA's "Workplace Violence: Can it happen where you work?"

OSHA Publication #3153 - Recommendations for Workplace Violence Prevention Programs in Late-Night Retail Establishments.

Free consultation, including on-site visits from Oregon OSHA's on-site consultation program.

HEALTHCARE AND SOCIAL SERVICES

[Date]

General Hospital
200 Main Street.
Springfield, OR 88888

Attention: Jane Smith, President

Dear Ms. Smith:

An inspection of your workplace at [street address, city, and state], on [date], revealed that employees were exposed to hazardous conditions associated with workplace violence. Oregon OSHA regards workplace violence as a serious safety and health hazard. The purpose of this letter is to bring your attention to this hazard and to encourage you to address it in your hospital.

Our inspection found that you have not developed or implemented measures to protect workers from assaults at your workplace. Two employees over the past two years report being assaulted by a client, but neither of these incidents had been reported to the employer.

At the time of the inspection no violations were alleged because [List the reason, hazard or risk]. In the interest of workplace safety and health, however, I recommend that you voluntarily take the necessary steps to eliminate or materially reduce your employees' exposure to the risk factors stated above.

Feasible methods to protect employees from workplace violence include, but are not limited to, the following:

- (1) Establish a comprehensive program of medical and psychological counseling and debriefing for employees experiencing or witnessing assaults and other violent incidents.
- (2) Develop work schedules that would ensure that employees are not working alone.
- (3) Provide reliable means of communication to employees who may need to summon assistance. One possible means of communication is the use of two-way radios.
- (4) The team coordinator should periodically inspect the workplace and evaluate employees' tasks to identify hazards, conditions, operations and situations that could lead to violence.
- (5) Identify potential places of safety and shelter at each work location.

(6) Conduct mandatory training for employees to learn, at a minimum, the following items: (a) How to recognize the earliest stages of a possible assault; (b) How to avoid or mitigate potential violent encounters (including some words that non-English speakers may use to help de-escalate an assault; (c) How to seek refuge/assistance if violence appears imminent; and (d) How to use restraint and/or release techniques.

(7) Place curved mirrors at hallway intersections or concealed areas.

Under Oregon OSHA's current inspection procedures, we may return to your work site in approximately [recommended time period, e.g., one year] to further examine the conditions noted above.

Attached is a list of available resources that may be of assistance to you in preventing work-related injuries due to workplace violence.

If you have any questions, please feel free to call the Oregon OSHA at 503-378-3272.

Sincerely,

Michael Wood
Administrator

Attachments [(#)]

Oregon OSHA's webpage on workplace violence.

Oregon OSHA's "Workplace Violence: Can it happen where you work?"

Free consultation, including on-site visits, from Oregon OSHA's on-site consultation program.

Appendix E

Sample Scenario and Citation

On or about March 15, 2010, a nurse was shot two times by a young patient on 8 South within the general medical facility. The patient had been admitted on March 14, 2010 for severe stomach pains and was also showing signs of paranoia. A psychiatrist, who was called to evaluate her, stated that she was showing good behavioral control but prescribed some medications. Prior to the shooting, the patient did not show any outward signs of violence. On March 15th, a nurse went into the room to check on the patient. When the nurse left, the patient followed the nurse into the hall and pointed a gun at the nurse and other staff members. The assistant nurse manager observed what was happening and attempted to grab the gun. A struggle ensued and the assistant nurse manager sustained gunshot wounds to her hand and left jaw. A security guard was then shot in the leg when he arrived at the scene and scuffled with the patient. The assistant nurse manager spent four days in the hospital and had surgery on her jaw.

On March 28, 2010, a nurse on the psychiatric ward was kicked by a patient while security was trying to hold the patient down. The unit requested two security guards but only one showed up, stating that the other guards were busy.

During interviews with staff, one of the main concerns raised by all employees was the two-floor layout of the psychiatric ward and the danger they thought it posed for transporting patients on the stairs. Patients who could not travel up and down stairs had to be taken out of the locked unit into the public areas of the hospital to be transported on the elevators, where nurses were alone with the patients. Concern was also raised because there was no full-time security presence on the ward. If there was an incident, staff called security, but response time varied anywhere between five and fifteen minutes and sometimes took as long as thirty minutes. If there were a full-time security presence, staff felt the response time would be seconds.

