April 4, 2017

OSHA Docket Office
US Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

Docket No: OSHA 2016-0014

To Whom It May Concern:

The Association of Occupational Health Professionals in Healthcare (AOHP) is pleased to have the opportunity to respond to OSHA's Request for Information for a possible workplace violence (WPV) standard.

AOHP, too, has been concerned about escalating workplace violence events as it is all too often viewed as "part of the job". The Association has addressed this topic in our public policy statements since 2013. The following is an excerpt from our current Public Policy Statement: "AOHP supports implementing comprehensive violence prevention programs that are risk specific to the healthcare organization or facility. A comprehensive violence prevention program must include: a written program; management commitment; employee participation; hazard identification; safety and health training; and hazard prevention, control and reporting. Periodically, it is critical that the healthcare organization's violence prevention program be evaluated and updated." Through AOHP's Memorandum of Understanding with NIOSH, AOHP was a participant in the development of the NIOSH online educational program, *Workplace Violence Prevention for Nurses*. In addition, the Association provides education on all aspects of WPV to our members at our national conferences and in the AOHP Journal. Educational opportunities have included sharing the OSHA and NIOSH WPV resources that have been developed.

There are numerous questions that OSHA poses to gather facility-specific information in this Request for Information. As an association it is a challenge to address many of these in detail. There are several sections of the RFI that we would like to address.

Section III: Defining workplace violence (Q I: 1-2)

The definition of WPV must include both physical acts and threats of harm to the worker. OSHA is proposing that Type II or customer/client/patient violence be addressed in the standard. By focusing only on one type of WPV, employers may not devote the necessary resources to address the other types of WPV which are also major concerns albeit with less frequency. Many employers have zero tolerance WPV policies that would include all types of WPV and plans to address these types of WPV. OSHA should advocate for zero tolerance WPV policies that encompass all types of WPV.

Section IV: Scope (Q IV: 1-4, 7)

A potential WPV standard should include all types of healthcare and social assistance settings and all types of workers. It would be very difficult to carve out only certain settings or workers as those of us who work in healthcare are concerned about injuries that occur with all staff.

Nurses and nursing assistants/aides are the most commonly injured staff in the acute care setting. However, non-clinical staff may be involved in a WPV event. An example of this would be a housekeeper who inadvertently becomes involved in a WPV event in the Emergency Department where he/she was working.

Events that occur in the Emergency Department and inpatient behavioral health units are increasing with the rampant use of drugs in our communities. These situations may involve both the facility security staff and local law enforcement. In addition, healthcare workers/clinical providers are now experiencing patient threats with the reduction of opioid prescriptions. Revised clinical guidelines for pain management and clinical conditions such as back pain are likely to increase these events in provider offices/clinics.

 Incarcerated individuals who are brought to acute care facilities for care and treatment can seize opportunities to evade surveillance. In these instances, prisoners have also caused WPV events if local law enforcement is not adhering to appropriate practices while the prisoner is receiving care in the facility. When working with external law enforcement, facilities should have an ongoing, collaborative relationship with clearly identified standard operating procedures that protect facility workers.

Patients with dementia can have unexpected violent outbursts that cannot be anticipated and these patients cannot be sedated or restrained on a regular basis. Lastly, there are times in any healthcare setting where a violent situation cannot be anticipated or deescalated.

Section V: Workplace Violence Prevention Programs: Risk Factors and Controls/ Interventions

Section V: Overall program, management commitment and employee participation (QV: 1-16)

In the acute care setting, WPV prevention efforts are often the responsibility of the facility Safety/Environment of Care (may be called either) Committee. Depending on the size of the facility, WPV efforts may be an integral responsibility of the facility Safety/Environment of Care Committee or if it is a larger facility, there may be a separate WPV committee that is inter-professional and reports up through the facility Safety/Environment of Care Committee. Members of the committee should include the

safety officer, patient safety officer/risk manager, security, emergency department, communication, education and occupational health at a minimum. Organizational mental health experts should also be a part of the committee if they are part of the services provided by the facility or these experts could participate as consultants.

As noted above, AOHP advocates for a zero tolerance policy for WPV in order to protect workers and create an environment that encourages reporting of all WPV events. Facility leadership must take ownership of the policy and ensure that it is being implemented appropriately. Departmental safety champions who are front line staff can be trained to work with their managers to support the facility policy to report all WPV and to serve as a staff resource when WPV questions arise. In addition, the safety champions can become staff trainers using the train-the-trainer model.

The Joint Commission (TJC) is an independent, not-for-profit organization that accredits and certifies nearly 21,000 health care organizations and programs in the United States including ambulatory health care, behavioral health care, critical access hospitals, home care, hospitals and nursing care centers. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. Although TJC does not have a specific WPV prevention standard, TJC has recognized the significance of this issue for all individuals involved in health care and has taken action to increase the safety of patients, staff and visitors.

In July 2008, TJC's Sentinel Event Alert #40, *Behaviors That Undermine a Culture of Safety* first addressed behaviors that undermine a culture of safety. It discussed how intimidating and disruptive behaviors of the staff affected patient safety and outcomes. In this Alert TJC established leadership standards that addressed disruptive staff behaviors.

