



# Health Care Facilities and Workplace Violence Prevention Safety Training Program



## Goal

The purpose of this safety training program is to increase worker and employer awareness of the risk factors for violence in health care facilities and to provide strategies for reducing exposure to these factors.

## Background

Today more than 15 million U.S. employees work in the health care industry.<sup>1</sup> They comprise about 11% of the national workforce yet experience four times more job-related violence than those working in the private sector.<sup>2</sup>

The physical and financial cost of workplace violence is dire to health care workers and organizations. However, the mental cost to employees is often higher. The stress, fatigue, and job dissatisfaction following a violent workplace injury ultimately lead to poorer care delivery.<sup>3</sup>

Several [studies](#) indicate that health care industry violence often takes place during times of high activity and interaction with patients. Among the most common times for violence in health care workplaces is during patient transportation, emergency room stabilization, mealtimes, and visiting hours. Assaults often occur when service is denied, when a patient is involuntarily admitted, or when a health care worker attempts to set limits on the use of eating, drinking, or smoking.

## What is Workplace Violence?

Workplace violence ranges from offensive or threatening language to homicide. The [National Institute for Occupational Safety and Health](#) defines workplace violence as “violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.” Examples of violence include the following:

- **Threats**  
Threats may include expressions of intent to cause harm, such as verbal threats, threatening body language, or written threats.
- **Physical assaults**  
Physical assaults may include attacks ranging from slapping, beating, rape, the use of weapons, or homicide.
- **Muggings**  
Muggings include aggravated assaults and are usually conducted by surprise with the intent to rob.

## Who is at Risk?

Although anyone working in a hospital or health care facility may become a victim of violence, nurses and other staff directly

involved in patient care are at higher risk. Other hospital personnel at increased risk of violence include emergency room staff, paramedics, and hospital safety officers.

## Where May Violence Occur?

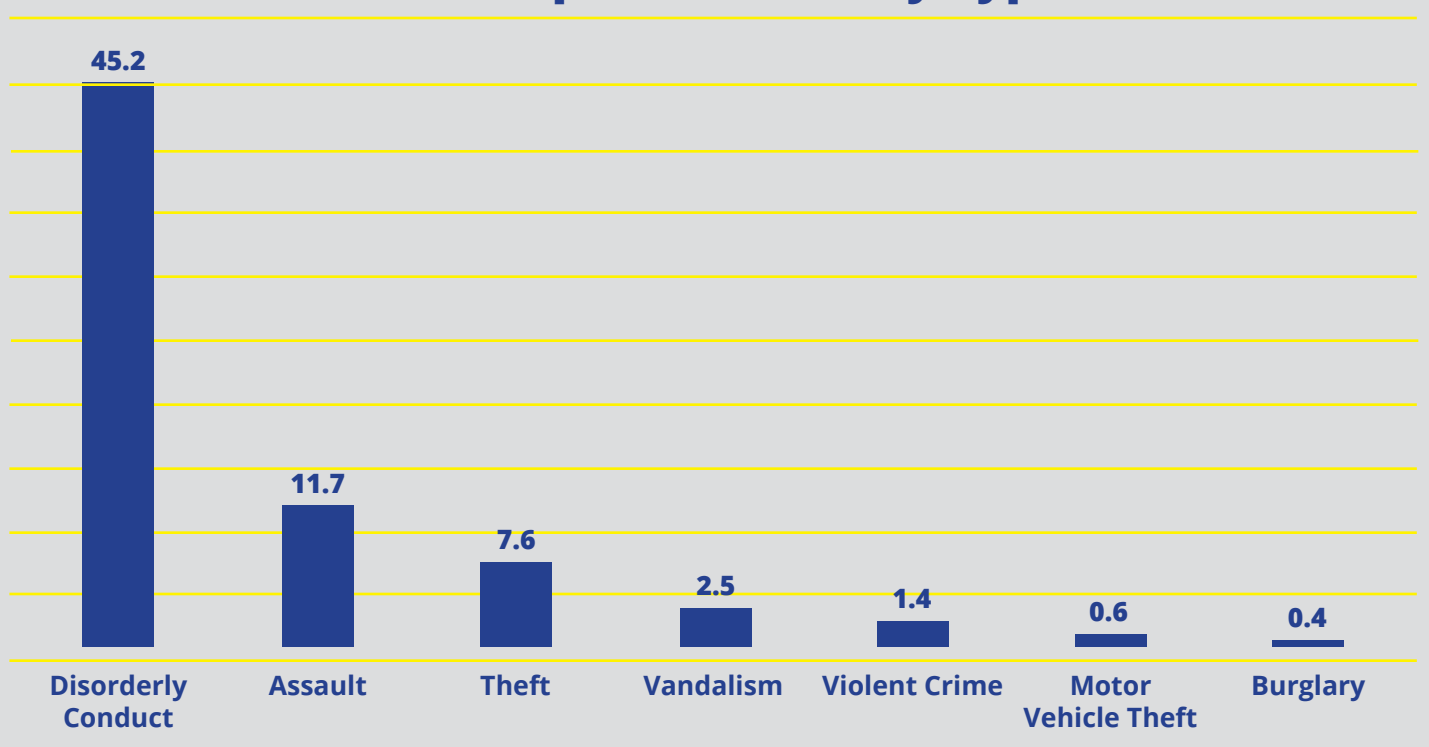
Violence may occur anywhere in the hospital or health care facility, but it is most frequent in the following areas:

