AOHP Position Statements

Executive Board of Directors

Association of Occupational Health Professionals in Healthcare

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Authors' Note

As a national leader in occupational health, the Executive Board of Directors of the Association of Occupational Health Professionals in Healthcare (AOHP) communicates through position statements the association's vision and mission when matters of importance emerge related to the health and safety of healthcare personnel.

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POSITION STATEMENT

Confidentiality of Employee Health Records

The Association of Occupational Health Professionals in Healthcare (AOHP) supports and advocates for the confidentiality of occupational/employee health records in accordance with regulatory requirements. All occupational health staff in healthcare settings, including, but not limited to, clinical and nonclinical professionals, are charged with the protection of the individual worker's right to privacy regarding their employee health records. As a rule, release of information beyond medical fitness for duty or that which is required by law cannot be undertaken without the specific written consent of the employee.

Employee Health records include, but are not limited to:

- Pre-placement medical history.
- Results of physical examinations.
- Medical surveillance.
- Vaccination records.
- Information on assessments made at the request of the employer or the employee.
- Exposure follow-up records.
- Documentation of observations and counseling.
- Any additional health records maintained in Occupational/Employee Health.

Regulations and statutes that address privacy and confidentiality issues include federal regulations under the Occupational Safety and Health Administration (OSHA), the Americans with Disabilities Act (ADA), and other related privacy policies/regulations. Pertinent information can be accessed according to the corresponding state's workers' compensation laws for work-related injuries, illnesses, or exposures. Healthcare facilities may have health information requests made by

other regulatory bodies identified by individual state-specific statutes for mandatory reporting of items, such as communicable disease diagnosis, surveillance records (Tb, N95, immunization records). Release of information contained in the employee health record following receipt of a subpoena, warrant, or summons based on the statutory requirements of the state where the records are maintained should only include that information specifically described in the legal document. Care must be taken to ensure that worker confidentiality is maintained with electronic communication by using institutional electronic security measures such as encryption to transmit this type of information.

Management/supervisory personnel are only entitled to information regarding an employee's medical fitness for duty, work-related injuries or illnesses, and any necessary restrictions/accommodations. Medical, first-aid, and safety personnel may be informed when emergency or special medical treatment may be required.

In the event of extenuating circumstances prior to the release of any employee records, legal counsel should be consulted. This includes any request from government officials investigating compliance with state and federal law. An employer also reserves the right to disclose information from an employee's health record to anyone other than the employee when failure to disclose such information might place others at risk. Aggregate health information without any identifiers can be used for statistical purposes to justify the cost/benefit of safety and health program initiatives.

Note: The Health Insurance Portability and Accountability Act's (HIPAA) authority does not address an employer's use of information contained in the employee health record. In addition, occupational health professionals should also be aware of and refer to any statutory laws governing their particular state.

References

Guidelines for releasing patient information to law enforcement. (2018, March 8). Retrieved April 14, 2023, from https://www.aha.org/standardsguidelines/2018-03-08-guidelines-releasing-patient-information-law-enforcement

McHugh, J. (2003, September). Confidentiality of employee health records. *AAOHN Journal*, *51*(9), 378-383. https://journals.sagepub.com/doi/pdf/10.1177/216507990305100904

The Health Insurance Portability and Accountability Act of 1996. (2021, December 1). Retrieved April 14, 2023, from https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Privacy/Health%20_Insurance_Portability_and_Accountability_Act_of_1996

POSITION STATEMENT

Injury and Illness Prevention Programs

The Association of Occupational Health Professionals in Healthcare (AOHP) strongly supports the creation and implementation of injury and illness prevention programs (safety and health management systems) in all healthcare settings. These programs involve a proactive process to identify and correct workplace hazards to prevent injury and illness incidents for healthcare. Safety and health management systems reduce injuries and illnesses, improve the safety culture of the workplace, decrease costs, and increase productivity, quality of services, and employee satisfaction.

The basic elements of a program include:

- Management leadership.
- Employee participation.
- Hazard identification and assessment.
- Hazard prevention and control.
- Education and training.

Occupational health professionals (OHP) in healthcare should initiate and lead these efforts in their organizations. If the OHP is not the leader of the program, the individual would be a stakeholder and member of the Injury and Illness Prevention Team.

