

California Workplace Violence Case Study

KAISER SAN FRANCISCO

MAY 2025



PROJECT OVERVIEW

This project analyzed workplace violence incident and injury data at the 2238 Geary and Divisadero MOBs at Kaiser San Francisco. The goal was to examine incident and injury rates before and after implementation of prevention measures, which were won by union nurse advocacy and enforcement of the Cal/OSHA Workplace Violence Prevention Standard.

In 2017, California Nurses Association/National Nurses United (CNA/NNU) won a landmark workplace violence prevention standard in California. It requires California health care employers to create unit-specific workplace violence prevention plans with employee and union involvement, assess risks and implement prevention measures such as safe staffing, alarm systems, and physical security improvements, respond to all incidents, provide hands on training, and track and report violent incidents. More information on the standard can be found at: nnu.org/california-workplace-violence-prevention-health-care-regulations.

PREVENTION MEASURES

In July 2019, a significant workplace violence incident occurred at the 2238 Geary MOB. CNA/NNU nurses organized and advocated for protections, and the employer began to implement prevention measures in the Kaiser San Francisco 2238 Geary and Divisadero MOBs, including:

- » Increased security personnel and rounding routines at both 2238 Geary and 1635 Divisadero at all operating hours.
- » Badge access to all clinic areas.
- » Removal of locks from exam rooms doors.
- » Increased video security cameras.
- » Programed speed dial for security on phones.



California
Nurses
Association



National
Nurses
United

- » Institution of a yellow flagging system in the electronic medical records to indicate persons who had been identified as presenting potential security risks.
- » Increased availability and frequency of classes focused on workplace violence prevention and de-escalation tactics, and
- » In 2022, the right of nurses to remove their last names from badges.

All the prevention measures, except the right of nurses to remove their last names from badges, were incorporated over the course of six months after the incident. The MOBs were closed or operating at reduced capacity for parts of 2020 and 2021 due to the Covid-19 pandemic. By 2022, the MOBs returned to full operation.

METHODOLOGY

Data was gathered from the employer's Cal/OSHA 300 work-related injury and illness logs and the Violent Incident Logs, both of which are required reporting forms under Cal/OSHA regulations.¹ Cal/OSHA 300 logs from January 2023 to April 2024 and Violent Incident Logs from February 2018 to May 2024 were provided by the employer to the union upon request and data on violence-related incidents and injuries occurring in the 2238 Geary and Divisadero MOBs was extracted.



KEY FINDINGS

NUMBER OF INCIDENTS

There were approximately five times fewer incidents of violence after the full implementation of a suite of workplace violence prevention measures (2022-2024) in the 2238 Geary and Divisadero Medical Office Buildings (MOBs) at Kaiser San Francisco than the three years prior to implementation (2019-2021).

SEVERITY OF INCIDENTS

Following the implementation of prevention measures, the MOBs reported a lower proportion of violent incidents where medical treatment, intervention by Kaiser Permanente (KP) security, or help and aid were provided or outside law enforcement was contacted, suggesting the severity of the violent incidents had decreased over time.

IMPROVING RESOURCES

Improving resources to prevent and respond to workplace violence incidents contributed to the reduction in frequency and severity of violent incidents at Kaiser San Francisco MOBs. Prevention measures implemented included increased security personnel and video security camera, implementation of a flagging system in electronic medical records, and more listed in this report.

After implementation of the prevention measures, there was a decrease in the proportion of violent incidents where medical treatment was provided, KP security was contacted, help or aid was provided, and outside law enforcement was contacted.

In the Cal/OSHA 300 logs, no work-related injuries where the description clearly indicated a violent incident were recorded at the 2238 Geary and Divisadero MOB. Cal/OSHA 300 logs only include work-related injuries and illnesses that meet certain reporting criteria and are thus only a subset of all injuries that occur in the workplace. The Cal/OSHA 300 logs are required to include only work-related injuries that result in: death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, loss of consciousness, or significant injury or illness diagnosed by a physician or other licensed health care provider.² Consequently, violent incidents that did not result in one of the above-mentioned injuries were not expected to be included in the Cal/OSHA 300 logs.

