Workplace Violence Prevention Program for Home Care Organizations

Presented by:

Kelly M. Pineda, RN, BSN, Consultant

Amity Healthcare Group, LLC

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Learning Objectives

- Define workplace violence

- Identify 3 risk factors for workplace violence

- Describe the OSHA General Duty Clause

- List 3 elements of a workplace violence prevention program

- Summarize responsibility of employers to manage the risk of workplace violence

Workplace violence definition

- Workplace violence can be defined as any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.[1]

- Workplace violence can include sexual and verbal abuse, threats, racial harassment, bullying, and physical assault.

- It can occur at or outside the workplace.

- Includes conduct that creates a hostile or unsafe work environment.

Types of workplace violence

NIOSH classifies workplace violence into four basic types.

- **Type I:** Involves criminal intent. In this type of workplace violence, individuals with criminal intent have no relationship to the business or its employees and are usually committing a crime in conjunction with the violence (robbery, trespassing, etc.)
  - Example: A home health nurse is mugged while conducting a home visit.

- **Type II:** Involves a client or patient. In this type, an individual has a relationship with the business and becomes violent while receiving services. Type II is the most common in healthcare settings.
  - Example: A patient, family member, or friend attacks the home care worker.[3,6]

Types of workplace violence

- **Type III:** Violence involves a worker-on-worker relationship and includes employee or former employee who attack or threaten another employee. Commonly referred to as lateral or horizontal violence. It includes bullying, and often manifests as verbal and emotional abuse that is unfair, offensive, vindictive, and/or humiliating and can range all the way to homicide.[3]

  - Example: A recently fired worker assaulting his or her former manager.

- **Type IV:** Violence involves personal relationships. It includes "individuals who have interpersonal relationships with the intended target but no relationship to the business (Iowa Prevention Research Center, 2001; NIOSH 2006, 2013)

  - Example: The husband of a nurse follows her to work, demands that she come home and threatens her. This has implications for the nurse, her coworkers and her patients.[3,6]

Risk Factors for Home Care Workers

- Drug traffic or high-crime areas nearby[7]

- Patient history of mental illness, alcoholism, drug abuse or violence may increase risk.[7]

- Staff work alone, even in high-risk areas[8]

- Staff may be exposed to a variety of potentially serious or even life-threatening hazards including overexertion, stress, guns and other weapons, illegal drugs, and verbal abuse and other forms of violence.[8]

- Staff may not have immediate help if a violent incident occurs and must manage it on their own initially.[8]

Risk Factors for Home Care Workers

- Patients may have complex physical, psychological, psychiatric, and social needs.[7]

- Family issues are more likely to increase in intensity and become out of control in the home than in the hospital setting.[7]

- Lack of facility policies and staff training for recognizing and managing escalating hostile and assaultive behaviors from patients, clients, visitors, or staff.[2]

- Perception that violence is tolerated, and victims will not be able to report the incident to police and/or press charges.[2]

Risk Factors for Home Care Workers

- Transporting patients and clients

- Layout of a home blocks employees' vision or interferes with their escape from a violent incident

- Poorly lit corridors, rooms, parking lots and other areas[2]

- Lack of means of emergency communication[2]

OSH Act General Duty Clause

- Section 5(a)(1) of the Occupational Safety and Health Act is known as the General Duty Clause.

- The General Duty Clause states the following:
  - "Each employer shall furnish to each of their employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to their employees".[10]

General Duty Clause Citation

- To issue a General Duty Clause citation, OSHA must prove:
  - The employer failed to keep the workplace free of a hazard to which its employees were exposed.
  - The hazard was recognized.
  - The hazard was causing or was likely cause death or serious physical harm.
  - A feasible and useful method to correct the hazard was available.[4]

General Duty Clause Citation

- The Occupational Safety and Health Review Commission ruled that the OSH Act's general duty clause requires employers to protect employees from workplace violence.[9]

- In the case of Secretary of Labor v. Integra Health Management, Inc. the commission affirmed a citation issued to Integra after one of its employees was fatally stabbed by a mentally ill client during a required home visit. Unknown to the employee and Integra, the client had a prior criminal record, including convictions for aggravated assault and battery.[9]

General Duty Clause Citation

- Secretary of Labor v Integra Health Management, Inc.