References

Improving patient and worker safety: Opportunities for synergy, collaboration and innovation. (2020, April). https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/work-place-violence-prevention/updated-wsps-monograph-final-42020.pdf

Injury and illness prevention programs: White paper. (January 2012). https://www.osha.gov/sites/default/files/OSHAwhite-paper-january2012sm.pdf

Worker safety in hospitals: Caring for our caregivers. (n.d.). Retrieved March 14, 2023 from https://www.osha.gov/hospitals/mgmt-tools-resources

POSITION STATEMENT

Safe Patient Handling

The Association of Occupational Health Professionals in Healthcare (AOHP) strongly supports the provision of a safe and healthy environment for healthcare personnel and patients. Back injuries and other musculoskeletal disorders related to patient handling are the leading cause of workplace disability for nurses and other direct patient care providers. The importance of developing reliable approaches for prevention of back injuries and other musculoskeletal disorders related to patient handling is critical. AOHP supports actions, policies, and laws that help to establish a safer environment of care for healthcare personnel and patients as they relate to safer patient handling and prevention of injuries.

Management and employee commitment are required to adopt an institutional program, policies, and procedures that encompass the safest approach for the handling, moving, and transporting of patients. There should be both initial and ongoing assessments and investments in appropriate equipment/devices and education/training to avoid manual handling.

Involvement of healthcare personnel is vital in the assessment and implementation process to encourage acceptance and success of the safe patient handling program. Healthcare personnel have a wealth of essential information pertaining to specific hazards in their work environment related to patient handling and the use of assistive devices and equipment, so therefore must be involved in:

- Program development.
- Evaluation and selection of patient handling equipment.
- Education and training.
- Program evaluation.

AOHP supports a continued call to the Occupational Safety and Health Administration (OSHA) and state legislators to develop standards that are appropriate and reasonable to reduce ergonomic and patient handling hazards with engineering and administrative controls and education.

Support of research and evidence-based practice is crucial to continue the ongoing development of interventions to prevent musculoskeletal disorders related to patient handling. Communication of research findings to the association and partnering organizations is critical for ongoing improvement of safe patient handling programs.

In summary, manual patient handling is directly responsible for disabling musculoskeletal injuries and therefore a safety concern for both healthcare personnel and patients. Continued investment in safe patient handling equipment and programs is needed to reduce healthcare personnel injury and ensure improved quality patient care and outcomes.

AOHP welcomes the opportunity to work collaboratively with regulatory agencies and professional associations to promote safe patient handling and reduce healthcare personnel injuries.

References

Elements of ergonomics programs. (2017, July 18). Retrieved April 14, 2023, from https://www.cdc.gov/niosh/topics/ergonomics/ergoprimer/default.html

Elimination of manual patient handling to prevent work-related musculoskeletal disorders. (2008, March 14). Retrieved April 14, 2023, from https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/elimination-of-manual-patient-handling/#:~:text=Revised%3A%20March%2014%2C%202008%20Statement%20of%20the%20ANA,result%20in%20the%20elimination%20of%20manual%20patient%20handling

Ergonomics: Prevention of musculoskeletal disorders in the workplace. (n.d.). Retrieved March 12, 2023, from https://www.osha.gov/ergonomics.

Guidelines for nursing homes: Ergonomics for the prevention of musculoskeletal disorders. (2009). https://www.osha.gov/sites/default/files/publications/final_nh_guidelines.pdf

Nelson, A. (2006). *Safe patient handling and movement: A guide for nurses and other health care providers.* Springer Publishing.

Safe patient handling and mobility: Interprofessional national standards across the care continuum, (2nd ed.). (2021). Nursesbooks.

POSITION STATEMENT

The Critical Role of Occupational Health in Healthcare

Occupational health (employee health) is a very specialized field involving the care and safety of individuals who work in healthcare, which is one of the most hazardous working environments. The health and safety of all personnel is the foundation for providing a safe environment for the patients and communities that healthcare facilities serve. Occupational health is essential in promoting and maintaining a culture of safety in all healthcare facilities. Skilled occupational health professionals perform a wide variety of vital roles that positively impact healthcare personnel.

Healthcare as an industry has one of the highest Occupational Safety and Health Administration (OSHA) recordable injury rates and requires a comprehensive prevention program that includes hazard identification, prevention, and education. Occupational health professionals lead the development, implementation, and ongoing management of these programs.