Additionally, incidents recorded on the Violent Incident Log were identified and analyzed over time. There were 24 incidents of workplace violence, six of which consisted of at least one physical injury to an employee. One of the six injuries was recorded in the Violent Incident Log between January 2023 to April 2024 but was not recorded on the employer's Cal/OSHA 300 log. The Violent Incident Log recorded 17 incidents where it was noted that no physical injury occurred. In one incident, there was insufficient information entered into the Violent Incident Log to determine whether a physical injury had occurred to employees.

The Violent Incident Log may capture only a portion of violent incidents that have occurred in the 2238 Geary and Divisadero MOB due to underreporting.

Underreporting is a well-recognized issue when it comes to workplace violence data in health care settings — one study surveyed health care workers and found that 88 percent had experienced at least one workplace violence incident in the previous year and had not officially reported it.³

Full operation of the MOB with complete implementation of prevention measures occurred by 2022. Therefore, for analysis purposes, 2022 and following years (2022-2024) are considered post-implementation and the three years prior (2019-2021) were used as comparison.



OBSERVATIONS

In the state of California, workplace violence in health care settings has generally trended upward since 2019 (Figure 1). Significant increases in workplace violence since the beginning of the Covid-19 pandemic (2020) have been noted in multiple studies.⁴

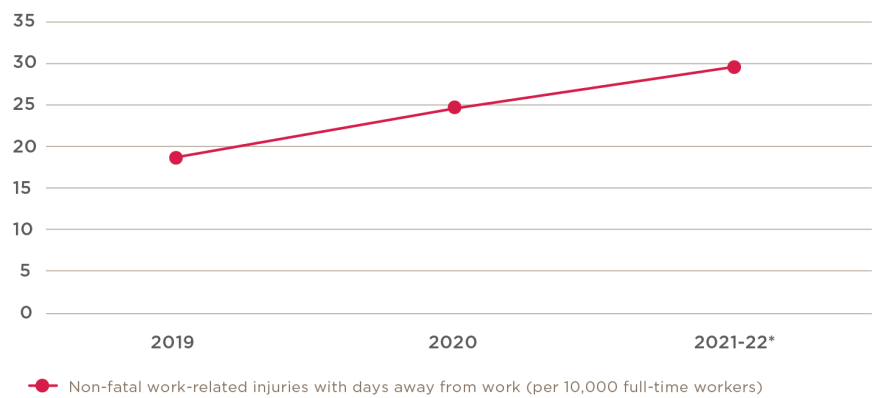
In the Kaiser San Francisco 2238 Geary and Divisadero MOB, several observations were noted regarding workplace violence incidents and injuries:

- » A total of 24 violent incidents, including six violence-related injuries, to employees were recorded in the 2238 Geary and Divisadero MOB during the study period (January 1, 2018 – April 30, 2024).
- » Figure 2 (by year) and Figure 3 (by quarter) show violent incident and injury rate changes over time.

- » Violent incidents and injuries have generally trended downward since the 2019 incident and implementation of prevention measures in the 2238 Geary MOB. It is important to note that the MOB was closed or operating at reduced capacity for parts of 2020 and 2021 due to the Covid-19 pandemic, which may contribute to the lower rates of workplace violence incidents for those years. Regardless, there were still approximately 5x fewer incidents of violence post-implementation (2022-2024) than the three years prior (2019-2021).
- » Figure 4 shows violent incident and injury rate changes over time, omitting years 2020 and 2021 to account for the Covid-19 pandemic and MOB closures, and demonstrates a significant decrease in violent incident and injury rates observed between 2019, before

Figure 1.