- After several home visits with the client, the employee submitted reports to her supervisors in which she identified disturbing behavior from the client and said she was uncomfortable being alone with him.

- Notwithstanding, the employee returned to the client's home to complete her required assessment. During her visit, the client attacked the employee and fatally stabbed her several times.[9]

Employer Responsibilities Under the General Duty Clause

- Secretary of Labor v. Integra Health Management, Inc. makes clear that employers have a responsibility to manage the risk of workplace violence under the general duty clause.[9]

- Employers can start by reviewing their safety policies and procedures and employee training programs to confirm they effectively reduce employees' exposure to violence in the workplace.

- A written program for workplace violence prevention, incorporated into the home care organization's overall safety and health program, offers an effective approach to reduce or eliminate the risk of violence in the workplace.[5]

Laws and Regulations

- OSHA has identified violence in healthcare settings as a significant occupational risk, and a new workplace violence standard for the healthcare industry could be on the horizon.

- While OSHA does not require employers to implement workplace violence prevention programs at this time, it does provide voluntary guidelines and as previously discussed may cite employers for failing to provide a workplace free from recognized serious hazards.

- There is no national legislation nor are there any federal regulations specifically addressing the prevention of workplace violence.

- Some states have enacted laws requiring healthcare employers to implement workplace violence prevention programs. Other states have responded by increasing the criminal penalty for violence against healthcare workers.[6]

Workplace Violence Prevention Program

- The goal of the workplace violence prevention program is to eliminate or reduce workplace violence and safeguard the wellbeing of staff and patients.

- The foundation of the program is built around a culture that promotes the safety of the employee.

- The culture of safety ensures that any acts of violence or threats of imminent violence are taken seriously and reported immediately to the employee's supervisor after leaving the location and/or residence.

- One of the best protections employers can offer their staff is to establish a zero-tolerance policy toward workplace violence.[1]

Workplace Violence Prevention Program-Building Blocks

- Leadership commitment and employee participation
- Worksite analysis (risk assessment)
- Hazard prevention and control
- Education and training
- Signage
- Handling of threats, assault, violence
- Reporting of workplace violence
- Non-patient related workplace violence
- Recordkeeping and program evaluation

Leadership commitment and employee participation

- Policies and procedures ensure that leadership and employees are involved in the creation and operation of a workplace violence prevention program.[2]
  - This can be achieved through regular meetings as a team or committee
  - Leadership commitment includes the endorsement and visible involvement of top management, provides the motivation and resources for employees and employers to deal effectively with workplace violence.[2]

Leadership commitment and employee participation

- Acknowledging the value of a safe, and violence-free workplace.[2]

- Exhibiting equal commitment to the safety and health of both employees and patients/clients.[2]

- Demonstrating personal concern for employee safety and health and the priority placed on them in the workplace. Make sure policies are clear on employee safety and follow them.[11]

- Demonstrating to employees the depth of commitment by involving them in planning and carrying out efforts to prevent workplace violence.[11]

Leadership commitment and employee participation

- Post agency policy on workplace violence prevention next to OSHA workplace poster where all employees can see it.[11]

- Hold a meeting will all employees to communicate the policy to them.

- Make clear assignments of responsibility for every part of the program that you develop.

- Set an example through your own actions.

Worksite analysis (risk assessment)

- Conduct regular risk assessments, no less than annually, or any time a workplace violence incident is reported to identify workplace violence risks and hazards specific to the home care setting.

- Consider the use of OSHA recommended Workplace Violence Prevention Program Assessment Checklist and focus on the field staff specific questions.[2]

- Once the assessment is complete, it should be used to identify the types of hazard prevention and control measures needed to reduce or eliminate the possibility of a workplace violence incident occurring.[2]

- Assessment findings should be incorporated into education and training for employees.

