OSHA updates workplace violence rule

High injury rates from workplace violence spurs recommendation for employers to take action

Editor's note: ***Thomas A. Smith, CHPA, CPP,*** *president of Healthcare Security Consultants in Chapel Hill, North Carolina, and former director of hospital police and transportation at University of North Carolina Hospitals in Chapel Hill, contributed to this article.*

OSHA in April released an update to its *Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers,* known to many in the safety field as OSHA Rule 3148.

This document was first published in 1996 and later updated in 2004. The 2015 version provides updates to the statistical information on workplace violence incidents and some additional references for deeper reading in specific subject matter such as the International Association for Healthcare Security and Safety Security Design Guidelines for Healthcare Facilities.

According to the Bureau of Labor Statistics, in 2013 more than 23,000 significant injuries were caused due to assaults at work. More than 70% of these assaults were in healthcare and social service settings. Healthcare and social service workers are almost four times more likely to be injured as a result of violence than the average private sector worker, OSHA says. Further statistics show that about 30% of the fatalities in healthcare and social service settings occurring in 2013 were due to assaults and violent acts. As a result, OSHA issued the update to OSHA 3148, encouraging healthcare workplaces to develop a workplace violence prevention plan.

"It is unacceptable that the people who dedicate their lives to caring for our loved ones often work in fear of injury or death," said Assistant Secretary of Labor David Michaels in a statement from OSHA. "This updated booklet will help employers implement effective measures to reduce or eliminate workplace violence hazards."

While the updated rule was quietly released by OSHA, healthcare safety experts say it was only a matter of time before the agency responded to the increased rate of workplace violence. According to some safety experts, The Joint Commission is giving serious consideration to incorporating the new OSHA rule into its survey recommendations, but nothing official is expected any time soon.

"I think it's safe to say hospitals are taking this seriously," says **Dan Scungio, MT(ASCP), SLS,** laboratory safety officer for Sentara Healthcare, a multihospital system in the Tidewater region of Virginia. "There has been much activity around workplace violence at Sentara involving raising awareness, and this is in response to news around the country of events."

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Active shooter incidents and violent incidents are becoming more of an occurrence in U.S. hospitals, once largely viewed as non-violent places.

One of the most recent incidents occurred in Boston in January, when a prominent surgeon was murdered by a disgruntled patient who walked into a hospital with a gun. In that case, Stephen Pasceri, 55, of Millbury, Massachusetts, walked into the Carl J. and Ruth Shapiro Cardiovascular Center at Brigham and Women's Hospital and specifically asked for the doctor, Michael J. Davidson, MD. When the two stepped into an exam room to speak, colleagues reported hearing loud voices and then two shots fired. Police found that Davidson had been shot twice, and later located Pasceri's body in a separate exam room, dead from an apparently self-inflicted gunshot. Davidson died of his injuries.

The shooting spurred other Boston hospitals to conduct their own security assessments, and others have been

considering increasing visitor pat-downs and security patrols, as well as possibly installing metal detectors.

OSHA recommendations

The updated OSHA 3148 guidelines start with recommendations for developing an effective workplace violence prevention program. These include:

- Management commitment and employee participation
- Work site analysis
- Hazard prevention and control
- Safety and health training
- Recordkeeping and program evaluation

According to OSHA, the guidelines are meant to take into consideration variations in healthcare settings and incorporate the latest and most effective ways to reduce the risk of violence in the workplace, since hazards can vary greatly between, say, a medical clinic and a hospital. The settings covered in the guidelines are as follows:

- Hospital settings represent large institutional medical facilities
- Residential treatment settings include institutional facilities, such as nursing homes, and other long-term care facilities
- Non-residential treatment/service settings include small neighborhood clinics and mental health centers
- Community care settings include community-based residential facilities and group homes
- Field work settings include home healthcare workers or social workers who make home visits

"Indeed, these guidelines are intended to cover a broad spectrum of workers ... and other support staff who come in contact with clients with known histories of violence," according to the new OSHA guidelines booklet. "Employers should use these guidelines to develop appropriate workplace violence prevention programs, engaging workers to ensure their perspective is recognized and their needs are incorporated into the program."