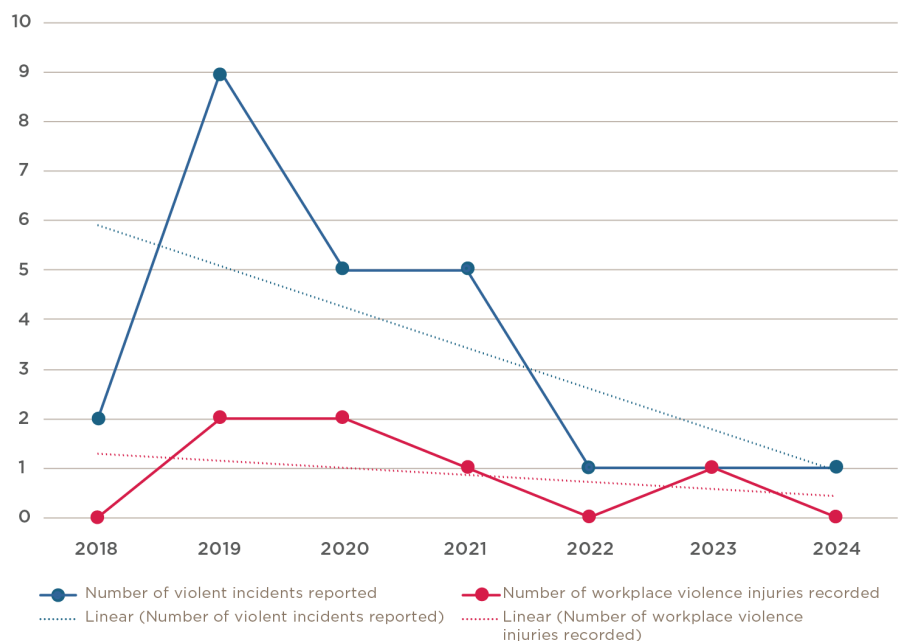
Workplace Violence-Related Injuries to Workers in Private Hospitals in California, (Bureau of Labor Statistics, 2019-2022)



*In 2021-22, the Bureau of Labor Statistics switched from annual reporting to biannual reporting and provides an annualized rate based on data from these two years of reporting.

Figure 2.

Kaiser San Francisco, Workplace Violence Incident and Injury Rates in the 2238 Geary and Divisadero MOB, 2018-2024 (by year)



the workplace violence interventions were implemented, and 2022-24, when the MOBs were fully operational with all interventions in place.

- There were low rates of workplace violence incidents and injury in 2018 before the implementation of preventative measures, which may be due to underreporting as the Cal/OSHA Workplace Violence Prevention in Healthcare Standard was being implemented.

- There was a big spike in violent incidents in Q4 of 2019 — two times higher than any other quarter in the study period. The data reported by the employer did not reveal any obvious trends or patterns explaining why rates were so much higher in Q4 of 2019.

- » The vast majority of reported violent incidents were perpetrated by patients. Only three incidents were reported as perpetrated by a stranger or family member of a patient.

- » While there was a significant variation in the locations of violent incidents occurring in the MOBs over time, the most common place for incidents to occur was during admissions/in the reception or lobby. Incidents were also recorded as occurring virtually over the phone or in radiology, exam rooms, the pharmacy, and other locations in the MOBs (e.g., hallway, outside, or parking lot) (Figure 5).

Figure 3.

Kaiser South Sacramento, Workplace Violence Incident and Injury Rates in the 2238 Geary and Divisadero MOBs, 2018-2024 (by quarter)