- Agency leadership, with the participation of employees, can tailor prevention measures to address the unique conditions and challenges of delivering care in patients' homes.

Hazard prevention and control

- Identify and evaluate control options for workplace hazards.[2]

- Select effective and feasible controls to eliminate or reduce hazards.[2]

- Implement these controls in the workplace.[2]

- Follow up to confirm that these controls are being used and maintained properly.[2]

- Evaluate the effectiveness of controls and improve, expand, or update them as needed.[2]

Hazard prevention and control

- Examples of controls to minimize risk in the home care setting:
  - Security
    - A global-positioning system-enabled, wearable device that allows staff to contact local police[12]
    - A method for staff to communicate with either local police or other staff in the event of an emergency[12]
    - A mobile application for staff to access safety information about a client/patient[12]
    - Assess home for exit routes[2]

Hazard prevention and control

- Examples of controls to minimize risk in the home care setting:
  - Establish areas for patients/clients to de-escalate[2]
  - Work with client to ensure lighting is adequate in both the indoor and outdoor areas[2]
  - Ensure vehicles are properly maintained in the event staff need to leave the area immediately[2]

Hazard prevention and control

Examples of administrative controls:

- Clearly state to patients, clients, visitors and staff that violence is not permitted and will not be tolerated.[2]
  - Such a policy makes it clear to workers that assaults are not considered part of the job or acceptable behavior.
- Workers should:
  - 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 staff fail to do so
  - be given discretion as to whether or not they begin or continue a visit if they feel threatened or unsafe[2]

Hazard prevention and control

- Log-in/log-out procedures should include:
  - 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.

Hazard prevention and control

- Additional examples of administrative controls:
  - Staff report all violence incidents to employer.
  - Determine the behavioral history of new patients/clients to learn about any past violent or assaultive behaviors.[2]
  - Ensure staff determine how best to enter patients'/clients' homes.[2]

Education and Training

- Can help raise the overall safety and health knowledge for all staff

- Can provide employees with the tools they need to identify workplace safety and security hazards.

- Address potential problems before they arise and reduce the likelihood of staff being assaulted.

- Provide education when employee is hired and annually thereafter.

Education and Training

Training should include, but not be limited to:

▪ Explanation of the workplace violence prevention program

- How to recognize the potential for violence factors that contribute to escalation of violence and how to respond to them, and how to seek assistance to prevent or respond to violence.

- Strategies to reduce risk physical harm including knowing when to stop and exit the visit.

- Reporting of workplace violence or threats of violence to supervisor and law enforcement.

- Resources available to employees for coping with incidents of violence, including but not limited to stress debriefing or employee assistance programs.

Education and Training

- Training resources:
  - OSHA's Guidelines for *Preventing Workplace Violence for Healthcare and Social Service Workers*[2]
  - American Nurses Association brief on *Reporting Incidents of Workplace Violence*[13]
  - American Nurses Association webinar *Violence Against Nurses: It's NOT Part of the Job*[14]
  - NIOSH *Workplace Violence Prevention for Nurses* training[15]

Signage

- Hang a workplace violence poster notifying staff that workplace violence is prohibited and will be taken seriously, including workplace violence that takes place in patients' homes.

- Signage will provide notice that assault on a home care staff member may be prosecuted as a felony.

- Leadership at Piedmont Athens Regional Medical Center in Georgia placed signs at all facility entrances that read: "Our workers have the right to be treated with dignity and respect at all times. They should be able to do their jobs without being physically or verbally abused. Thank you for respecting their right to an abuse free workplace."[16]
  - Consider a statement or notification in the patient/client handbook alongside patient rights and responsibilities.