Current knowledge of state and national regulatory standards and guidelines is essential to the occupational health professional. Regulatory agencies and laws that directly impact the work of occupational health professionals include, but are not limited to:

- OSHA.
- The Joint Commission (TJC)/Det Norske Veritas Healthcare (DNV).
- Americans with Disabilities Act Amendments Act (ADAAA).
- Family and Medical Leave Act (FMLA).
- U.S. Department of Labor (DOL).
- U.S. Department of Transportation (DOT).
- U.S. Department of Health and Human Services (DHHS).

Occupational health professionals evaluate healthcare personnel at hire and throughout their employment. Assessment priorities include, but are not limited to:

- Comprehensive health assessment.
- Evaluation of immunity status.
- Vaccine administration based on immunity status.
- Drug screening and Fit for Duty.
- Assessing employees regarding prescribed medications, as well as those which are not prescribed. This requires knowledge of medications and illicit drugs, evaluation of employees, testing and referrals to programs for treatment, as well as developing a collaborative working relationship with Human Resources. Maintaining a drug free workplace is a priority to provide safety for staff and patients.
- Assessment of ability to safely perform essential job functions in compliance with the ADAAA.
- Education on disease prevention.
- Assessment and testing for appropriate use and fit of personal protective equipment.
- Assessment of communicable disease risk.
- Assessment and care of employee injury. This process includes not only care of the injured employee, but also managing workers' compensation requirements, OSHA recordkeeping, reporting, and investigation of the incident. Root cause analysis is very important in developing safety changes to reduce the likelihood of the injury recurring. Effective workers' compensation management requires detailed knowledge of state laws, assisting with claims management, case management, and working with insurance companies or third-party administrators and attorneys.

In addition, occupational health professionals ensure compliance when addressing hazards specific to the healthcare setting. The occupational health professional evaluates each incident to determine if any changes should be made to equipment, processes, or education to prevent any future occurrences.

These hazards include, but are not limited to:

Bloodborne pathogens

Occupational health professionals manage the Bloodborne Pathogen Program, which encompasses at minimum the provision of counseling and follow-up to individuals who experience a blood/body fluid exposure. This potentially life-changing event requires the availability of direct interaction with a trained occupational health professional who can provide a caring environment while delivering the most up-to-date and accurate information.

Workplace violence

Workplace violence (WPV) has been underreported for many years and has finally gained national attention. Occupational health professionals are tasked to create easily accessible reporting systems for individuals to report incidents, even if a physical injury is not sustained, as well as to monitor the system. Defining WPV, the importance of reporting events, and education on how to report them is essential. Access to medical care, counseling and Employee Assistance Programs should be directed by the occupational health professional.

Respiratory standard

Personal protective equipment (PPE) is important for prevention of airborne infections and protection from health hazards in the work environment. The Respiratory Protection Standard requires trained occupational health professionals with knowledge of the OSHA standard, respiratory evaluation, clearance process, and annual fit testing.

Ergonomics

The field of ergonomics has also become an area of responsibility for occupational health professionals. Advances in technology have increased concerns related to computer ergonomics and the health risks associated with, but not limited to, static posture, vision, and mental fatigue. Prevention and correction of ergonomic concerns should include education and appropriate ergonomic equipment for employees working with computers, as well as those working in all areas of a healthcare facility.

Safe patient handling

Healthcare personnel are at high risk for injuries associated with patient handling. These may occur while positioning and transferring patients, ambulating patients, and during other mobility-related tasks. Occupational health professionals are responsible to coordinate and provide care to the employee who may have sustained an injury. The occupational health professional should be involved in the development and facilitation of programs and equipment selection that reduce the number of musculoskeletal injuries among employees, creating a safer work environment.

To champion the safety of employees and patients, these professionals: serve on committees; act as an expert resource for others in the facility; trend and evaluate injury and compliance data; and provide action plans. Occupational health professionals are involved in a wide variety of complex and dynamic processes that go far beyond core activities or tasks.

The healthcare professional role requires individuals to constantly acquire and master new skills, adapt current practices, and develop innovative approaches. The role of the occupational health professional is not static, but constantly evolves to improve core areas of knowledge and competency. It is imperative that healthcare facilities employ knowledgeable occupational health professionals to serve

in this role. The direct impact of this work is to improve the health of employees, which improves the health of patients and communities.