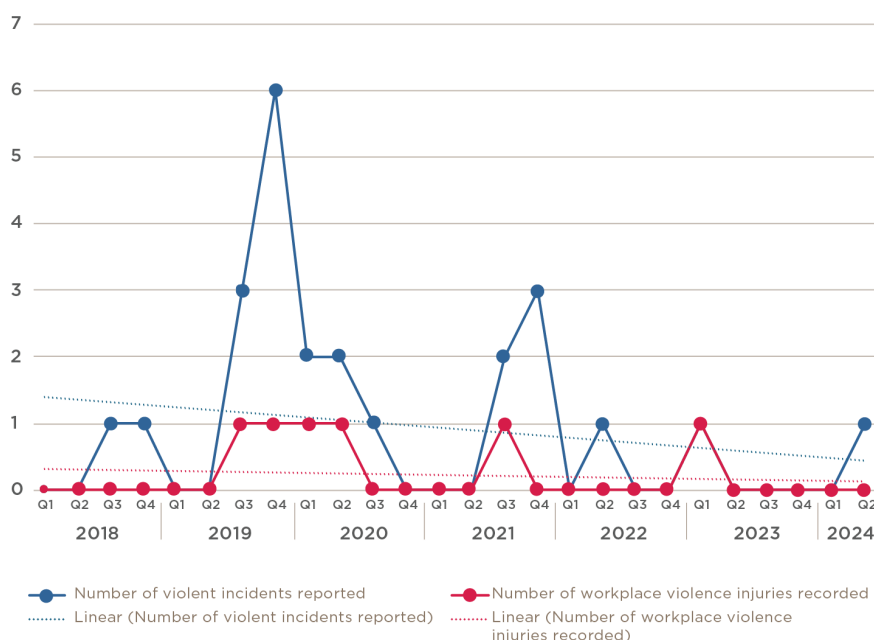
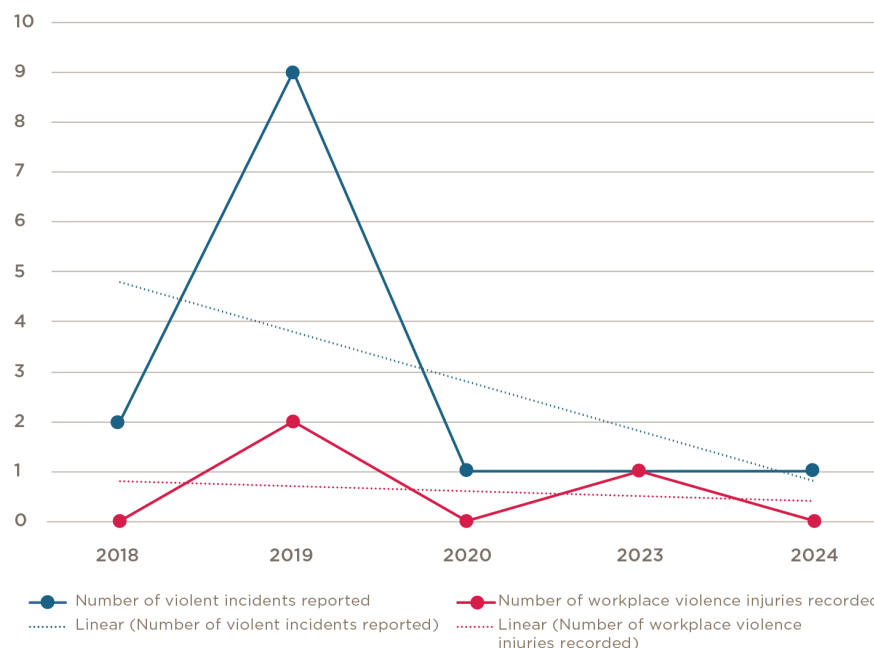


Figure 4.

Kaiser San Francisco, Workplace Violence Incident and Injury Rates in the 2238 Geary and Divisadero MOBs, 2018-2024 (2020-2021 omitted) (by year)



» Employers are required to record information in the Violent Incident Log about circumstances at the time of violent incidents. The vast majority (19 out of 24 incidents) were classified as occurring while employees were “completing usual job duties.” One incident was recorded as occurring while “working in a community setting.” Three incidents were recorded as “none of these apply” or had nothing selected.

» There was only one incident, which occurred in Q2 2020, that recorded the amount of time lost due to workplace violence incidents (two days). While most data on lost time was missing or insufficient, 17 out of the 24 incidents noted that no physical injury occurred and may not have resulted in time away from work.

» Figure 6 (number of incidents by year) and Figure 7 (percentage of incidents by comparison group) examine data regarding responses to violent incidents based on data reported by the employer in the Violent Incident Logs.

