

# The Workplace Violence Prevention for Health Care and Social Service Workers Act

H.R. 1195 Representative Joe Courtney

Sponsored by Senator Tammy Baldwin

Violence against nurses and other health care workers in hospitals and other health care facilities is a growing epidemic across the United States. Nurses report being punched, kicked, bitten, beaten, choked, and assaulted on the job — and some have faced stabbings and shootings. The Workplace Violence Prevention for Health Care and Social Service Workers Act would mandate OSHA to promulgate a standard that would require all covered employers to develop and implement prevention plans to reduce workplace violence incidents.

## Health care workers frequently experience dangerous workplace violence incidents »

- » In 2019, health care and social service workers reported five times the rate of injuries due to workplace violence than workers overall.<sup>1</sup>
- » In a survey of hospital employees, 62 percent reported that they were the target of violence within the last year.<sup>2</sup>
- » Workplace violence is underreported by hospital employees. In a 2015 study, 88 percent of respondents had not documented in their employer's electronic system an incident of violence that they had experienced in the previous year.<sup>3</sup>

## Workplace violence is bad for patients and hospitals »

- » Workplace violence experienced by nurses has been associated with decreased productivity<sup>4</sup> and increased employee turnover.<sup>5</sup>
- » Workplace violence also reduced the quality of patient care.<sup>6</sup>

## To prevent and reduce the frequency and severity of violent incidents in health care settings, a comprehensive workplace violence prevention standard must, among other things »

- » Broadly define workplace violence to include threats and the use of physical force, including incidents involving the use of firearms or dangerous weapons.
- » Require employers to develop unit-specific and facility-specific prevention plans rather than one-size-fits-all plans.<sup>7</sup>
- » Actively involve employees in developing, implementing, and reviewing the plan, and provide robust training programs for employees.<sup>8</sup>
- » Ensure that employers assess hazards and provide correction procedures, including staffing, trained security personnel, environmental risk factors, patient specific risk factors, alarm systems, and job design and facilities.
- » Require that employers establish effective reporting processes and policies to ensure that employees can report workplace violence without fear of retaliation; systems for communicating between coworkers, shifts, emergency services, and law enforcement about risks for violence; and Violent Incident Logs to track all incidents and threats.<sup>9</sup>
- » Mandate effective and prompt response to all workplace violence incidents as well as appropriate follow-up, including providing prompt treatment to injured employees and investigating whether any measures could prevent similar incidents in the future.



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## Sources »

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- 4 Gates, D. et al. Violence Against Nurses and its Impact on Stress and Productivity. *Nursing Economic\$*. Vol. 29:2, 2011, pp. 59-67.
- 5 Sofield L, Salmond SW. Workplace violence: a focus on verbal abuse and intent to leave the organization. *Orthop Nurs*. 2003;22:274-283.
- 6 Arnetz JE, Arnetz BB. Violence towards health care staff and possible effects on the quality of patient care. *Soc Sci Med*. 2001;52:417-427.
- 7 A 2017 study found that rates of violent incidents were 60 percent lower in hospital units with unit-specific, comprehensive intervention plans compared to units that did not have such plans.  
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- 8 A 2002 study found that interactive, hands-on workplace violence recognition and intervention training can be effective in reducing violence incident rates and, importantly, that refresher trainings are needed to maintain those effects.  
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- 9 A 2009 study showed that one inpatient psychiatric Veteran's Affairs Medical Center reduced rates of violence on the day shift — by 89 percent during treatment and 57 percent from pre-treatment to post-treatment — after real-time incident recording tools and regular twice weekly meetings on violence prevention were implemented. In the night shift where continuous involvement of staff in risk assessment and prevention was not implemented, rates of violence did not show significant change.  
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