References

Burgel, B., & Childre, F. (2012). The occupational health nurse as the trusted clinician in the 21st century. *Workplace Health & Safety. 60*(4), 143-150. https://journals.sagepub.com/doi/pdf/10.1177/216507991206000402

EveryNurse Staff. (2023, January 12). *Occupational health nurse*. Retrieved April 17, 2023 from https://everynurse.org/careers/occupational-health-nurse/#:~:text=Occupational%20health%20nurses%20work%20to,to%20prevent%20accidents%20and%

Occupational health nursing. (2023, March 8). Retrieved April 17, 2023 from https://en.wikipedia.org/wiki/Occupational_health_nursing

Stanaland, T. (2022, June 21). *More than case workers: Occupational health nurses and safety*. Retrieved April 17, 2023 from https://ohsonline.com/articles/2022/06/21/more-than-case-workers.aspx

The career guide to occupational health nursing. (n.d.). American Board for Occupational Health Nurses, Inc. https://www.abohn.org/sites/default/files/ABOHNCarGde_032714WEB.pdf

POSITION STATEMENT

Best Practices for Healthcare Personnel Immunizations

The Association of Occupational Health Professionals in Healthcare (AOHP) encourages its members and their organizations to adopt practices to ensure that healthcare personnel be assessed for immunization status and properly immunized against vaccine preventable communicable diseases. These vaccines should be offered at no charge and must comply with state and federal regulations.

AOHP reviewed the current Advisory Committee on Immunization Practices (ACIP) recommendations and current practices to develop this position statement documenting immunization best practices for healthcare personnel. Note that the use of trade names for vaccines in this document is for identification purposes only and does not imply endorsement by AOHP.

Healthcare personnel is defined as any paid or unpaid person working in any healthcare setting, including home health.

Hepatitis B

Healthcare personnel should complete the hepatitis B vaccination series with two or three doses of hepatitis B vaccine (HepB), depending on the vaccine*, and have serologic evidence of immunity to hepatitis B (HBsAb).

Healthcare personnel who do not have immunity to hepatitis B should complete the HepB series and have serology done one to two months after completing the series. If the serology is negative or indeterminate (<10 mIU/mL, refer to package insert), administer another dose of HepB and test for serology one to two months later. If the negative or indeterminate serology persists, complete a second HepB series and recheck the serology. Alternatively, one can complete a second HepB series and check the serology one to two months after the last dose. If the serology remains negative or indeterminate, the individual is considered susceptible to hepatitis B virus infection and should be counseled about

precautions to prevent hepatitis B virus infection, as well as the need for hepatitis B immunoglobulin post-exposure prophylaxis for known or likely exposure to hepatitis B virus. A hepatitis B surface antigen (HBsAg) may be considered to determine the status of hepatitis B infection. After two complete HepB vaccination series, no additional vaccinations should be administered. Healthcare personnel who do not have immunity to hepatitis B and decline vaccination must be counseled as above for hepatitis B susceptibility and sign an acknowledgment to the Occupational Safety and Health Administration (OSHA) declination statement (standard 1910.1030 App A).

*Three doses of aluminum-adjuvanted HepB (HepB-alum [Engerix-B, Recombivax HB]) or hepatitis A and hepatitis B combination vaccine (HepA-HepB [Twinrix]) at zero, one, and six months, or two doses of Cytosine-phosphate-Guanine-adjuvanted HepB (HepB-CpG [Heplisav-B]) one month apart.

MMR

Healthcare personnel should have immunity to measles, mumps, and rubella. Evidence of immunity for healthcare personnel is documentation of receipt of measles, mumps, and rubella vaccine (MMR) or serologic evidence of immunity or disease.

For healthcare personnel born in 1957 or later who do not have immunity:

- Measles, administer two doses of MMR at least four weeks apart.
- Mumps, administer two doses of MMR at least four weeks apart.
- Rubella, administer one dose of MMR.

For healthcare personnel born before 1957 who do not have serologic evidence of immunity, consider administering MMR as above.

Healthcare personnel whose serology to measles, mumps, or rubella is negative or equivocal but have documentation of adequate vaccination (two doses of measles- and mumps-containing vaccine,

and one dose of rubella-containing vaccine) are considered to have acceptable evidence of immunity. No additional dose of MMR is indicated.