» Consistent with the general decrease in violent incidents and injuries over the study period, there was a downward trend in the number of incidents where: (1) medical treatment was provided, (2) KP security was contacted, (3) help or aid was provided, and (4) outside law enforcement was contacted. This downward trend may correlate with a general decrease in the severity

Figure 5. Locations of Violent Incidents Reported at Kaiser South Sacramento Emergency Department, 2019-2023

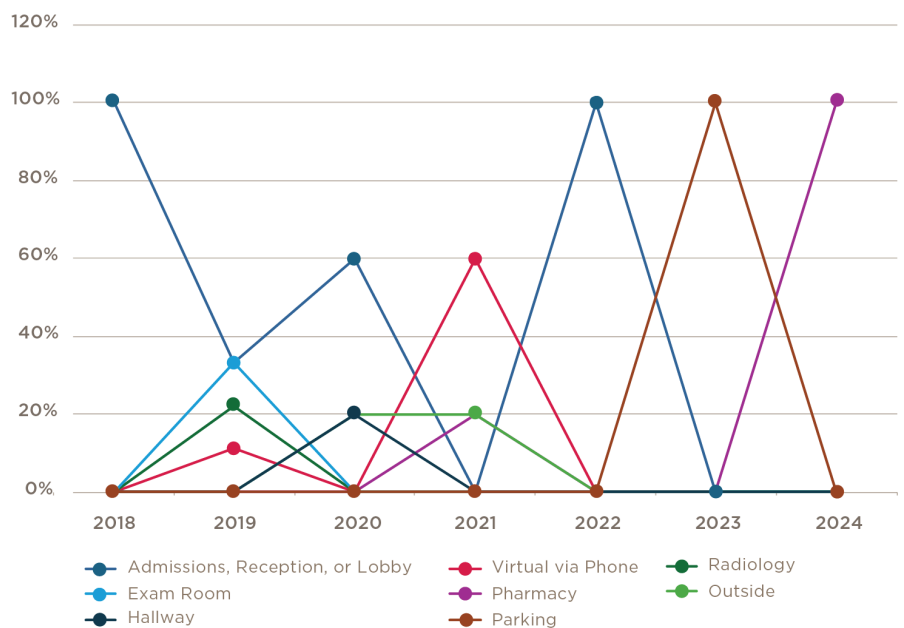
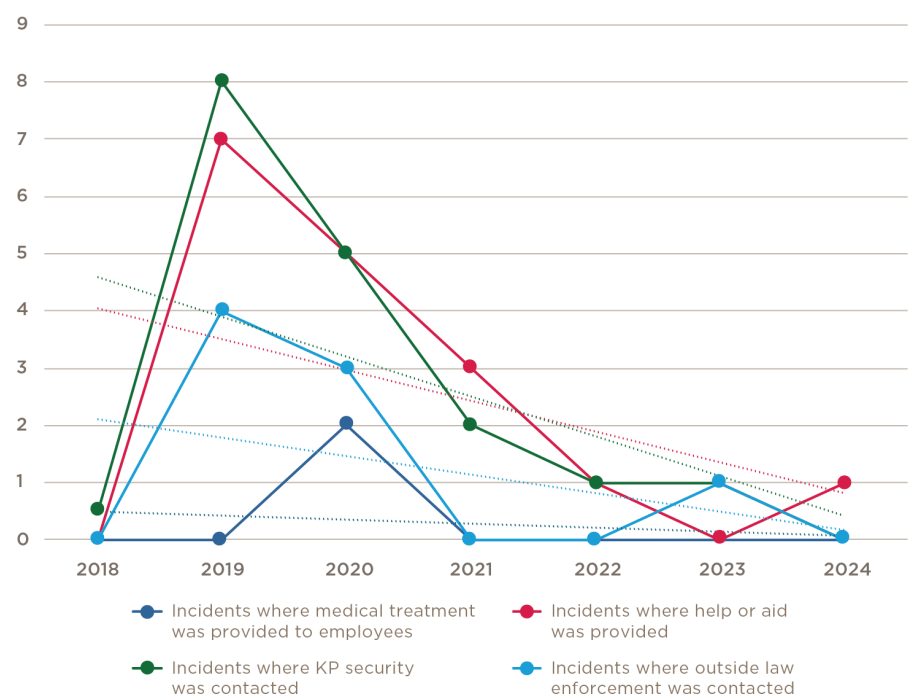
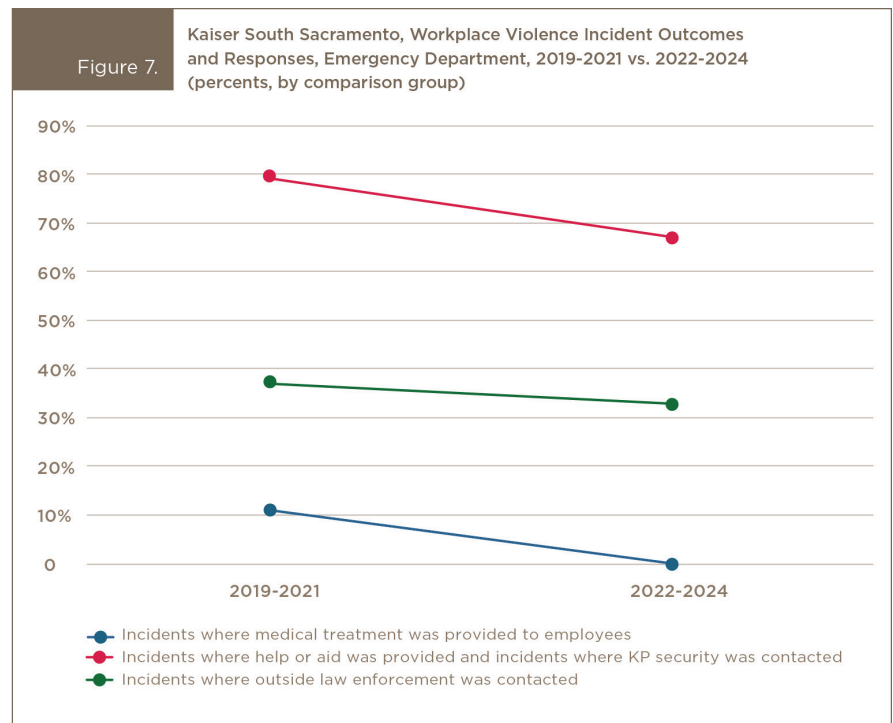