Patients were not screened or searched unless they showed outward signs of aggression. Employee interviews indicated that patients and visitors are not informed about the hospital's policy concerning workplace violence. During the employee interviews, almost no one could state exactly where the workplace violence prevention program was located or what information it contained. The majority of the employees stated that there was no guidance on how to deal with workplace violence and they were instructed to use their own judgment. Some employees stated that when they reported an incident to their supervisor, they were told to just deal with it and focus on making the client happy. In the psychiatric ward, several employees stated that when they reported an incident to their supervisor, the supervisor would say that the employee had done something wrong and caused the incident. Some employees indicated that they were concerned about possible retaliation.

The employer has taken several measures to reduce employee exposure to violent activities (see employer recognition in the justification below). However, the staff believed these measures were not effective and that additional efforts were needed to reduce injuries in the workplace.

GENERAL DUTY CLAUSE JUSTIFICATION:

Citation 1, Item 1

ORS 654.010: The employer did not furnish employment and a place of employment that were free from recognized hazards that were causing or likely to cause death or serious physical harm to employees in that employees were exposed to the hazard of being assaulted by violent patients causing fatal or serious physical injuries while working in the psychiatric ward, emergency department's behavioral care unit and the general medical floors.

a) **The employer failed to keep the workplace free of a hazard**

Employees were exposed:

Employees are exposed to violent behavior by patients that results in verbal threats and assaults to staff. Within the past five years, there have been approximately 20 cases that have resulted in 212 restricted duty days and 399 days away from work, as well as 106 non-recordable cases as a result of gunshot wounds; serious fractures; contusions; bites; head injuries; being punched in the face and being hit and kicked by violent patients in the psychiatric ward, emergency department and the general medical floors. Out of the 20 cases of restricted duty or days away from work, five of these cases occurred on the psychiatric ward. Some of the contraband patients have been successful in bringing into the hospital include: a gun, box cutters, knives, razor blades, lighters and drug paraphernalia.

Employees are exposed to violent patient behavior during the transportation of patients up and down the set of stairs in between the psychiatric floors of 4 and 5 South. When a staff member is transporting a patient, one nurse may sometimes be left alone on the floor with the remaining patients. There is no full-time security presence on the ward, and the response times when they have been called for can run between 5-30 minutes.

Fourteen employees were interviewed in the course of the inspection. Most could not explain the details of the hospital's workplace violence prevention program, nor could most describe the location of such a program. Management employees could give more information than non-management employees regarding the workplace violence prevention program at the facility.

Violence in the workplace entries reflected on the OSHA 300 logs for 2005 included 6 entries; in 2006, there were 4 entries; in 2007, there were 2 entries; in 2008, there were 3 entries, and in 2009, there were 5 entries. These entries included multiple strains, sprains, contusions, fractures, gunshot wounds and bites. In 2010, there were 12 incidents involving agitated patients, with 2 recordable entries.

b) The hazard was recognized:

Industry Recognition:

- (1) Joint Commission requirements, Sentinel Event Alert, (Issue 45, June 3, 2010), “Preventing Violence in the Health Care Setting”
- (2) HR Magazine (March 1995, Vol. 40, page 51) “Preventing violence against health-care workers”
- (3) NIOSH Publication No. 2002-101, Violence: Occupational Hazards in Hospitals
- (4) The Online Journal of Issues in Nursing (September 30, 2004)
- (5) Hospitals and Health Networks (September, 2006, Vol. 80, page 56) “Stopping ED violence before it happens”
- (6) The Health Care Manager (Oct.-Dec. 2008, Vol. 27, page 357) “Hidden workplace violence: What your nurses may not be telling you”
- (7) Security Management (November 2009, Vol. 53, page 22) “Protecting Caregivers”

Employer Recognition:

- (1) On October 20, 1993, the OSHA Area Office received a formal complaint regarding a violent incident that occurred in the psychiatric unit of the hospital. The complaint had Sandra Gold, president and CEO of Gala Hospital, listed as the management official. An inspection was conducted and a hazard alert letter was sent to the hospital concerning workplace violence.
- (2) Following this complaint and the recommendations included in the hazard alert letter, all employees of the psychiatric ward carry a pendent-type wireless personal emergency assistance alarm; all employees in the psychiatric ward and most nurses in the hospital carry a cordless phone in case of an emergency.
- (3) In the hospital’s Security Management Plan, there are chapters that address workplace violence: Violent Patients (2333-5.15); Assault of Hospital Employees or Medical Staff (2333-5.16); Armed Intruders (2333-5.26); Suggestions for Managing Code Blue Situations (security emergencies and disturbances).
- (4) Sandra Gold, the president and CEO of Gala Hospital, had signed all of the OSHA 300A summaries, which captured the 20 cases that had resulted in restricted and/or lost work days due to incidents of workplace violence.
- (5) The Vice President of Quality and Patient Safety admitted in an interview that workplace violence was a hazard in the hospital.

(6) On January 3, 2010, OSHA received a complaint alleging that five nurses were assaulted while working in the hospital's in-patient psychiatric unit located on 4/5 South floors of the hospital. The complaint also alleged that the employer had failed to put effective work practices in place and had not made any security changes to reduce worker exposure to the hazards associated with workplace violence. The employer responded to the allegations in a letter dated January 28, 2010.

c) The hazard was causing or was likely to cause death or serious physical harm:

There have been approximately 20 cases, in the past five years, of restricted duty and/or days away from work, as well as 106 non-recordable cases because of injuries such as gunshot wounds, serious fractures, contusions, bites, head injuries, punches to the face and hits and kicks by violent patients in the psychiatric ward, emergency department and the general medical floors. These injuries resulted in 212 restricted work days and 399 days away from work.

d) There was a feasible and useful method to correct the hazard:

Among other methods, feasible and acceptable means to abate the hazard of workplace violence in Gala Hospital include:

(1) Ensure that all patients who receive a psychiatric consultation are screened for a potential history of violence before being admitted to the hospital. In addition, consider using hand-held metal detecting wands to detect weapons that may be concealed by the patient.

(2) Ensure that security staff members are readily and immediately available to render assistance in the event of an incident of workplace violence and that security has had specialized training to deal with aggressive behavior.

(3) Make the psychiatric ward a one-floor unit so that employees are not alone with patients on the floor. In lieu of creating a one-floor unit, administrative controls should be put in place to prevent employees from being alone with patients. In particular, employees should not be transporting potentially violent patients alone in stairwells or in elevators. Security should be present and available immediately in the event of an incident of violence.

(4) Use a system to flag a patient's chart anytime there is a history or act of violence and train staff to understand the flagging system. Put procedures in place that would allow communication of any incident of workplace violence to the staff that might come in contact with that patient so that employees who might not have access to a patient's chart would be aware of a previous act of aggression or violence.

(5) Conduct more extensive training so that all employees are aware of what the hospital's workplace violence policy is and where that information can be found. In addition, train all employees to state clearly to patients, clients and employees that violence is not permitted or tolerated. Train all employees on recognizing when a patient is exhibiting aggressive behavior and techniques for de-escalating that behavior.

(6) Create a stand-alone written Workplace Violence Prevention Program for the entire hospital that includes the following elements:

- A workplace violence policy statement that includes responsibilities of all staff
- Hazard/threat assessment including records review, inspection of the worksite and employee survey
- Implementation of workplace controls and prevention strategies
- Training and education of all staff
- Incident reporting and investigation
- Periodic review of the program
- Specific procedures employees are to take for an incident of workplace violence in the hospital, as well as the proper procedures to report those incidents.

Appendix F

Release and Consent

I hereby consent and release to Oregon OSHA, the right to use my picture and sound being videotaped or photographed during an Oregon OSHA inspection of _____ (name of facility) commenced on _____ (date). I understand that this videotape or photograph will be used solely to document employee safety and health conditions at the facility, and may be used as evidence in legal proceedings related to those conditions.

Signature of Resident

Date

In the event that there has been a medical or legal determination that a resident cannot give informed consent to be videotaped or photographed, the following will be used:

On behalf of _____ (name of resident), I hereby grant to Oregon OSHA, the right stated above.

Signature of person authorized to give informed consent on resident's behalf

Date

Signature of Witness

Date