TJC issued Sentinel Event Alert #45 in June, 2010 on *Preventing Violence in the Healthcare Setting*. In the alert, TJC sited the Environment of Care standard that requires a safe environment for patients, staff and visitors. This standard requires a safety assessment that includes the identification of facility risks. The organization is to create applicable policies, implement the security program, assess for effectiveness, and adjust the strategy if needed. Any requirements of another controlling authority, like a state entity, must be followed. The survey process would evaluate the assessment process and, through tracer activities, validate implementation in accordance with the established policy. [EC.01.01.01]. A review of the safety assessment is required at least annually to identify goals and objectives, and to recognize changes that have occurred in the environment (EC.02.01.01). Workplace violence is also often addressed through TJC Emergency Preparedness standard with the use of the Hazard Vulnerability Analysis process.

Lastly, TJC published a free WPV resource portal on their website in February 2017, *Teaming Up Against Workplace Violence*. The purpose of the portal is to support healthcare organizations in preventing, preparing for and mitigating the impact of

workplace violence. In summary, with over 21, 000 healthcare organizations being accredited by TJC, this ensures that WPV is being addressed on an ongoing basis.

Section V: Hazard prevention and controls (QV: 28-45)

AOHP would look to national organizations/agencies such as NIOSH to identify evidence-based best practice strategies for the variety of healthcare settings that are may experience WPV. OSHA has noted some of these in the Federal Register notice. There has been evidence of decreased acting out behaviors in the inpatient behavioral health setting with the implementation of a dedicated unit security officer. Case reports of other prevention strategies that have reduced workplace violence in the healthcare setting include installing metal detectors at Emergency Department entrances, establishing a violent patient database, and limiting visitor access to specific floors or areas via a GPS tracking badge. Personal alarm devices have also increased security for staff. Home health staff are in a unique and often uncertain environment when they visit patients in their homes. Home health agencies should have established policies and procedures for staff to follow if the staff would feel that their safety is at risk. These types of interventions may not be feasible especially for small organizations. Interventions must be tailored to the environment and the identified risks.

A centralized method of reporting WPV events is critical for the facility to have a clear picture of the extent of WPV events. Online reporting programs can assist in the tracking and trending of events.

Organizing best practice strategies by the major sites within the Healthcare and Social Assistance sector would be a useful resource. AOHP would be happy to participate in ongoing research efforts to identify best practice strategies to decrease WPV events.

Section V: Safety and health training (Q V: 46-54)

All employees should be educated about the organization's WPV policy at the time of hire, receive additional training if working in an identified high risk area and, at a minimum, have annual training or more frequent training as indicated. Initial training should include a review of the WPV policy (zero tolerance) emphasizing that these acts are not "part of the job", to whom to report these events and how to take concerns to thru the chain of command if not satisfactorily managed by the immediate supervisor. If a safety champion program were in place, new employees should meet with their manager and department safety champion as part of new hire orientation/onboarding process to review the specific risks and appropriate follow-up steps when an event occurs. A combination of on-line and face-to-face training should be utilized to ensure that the employee understands the department-specific risk and the importance of reporting WPV events.

Section V: Recordkeeping and program evaluation (Q V: 55-68)

Acute care facilities do have policies for staff to report work-related injuries. Most often work injuries are followed-up by the facility's occupational health office. Many facilities have moved to online reporting of injuries to ensure accurate and consistent reporting of the event. WPV injuries should be reported following the facility's reporting procedure. If the WPV injury meets the current OSHA criteria for reporting then it is recorded on the OSHA 300 log. OSHA logs are often maintained in a central location in the acute care setting by occupational health or safety office. At a minimum, all injuries should be reviewed on a monthly basis. All OSHA recordable injuries should have a root cause analysis (RCA) completed within 48 hours. The findings of the root cause should be shared with staff to prevent further injuries and actions implemented to prevent further events. As the injury data is analyzed, trends need to be identified and follow-up with managers needs to occur to develop action plans to prevent further injuries. WPV events that occur should be reviewed by the WPV committee (or facility Safety/Environment of Care Committee if there is not a separate WPV committee) on a regular basis (determined by facility assessment) and any OSHA recordable WPV event RCA reviewed and analyzed. The committee can evaluate if further action needs to be taken.

Thank you again for the opportunity to comment on this Request for Information on such an important safety concern in healthcare.

AOHP is a national association with more than 1,000 members who serve as leaders in championing the vital role of occupational health professionals in healthcare today. Through their active involvement at local, state and national levels, AOHP has become the defining resource and leading advocate for occupational health and safety in healthcare, representing tens of thousands of healthcare workers throughout the nation. AOHP promotes health and safety for healthcare workers through: advocacy; occupational health education and networking opportunities; health and safety advancement through best practice and research; and partnering with other invested stakeholders.

Thank you again for the opportunity to comment on this important study. If you have additional questions or comments, please contact MaryAnn Gruden, Community Liaison by email at magaohp@yahoo.com or phone 412-400-6593.

Sincerely,

Mary Bliss, RN, COHN
AOHP Executive President