Handling of threats, assault, violence

- Patient/client conduct
  - During the initial visit and subsequent visits as needed, the patient environmental risks should be identified including but not limited to weapons, substance abuse, history of domestic abuse or presence of uncooperative cohabitants or caregivers.
  - All patients should be informed of the need to secure all weapons in a locked storage area during all visits.
  - Any identified risk should be communicated with agency leadership prior to admitting the patient for care. A discussion of risk and determination of appropriateness for admission will be made by agency leadership and referring physician.[17]

Handling of threats, assault, violence

- Patient/client conduct
    - In the event that the patient behavior or situation poses an imminent danger to the safety of the employee, the employee should leave the premises to go to a safe area and report to the supervisor. The supervisor and agency leadership will determine further plans for care and treatment in consultation with certifying physician.
    - Discharge for cause protocol should be followed if there are continuing threats or acts of violence.[17]

Handling of threats, assault, violence

- If the patient, family, caregiver or visitor is exhibiting behavior, either verbal or physical, or has threatened or implied threatening behaviors, it should be taken seriously, and the employee should seek a safe area and notify their supervisor immediately.

- If it is deemed unsafe for the employee to remain in the home, the employee should immediately end the visit, exit to a safe area, and notify their supervisor.[17]

Handling of threats, assault, violence

- If the employee deems appropriate, de-escalation techniques should be initiated including but not limited to:
  - Identify the nearest exit and attempt to move to an area with direct access to exit
  - Stay calm
    - Speak in calm, normal to low volume tone
    - Be polite and avoid confrontation
    - Neutral body language
      - Relaxed but alert stance
      - Palms facing out at your side
      - 3+ feet away from person
      - Avoid threatening gestures
      - Keep facial expressions neutral[17]

Handling of threats, assault, violence

- De-escalation techniques may also include:
  - Setting boundaries of behaviors
  - Listening to the person without arguing or challenging them
  - Attempt to shift conversation to the future
    - What can we do now?
    - How can we prevent...?
  - If escalation continues or no progress is made, end the visit.
    - Explain that you are ending the visit to give both of you time to think of solutions and you will follow up in (hours or days) OR
    - State "I am going to leave now" and leave.
  - Report incident to supervisor and other members of the care team as appropriate[17]

Handling of threats, assault, violence

- Handling violence
  - Employees should be alert to and avoid escalation of behaviors that lead to acts of violence.
  - If the employee experiences any type of violence from the patient/client, they should protect themselves and leave the area immediately, going to a safe area and seeking medical attention if necessary.[17]

Handling of threats, assault, violence

- Post assault management
  - Employees should seek medical services immediately if indicated.
  - Employees should notify their supervisor immediately.
  - Employees should document the event and factors surrounding the event with as much detail as possible on an incident report form within 24 hours.[17]

Handling of threats, assault, violence

- Post assault management
  - Employees should be encouraged to discuss the incident with their supervisor or member of management.
  - Employees should be encouraged to seek counseling from an Employee Assistance Program or other community support services.
  - Management should determine the continuation of care and services including implementation of measures to reduce risk and/or discharge from care. [17]

Reporting of workplace violence

- Reporting of workplace violence is very important to understanding the magnitude of workplace violence in the home healthcare industry and in providing data to inform future workplace violence prevention strategies.[18]

- All implied or actual incidents of workplace violence should be reported to the supervisor immediately once in a safe location.

- Workplace violence incident reports should be completed and submitted within 24 hours if possible and should be confidential.

Reporting of workplace violence

Investigation of workplace violence events may include:

- Interviewing of the employee and any witnesses to the incident

- Identifying any risk factors associated with the incident either known prior to the incident or occurred during the incident

- Determining any cause of the incident

- Tracking events and monitoring for trends in workplace violence and the effectiveness of workplace violence prevention policies and practices.

- Identifying strategies and resources to prevent future occurrences.

Non-patient related workplace violence

- Employees that believe they are subject to or aware of threats (implied or direct), harassment, intimidation, physical/verbal abuse or coercion from other employees, contractors or vendors should immediately report these circumstances to their supervisor/manager.