- psychiatric wards;
- emergency rooms;
- waiting rooms; and
- geriatric units.

## What are the Effects of Violence?

The effects of violence can range from physical injuries to psychological trauma or

### 2018 Crime Rates per 100 Beds by Type of Crime\*



\*Data source: *The International Association of Health Care Security and Safety Foundation*, "2019 Health Care Crime Survey." For analytical purposes and consistency with FBI practice, *Murder, Rape, Robbery, and Aggravated Assault* were aggregated into one group called *Violent Crime*.

even death. However, workplace violence is also associated with:

- reduced productivity;
- increased turnover;
- absenteeism;
- counseling costs;
- decreased staff morale;
- reduced quality of life; and
- deteriorating quality of patient care.

## What are the Risk Factors for Violence?

The risk factors for violence vary from one health care facility to another, depending on location, size, and type of care. Common risk factors for violence in health care facilities include:

- work in a high-crime area;
- increased use of the health care facility by law enforcement or criminal justice personnel for criminal patient holds;
- care for volatile patients with specific psychotic diagnoses or who are under the influence of drugs or alcohol;
- increased treatment of mentally ill patients released from hospitals without outpatient follow-up;
- lack of staff training and policies for preventing and managing crises with potentially volatile patients;
- availability of drugs, money, or other valuable items at hospitals, clinics, or pharmacies;
- understaffing, especially during mealtimes and visiting hours;
- working alone or isolated during patient care;

- limited lighting in corridors, rooms, parking lots, garages, and surrounding public areas and walkways that access separate buildings;
- transporting or delivering patients;
- long waits for service in emergency rooms and clinics;
- overcrowded, uncomfortable waiting rooms;
- inadequate security; and
- unrestricted access to the public.

## Prevention Strategies for Employers

Employers should develop a [Workplace Violence Prevention Safety Training Program](#) to help prevent violent injuries in health care facilities. The Program's success depends upon management commitment, employee participation, hazard identification, safety and health training, hazard prevention, reporting, and periodic evaluation. Employers are encouraged to form multidisciplinary committees that include direct-care staff and union representatives (if available) to identify and reduce risk factors in specific work scenarios. Although risk factors for violence are specific for each health care facility, employers can use the following general prevention strategies:

### **Environmental Designs**

- Develop emergency signaling, alarms, and monitoring systems.
- Install metal detectors to prevent armed persons from entering the facility.
- Install cameras and good lighting in hallways for added security.
- Provide employees with security escorts to parking areas at night.

- Design comfortable waiting and assistance areas for visitors and patients who may have a delay in service.
- Design the triage area and other public areas to minimize the risk of assault by:
  - providing staff restrooms and emergency exits;
  - installing enclosed nurses' stations;
  - installing deep service counters or bullet-resistant and shatterproof glass enclosures in reception areas; and
  - arranging furniture and other objects to minimize the use of weapons.