Figure 6. Kaiser South Sacramento, Workplace Violence Incident Outcomes and Responses, Emergency Department, 2019-2023 (number of incidents, by year)



of workplace incidents and injuries observed in the MOBs over the study period.

- › After implementation of the prevention measures, there was a decrease in the proportion of violent incidents where medical treatment was provided, KP security was contacted, help or aid was provided, and outside law enforcement was contacted (comparing 2022-2024 to 2019-2021, Figure 7). This supports the idea that there was a decrease in the severity of workplace incidents and injuries observed in the MOBs over the study period, which may be attributed to the original purpose of the prevention measures — to prevent violent incidences from occurring in the first place (not just assist in proper incident responses).
- › 15 out of 24 (63 percent) log entries contained information, though at times brief, about the actions taken to protect employees from continuing threats, if any. Taking action after incidents to prevent similar incidents from occurring is an important part of an effective workplace violence prevention plan.



ENDNOTES

- 1 Cal/OSHA 300 logs are required by 8 CCR Section 14300 and following. Violent Incident Logs are required to be maintained by California health care employers covered by Cal/OSHA's Workplace Violence Prevention in Health Care Standard, 8 CCR Section 3342.
- 2 8 CCR Section 143.000.7
- 3 Arnetz, J., L. Hamblin, et al., "Underreporting of Workplace Violence," *Workplace Health Saf*, 2015, 63(2): 200-10, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5006066/>.
- 4 National Nurses United, "High and Rising Rates of Workplace Violence and Employer Failure to Implement Effective Prevention Strategies is Contributing to the Staggering Crisis," February 2024, nnu.org/sites/default/files/nnu/documents/0224_Workplace_Violence_Report.pdf (Accessed July 19, 2024). Brigo, F., A. Zaboli, et al., "The impact of COVID-19 pandemic on temporal trends of workplace violence against healthcare workers in the emergency department," *Health Policy*, 2022, 126(11): 1110-6, <https://doi.org/10.1016/j.healthpol.2022.09.010>.