- Employees who believe they may be at risk for violence at work as a result of a domestic dispute are encouraged to report the situation to law enforcement and to their supervisor/manager.
  - Copies of any restraining orders or personal protection orders should be provided to the manager along with a description or photograph of the individual if available.
  - The agency/organization should implement safety protocols as appropriate.[17]

Recordkeeping and program evaluation

- Accurate records of injuries, illnesses, incidents, assaults, hazards, corrective actions, patient histories and training can help employers:
  - determine the severity of the problem;
  - identify any developing trends or patterns in particular locations, jobs or departments;
  - evaluate methods of hazard control;
  - identify training needs and develop solutions for an effective program.[2]

Recordkeeping and program evaluation

Key records include:

- OSHA recordkeeping and reporting requirements:
  - All employers must report to OSHA any workplace incident that results in an employee's fatality, inpatient hospitalization, amputation, or loss of an eye, even employers who are exempt from routinely keeping OSHA injury and illness records due to company size or industry.[19]
- Medical reports of work injury, workers' compensation reports and supervisors' reports for each recorded assault.
  - These medical records are confidential documents and should be kept in a secure location.[2]

Recordkeeping and program evaluation

Key records include:

- Records of incidents of abuse, verbal attacks or aggressive behavior that may be threatening, such as pushing or shouting and acts of aggression.

- Information on patients with a history of past violence, drug abuse or criminal activity recorded on the patient's chart.

  - Anyone who cares for a potentially aggressive, abusive or violent client should be aware of the person's background and history, including triggers and de-escalation responses.

  - Log the admission of violent patients to help determine potential risks.

  - Log violent events on patients' charts.

Recordkeeping and program evaluation

- Key records include:
    - Documentation of minutes of any safety meetings, records of hazard analyses and corrective actions recommended and taken.
    - Records of all training programs, attendees, and qualifications of trainers.[2]

Recordkeeping and program evaluation

- Elements of a workplace violence prevention program evaluation:
  - Establishing a uniform violence reporting system and regular review of reports;
  - Reviewing reports and minutes from staff meetings on safety and security issues;
  - Analyzing trends and rates in illnesses, injuries or fatalities caused by violence relative to initial or "baseline" rates;
  - Measuring improvement based on lowering the frequency and severity of workplace violence;
  - Keeping up-to-date records of administrative and work practice changes to prevent workplace violence to evaluate how well they work.

Recordkeeping and program evaluation

- Elements of a workplace violence prevention program evaluation:
  - Surveying employees before and after making job or worksite changes or installing security measures or new systems to determine their effectiveness;
  - Keeping abreast of new strategies available to prevent and respond to violence in the home care industry as they develop;
  - Surveying workers periodically to learn if they experience hostile situations in performing their jobs;
  - Complying with OSHA and state requirements for recording and reporting injuries, illnesses, and fatalities; and
  - Requesting periodic law enforcement or outside consultant review of the worksite for recommendations on improving worker safety.[2]

Benefits of a workplace violence prevention program

- Build a culture of safety and trust in the workplace, which can increase retention, decrease burnout and ultimately lead to improved outcomes.[20]

- A valuable investment
  - The full implementation of a Workplace Violence Prevention Program not only protects the employees but also the organization. The cost associated with a workplace violence or active shooter event is much greater than what it would cost to put effective measures in place to keep employees safe. There is no dollar amount you can put on a person's life.[21]

Benefits of a workplace violence prevention program

- OSHA General Duty Clause compliance
  - Employers are required to provide their employees with a place of employment that "is free from recognizable hazards that are causing or likely to cause death or serious harm to employees."
  - Establishing awareness and preparedness, performing routine gap assessments, and following through with corrective measures will help an organization comply with this requirement.[21]
  - Organizations can be deemed liable if it is determined that the necessary action was not taken to provide a safe and secure workplace. [21]

Thank you

Kelly Pineda

Amity Healthcare Group

303-690-2749

kp@amityhealthcaregroup.com

www.amityhealthcaregroup.com

ACHCU EDUCATIONAL RESOURCES

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