### **Administrative Controls**

- Design staff scheduling to reduce patient wait times and prevent personnel from working alone.
- Restrict the movement of the public in health care facilities by card-controlled access.
- Develop a system for alerting security personnel when violence is threatened.

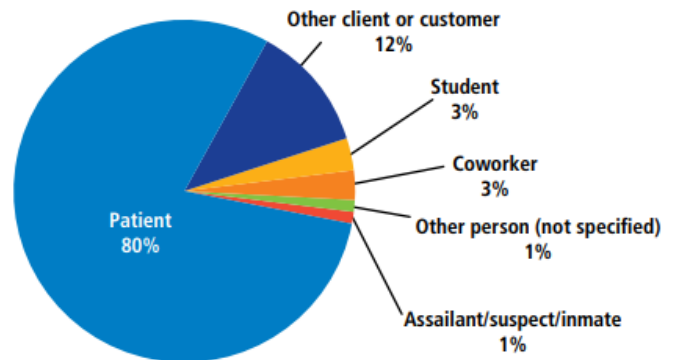
### **Behavior Modifications**

Provide all workers with training in recognizing and managing assaults, resolving conflicts, and maintaining hazard awareness.

### **Dealing With the Consequences of Violence**

Violence may occur in the workplace despite preventive measures. Employers should prepare to deal with the consequences of this violence by providing an environment that promotes open communication and develops written procedures for reporting and responding to violence. Employers should

## **Largest Sources of Violence in Health Care Settings**



**Data source: Bureau of Labor Statistics (BLS).** Data covers three broad industry sectors: ambulatory health care services, hospitals, and nursing and residential care facilities as defined by BLS.

offer and encourage counseling whenever a worker is threatened or assaulted.

## **Safety Tips for Health Care Workers**

### **Warning Signs**

While it is impossible to detect volatile patients 100% of the time, these warning signs can aid in their identification:

- verbal anger and frustration;
- extreme physical agitation;
- the use of threatening gestures;
- aggressive movements, including hitting walls or other items;
- inappropriate laughter or excessive sarcasm;
- signs of drug or alcohol use; or
- presence of a weapon.

## **Diffuse Anger**

Behavioral techniques to help de-escalate anger include:

- maintain a calm, caring attitude;
- do not match threats;
- do not give orders;
- acknowledge the person's feelings (example: "I know you are frustrated...")
- avoid any behavior that may be interpreted as aggressive (example: hurrying, getting too close, touching, or speaking loudly).

## **Be Alert**

- Evaluate each situation for potential violence when entering a room or beginning to interact with a patient or visitor.
- Be vigilant throughout the encounter.
- Do not become isolated with a potentially violent person.
- Always keep an open path for exiting and never let a potentially violent person block a health care worker from the door.

## **Retreat**

Take these steps when the situation cannot be diffused quickly:

- Walk away from the situation.
- Call security for help.
- Report all violent incidents to management.

## **Review Questions**

1. Health care workers do not need to be concerned about violence at work. True or False
  2. Body language such as threatening gestures should not be treated as an act of violence. True or False
  3. Management commitment is not necessary to prevent workplace violence. True or False
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## **Answers**

1. False.  
Health care workers are at high risk for experiencing violence in the workplace.
2. False.  
Threatening gestures can be a signal of impending violence. Take the following steps:
  - remove yourself from the situation;
  - call security for help; and
  - report any violent incidents to your management.
3. False.  
Employers should develop a safety and health violence prevention program that includes management commitment, employee participation, hazard identification, training, hazard prevention, reporting, and periodic evaluation.

## References

- 1 U.S. Bureau of Labor Statistics, May 2020 National Occupational Employment and Wage Estimates, United States. Combined 29-000 Health Care Practitioners and Technical Occupations and 31-000 Health Care Support Occupations. Website. [https://www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm). Accessed May 20, 2021.
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- 3 Balasubramanian, Sai. "Violence Against Health Care Workers is a Growing Problem." Website. <https://www.forbes.com/sites/saibala/2021/04/29/violence-against-healthcare-workers-is-a-growing-problem/?sh=6111fd4e446c>. Accessed May 20, 2021.



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