Varicella

Healthcare personnel should have immunity to varicella. Evidence of immunity is documentation supporting two doses of varicella vaccine (VAR [Varivax]) or varicella-containing vaccine (childhood combination vaccines), diagnosis or verification of history of varicella or herpes zoster by a qualified healthcare provider, or laboratory evidence of immunity or disease.

For those who do not have immunity to varicella, administer two doses of VAR four to eight weeks apart. If the individual previously received one dose of VAR, administer one dose of VAR.

Tdap and Td

Healthcare personnel should be current on tetanus, diphtheria, and pertussis vaccination. For an individual who did not receive tetanus, diphtheria, and acelluar pertussis vaccine (Tdap [Adacel, Boostrix]) as a child (Tdap is routinely recommended at age 11–12 years), or as an adult (Tdap Adacel, Boostrix]), a catch-up vaccination is recommended. Administer one dose of Tdap (to boost immunity to pertussis) regardless of when the last dose of Td was administered. Resume Td or Tdap every 10 years.

Influenza

The annual flu vaccine is the first and best way to protect against the influenza virus. Healthcare personnel should be vaccinated against influenza annually. Healthcare administrators may consider a mandatory vaccination policy, (with medical or religious exemptions), or offer alternatives to vaccination such as requiring the use of surgical masks for patient care by those who decline the vaccine.

Any age-appropriate inactivated influenza vaccine (IIV [several brands]), recombinant influenza vaccine (RIV [Flublok]), or live attenuated influenza vaccine (LAIV [FluMist]) may be used. Healthcare

personnel who care for severely immunocompromised patients should not receive LAIV. If LAIV is received, the individual should avoid contact with severely immunocompromised patients for seven days after receiving LAIV.

COVID-19

AOHP recommends that all healthcare personnel receive a complete primary series of the monovalent compliant:

- Moderna, administer two doses 28 days apart.
- Pfizer, administer two doses 21 days apart.
- Johnson & Johnson (J&J)/Janssen, administer one dose. (The Centers for Disease Control and Prevention [CDC] recommend the J&J/Janssen COVID-19 vaccine only be considered in certain situations due to safety concerns.)
- Novavax, administer two doses 21 days apart.

To be considered up to date, refer to current CDC recommendations. The updated boosters are called “updated” because they protect against both the original virus that causes COVID-19 and the Omicron variants BA.4 and BA.5. Two COVID-19 vaccine manufacturers, Pfizer and Moderna, have developed updated COVID-19 boosters.

Meningococcal

Healthcare personnel, (e.g., microbiologists) who are routinely exposed to isolates of *Neisseria meningitides* should be vaccinated with one dose or two of serogroups A, C, W, and Y meningococcal vaccine (MenACWY [Menactra, Menveo]). If the risk remains, revaccinate every five years with two or three doses of serogroup B meningococcal vaccine (MenB [Bexsero, Trumenba]), depending on the vaccine*.

*Two doses MenB-4C (Bexsero) at least one month apart or three doses MenB-FHbp (Trumenba) at zero, one to two, and six months.

Additional Recommendations

For vaccines routinely recommended for adults based on age, medical conditions, or other indications which may not be available through Occupational/Employee Health, consult with the healthcare provider or local pharmacy.

Any healthcare professional who refuses immunization to a required vaccine should be counseled on susceptibility and transmission of the infectious disease. Refer to the individual organization's policy and procedures regarding requirements for immunizations.

References

Highlights of prescribing information: M-M-R® II - Measles, Mumps, and Rubella Virus Vaccine Live. (2023, March). http://www.merck.com/product/usa/pi_circulars/m/mmr_ii/mmr_ii_pi.pdf

Highlights of prescribing information: VARIVAX® - Varicella Virus Vaccine Live. (2023, March). http://www.merck.com/product/usa/pi_circulars/v/varivax/varivax_pi.pdf

Healthcare personnel vaccination recommendations. (2022, July). https://www.immunize.org/catg.d/p2017.pdf

Immunization of health-care workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC). (1997, December 26). https://www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm#:~:text=ACIP%20strongly%20recommends%20that%20all,these%20diseases%20among%20HCWs%20follow

Mandatory healthcare personnel vaccination. (n.d.). Retrieved April 14, 2023, from https://apic.org/policy-priorities/mandatory-healthcare-personnel-vaccination/