The new OSHA guidelines are very specific in the types of workplace controls that employers should consider, especially when it comes to facility security and keeping track of employers. Examples include:

- The use of silent alarms and panic buttons in hospitals and medical clinics
- Providing safe rooms and arranging furniture to make sure there are clear exit routes for workers and patients
- Installing permanent or handheld metal detectors to prevent visitors from bringing in weapons, and providing staff training on the use of these devices
- Ensuring nurse stations have a clear view of all treatment areas, including the use of curved mirrors and installing glass panels in doors for better viewing, as well as closed circuit cameras to help monitor areas
- Using GPS, cell phones, and other geolocation technology to help keep track of staff working with patients in off-site locations
- Protecting front-end and triage staff by using facility design elements such as deep counters, secure bathrooms for staff separate from patient treatment areas, bulletproof glass, and lockable doors with keyless entry systems

In addition, the recommendations include employing administrative controls to track patients and visitors who have a history of violence, better educating workers on the dangers and signs of impending violence, and ensuring improved reporting procedures. Specifically, they call for:

- Providing clear signage in the facility that violence will not be tolerated
- Instituting procedures that require off-site staff to log in and log out, as well as checking in with office managers periodically
- Keeping a behavioral history of patients, including identifying triggers and patterns
- Establishing staggered work times and exit routes for workers who may be subjects of stalkers
- Keeping a "restricted visitor" list for suspected violent people, such as gang members, and make sure all staff are made aware of this list

Also, OSHA recommends that employers provide updated training for employees, including:

- Factors causing or contributing to violent incidents
- Early recognition of escalating behavior or recognition of warning signs
- Ways to recognize, prevent, or defuse volatile situations or aggressive behavior, manage anger, and appropriately use medications
- Proper use of safe rooms—areas where staff can find shelter from a violent incident

- How to apply restraints properly and safely when necessary
- Ways to protect oneself and coworkers, including use of the "buddy system"
- Self-defense procedures where appropriate

For more information on the guidelines, visit *www.osha.gov/Publications/osha3148.pdf.*

Time to rethink smoking policies

As the CDC warns about high-tech smoking alternatives, regulators recommend changing your facility's rules

If your hospital is like many out there, you might think you have a pretty solid smoking policy in place. For one, smoking is unhealthy, and encouraging your visitors and staff to kick the habit sets a good example for everyone. Plus, it's a fire hazard: Despite the strictest of rules, many patients are still injured or killed every year due to someone sneaking a smoke. But like any rule, no-smoking policies are not always easy to enforce as there will always be someone who tries to skirt the rules.

Well, get ready, because it looks you'll be breaking out the rulebook again to revise your smoking policies. The Joint Commission, in an article published in the February 11 edition of its *Joint Commission Online* newsletter, issued a recommendation that hospitals review their smoking policies to make sure they apply to electronic cigarettes as well as traditional tobacco cigarettes.

The changes being recommended are based on The Joint Commission's Environment of Care standard EC.02.01.03, which says that hospitals shouldn't allow smoking on facility grounds, while allowing certain exceptions in specific circumstances. In other words, you should be doing the best you can to encourage people not to smoke, but most facilities still set aside separate rooms away from treatment areas—an outside visitor's lounge, for example—to allow for those who need to find a place to smoke.

"I firmly believe that if your policy is set up correctly, the smoking of anything, regardless of its origin, legality, etc., would be prohibited in the hospital's facilities, period," says **Steven MacArthur,** consultant for The Greeley Company in Danvers, Massachusetts, and a former hospital safety officer. "Culturally, it's a lot less hassle than it used to be to kick people from in front of your main entrance because that act is verboten in a lot of municipalities. Smokers will always try to skirt the issue, but they don't seem as self-righteously indignant in the moment as they used to be."

To smoke or not to smoke

The Joint Commission's recommendation comes on the heels of a recent CDC ad campaign warning that electronic cigarettes are no safer than regular cigarettes, and that adolescents who "vape" are more likely to try to the real thing. In fact, the latest CDC claims show that teen use of e-cigarettes has tripled in just one year, despite a general decline in smoking.

"There's still a lot we don't know about e-cigarettes, and we have to remember they are tobacco products," said CDC Director Tom Frieden in a report in the *Washington Post*. "There are things we don't know about their toxicity."

The devices work by using a small battery to send an electric current to an atomizer, which then vaporizes a liquid nicotine solution to be inhaled by the user. Although considered safer than regular cigarettes, there has been a small number of cases in which the devices have exploded because the batteries were overcharged or put in wrong

In fact, St. Joseph's Hospital in Syracuse, New York, banned e-cigarettes after a March 2014 fire in a patient's room. The fire, which was blamed on an e-cigarette, left a female patient who was using oxygen with second- and third-degree burns across her face.

According to an article in the *Post-Standard* of Syracuse, St. Joseph's beefed up its smoking policy after the fire, which prohibits tobacco use and