Overview of COVID-19 vaccines. (2022, November 1). Retrieved April 14, 2023, from *https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/overview-COVID-19-vaccines.html#janssen-when-to-consider*

Revised guidance for the interim final rule – Medicare and Medicaid programs; omnibus COVID-19 health care staff vaccination. (2022, April 5). https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/revised-guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care-1

Revised guidance for staff vaccination requirements. (2022, October 26). https://www.cms.gov/medicareprovider-enrollment-and-

certificationsurveycertificationgeninfopolicy-and-memos-states-and/revised-guidance-staff-vaccination-requirements

Vaccines for health care workers. (2021, April 29). Retrieved April 14, 2023, from https://www.hhs.gov/immunization/who-and-when/health-care-workers/index.html

POSITION STATEMENT

Respiratory Protection for Healthcare Personnel

The health and safety of healthcare personnel (HCP) is the primary function of the occupational health professional (OHP) in healthcare. To advocate for worker safety, the OHP must be knowledgeable and competent in a variety of areas related to the health and safety of HCP. One major area is respiratory protection (RP), which is governed by the Occupational Safety and Health Administration's (OSHA) Respiratory Protection Standard 1910.34.

OSHA's hierarchy of hazard prevention and control measures includes engineering controls, safe work practices, administrative controls, and personal protective equipment (PPE). The use of PPE is the last line of protection in the hierarchy of safety controls. RP is a form of PPE. In healthcare, the primary use of RP is for patients who are in isolation airborne precautions. The diseases that require RP include, but are not limited to, Mycobacterium tuberculosis, rubeola, varicella, disseminated herpes zoster, COVID-19, and severe acute respiratory syndrome (SARS). In addition, there have been and will be future emerging infectious diseases, such as Ebola, that demonstrate the importance of HCP being prepared and competent in the use of PPE.

The Association of Occupational Health Professionals in Healthcare (AOHP) supports the further development of tools to build the competence of frontline HCP, ongoing NIOSH research to analyze PPE use, and the development of a respirator that will provide both protection and comfort for HCP.

Building the RP competence of the OHP and frontline HCP will better equip healthcare to be prepared for any airborne illness, whether it is well known or an emerging airborne infectious disease. AOHP supports training strategies to build the competence of HCP in the use of PPE, specifically RP. AOHP continues to support and participate in these national efforts to build a culture of safety in the healthcare setting.

References

AOHP Beyond Getting Started series: Respiratory protection in healthcare settings web reference guide. (2020, March). Retrieved March 9, 2023, from https://www.aohp.org/aohp/portals/0/20-06%20BGS%20RP%20reference%20guide.pdf

Beckman, S., Materna, B., Goldmacher, S., Zipprich, J., D'Alessandro, M., Novack, D., & Harrison, R. (2013, August 9). Evaluation of respiratory protection programs and practices in California hospitals during the 2009-2010 H1N1 influenza pandemic. *American Journal of Infection Control, 41*(11), 1024-31. https://doi.org/10.1016/j.ajic.2013.05.006

Clever, L. H., Rogers, B., Schultz, A. M., & Liverman, C. T. Institute of Medicine. (2011, January 1). *Occupational health nurses and respiratory protection: Improving education and training: Letter Report.* National Academies Press.

OSHA's respiratory protection program: The role of the respiratory protection program administrator. (n.d.). Retrieved March 9, 2023, from https://www.aaohn.org/Practice/Respiratory-Protection-Program

Peterson, K., Novak, D., Stradtman, L., Wilson, D., & Couzens, L. (2015, January 1). Hospital respiratory protection practices in 6 U.S. states: A public health evaluation study. *American Journal of Infection Control. 43*(1), 63-71. https://doi.org/10.1016/j.ajic.2014.10.008

POSITION STATEMENT

Workplace Violence

Workplace violence (WPV) is defined by the Occupational Safety and Health Administration (OSHA) and The Joint Commission (TJC) as any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the worksite. WPV can range from threats and verbal abuse to physical assault and even homicide. It also encompasses coworker or lateral violence within the same scope described above.

The Association of Occupational Health Professionals in Healthcare (AOHP) is engaged in the prevention and management of WPV events, which are too often viewed as “part of the job”. Healthcare must adopt a zero-tolerance approach to all types of WPV.

Prevention - Comprehensive Approach

A comprehensive violence prevention program must be evaluated and updated at least annually and include:

- A written program.
- Management commitment.
- Employee participation.
- Hazard identification and reporting.
- Hazard prevention and control.
- Safety and health training.

AOHP recommends a WPV Prevention Committee consisting of a multidisciplinary team including:

- Frontline staff.
- Risk Management.

- Safety.
- Security.
- Emergency Department.
- Communications.
- Education.
- Occupational/Employee Health.
- Human Resources.
- Organizational mental health experts.
- Collaboration with local law enforcement.

Facility leadership support is key to the success of WPV prevention efforts.

Education and Training

All employees should be educated on the definitions of WPV and the organization's plan and policies both at the time of hire and at least annually. The type and frequency of training should be determined by the organization's risk assessment. Initial training should include a review of the WPV plan, how to report incidents through an established protocol/system even if no injury is noted, and emphasis that these acts are not "part of the job". A combination of online and face-to-face training should be utilized to ensure employees understand the department-specific risk and the importance of reporting WPV events.

Prevention and Strategy

AOHP supports and encourages healthcare organizations to endeavor to protect their patients, employees, and visitors from acts of violence, as well as to advocate for further research on WPV prevention strategies.

A centralized method of reporting WPV 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 and injuries. Provide post-incident review with impacted individuals and support resources to assist victims. Conduct root cause analysis on all incidents of WPV and share with staff. Analyze injury data to identify trends and develop action plans to prevent further injuries.

Prevention strategies that have reduced WPV in the healthcare setting may include:

- Installing metal detectors at Emergency Department entrances.
- Establishing a violent patient database.
- Hiring department-based security officers.
- Limiting visitor access to specific floors or areas via a GPS tracking badge.
- Personal staff alarm devices to increase security for staff.

Home health staff are in unique and often uncertain environments when they visit patients in their homes. Home health agencies should have established policies and procedures for staff to follow when they would sense a safety risk. Interventions must be tailored to the environment and the identified risks.

AOHP looks to organizations such as the National Institute for Occupational Safety and Health (NIOSH) to identify evidence-based best practice strategies for the variety of healthcare settings that may experience WPV. OSHA has included some of these strategies in the Federal Register notice for a possible WPV standard.

AOHP will continue to advocate for violence-free workplaces, participate in the regulatory process, and seek collaborative opportunities with organizations such as TJC that are focused on decreasing WPV events. Although it does not have a specific WPV prevention standard, TJC has

recognized the significance of this issue for all individuals involved in healthcare 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 this critical issue. TJC issued Sentinel Event Alert #45 in June 2010 on *Preventing Violence in the Healthcare Setting*. In this alert, TJC sited the Environment of Care standard that requires a safe environment for patients, staff, and visitors. TJC also published a free WPV resource portal on its 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 WPV.

AOHP will support opportunities to identify evidence-based prevention strategies by participating in ongoing research efforts, providing education at conferences, and contributing to other education and training projects for healthcare workers to decrease WPV events.

References

Economic news release: Census of fatal occupational injuries summary, 2021. (2022, December 16). Retrieved March 14, 2023, from https://www.bls.gov/news.release/cfoi.nr0.htm

CDC/NIOSH workplace violence prevention. (n.d.). Retrieved April 14, 2023, from https://www.jointcommission.org/resources/patient-safety-topics/workplace-violence-prevention/cdcnational-institute-of-occupational-safety-and-health/

Occupational violence. (2022, August 31). Retrieved March 14, 2023, from http://www.cdc.gov/niosh/topics/violence/

Occupational violence - Workplace violence prevention for nurses. (2022, August 31). Retrieved March 14, 2023, from http://www.cdc.gov/niosh/topics/violence/training_nurses.html

Worker safety in hospitals: Caring for the caregivers. (n.d.). Retrieved March 14, 2023 from https://www.osha.gov/dsg/hospitals/index.html

Workplace violence in healthcare: Understanding the challenge. (2015, December). https://www.osha.gov/sites/default/files/OSHA3826.pdf?utm_version=158364362

Workplace violence prevention compendium of resources. (2022, January 1). Retrieved April 14, 2023 from https://www.jointcommission.org/resources/patient-safety-topics/workplace-violence-prevention/compendium-of-resources/

Workplace violence prevention resources. (n.d.). Retrieved April 14, 2023, from https://www.jointcommission.org/resources/patient-safety-topics/workplace-violence-prevention/