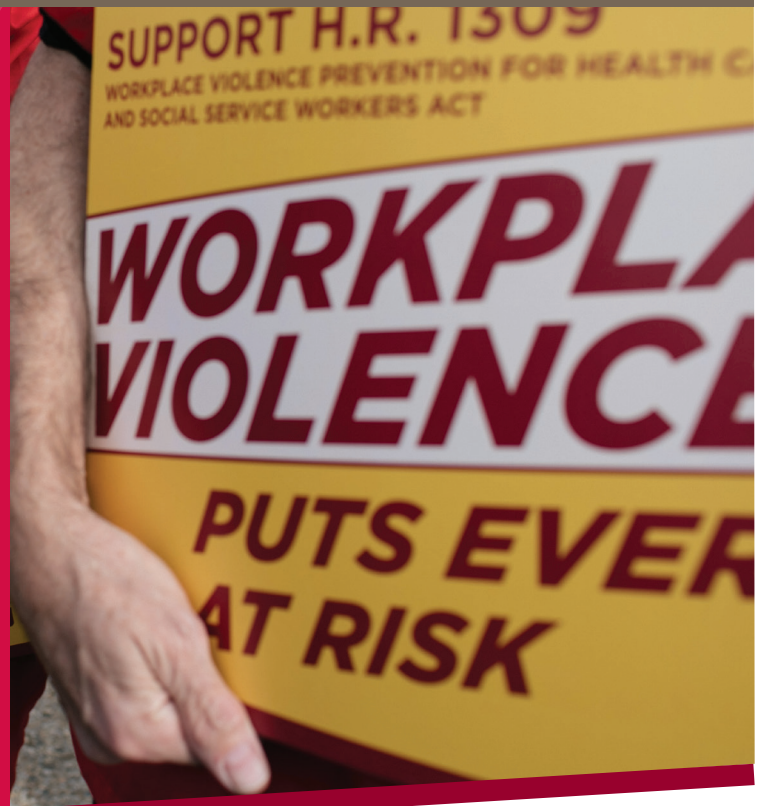


California Workplace Violence Case Study

UNIVERSITY OF CALIFORNIA,
LOS ANGELES

MAY 2025



PROJECT OVERVIEW

This project analyzed workplace violence incident and injury data, acquired by a union request for information, at the Ronald Reagan UCLA Medical Center Medical-Surgical (med-surg) Specialty Unit (6 West). 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/workplace-violence-prevention-ca.

The results of this case study underline the importance of Cal/OSHA's requirement for employers to obtain the active involvement of nurses and other health care workers in creating and implementing workplace violence prevention plans. Significant improvements in workplace safety have resulted in UCLA's 6-West med-surg unit because unit managers actively engaged the expertise of direct care nurses on the unit in formulating workplace violence prevention measures.



California
Nurses
Association



National
Nurses
United

PREVENTION MEASURES

Prevention measures that have been implemented in the UCLA 6W med-surg unit due to CNA/NNU member advocacy and engagement include:

- » **January 2020:** Crisis Prevention Intervention (CPI) training courses began to be offered to RNs and other staff. A completion rate of 70 percent of med-surg RNs and care partners for CPI training courses was achieved. These courses were designed to help nurses recognize, de-escalate and prevent potential aggressive or violent situations.
- » **March 2020:** CNA nurses launched a workplace violence initiative to help mitigate and prevent the rise in violent incidents. Code gray emergency bags filled with restraints, isolation gowns, IV start kits, PPE, and other items were created and placed in each patient's bedside as a resource for nurses.
- » **August 2021:** Data was utilized from UCLA Health Safety Opportunities for Improvement (SOFI) electronic incident reports to identify potential triggers for violent behavior. A grey dot signage system was implemented and placed outside a patient's room to alert staff of any potential risk of violent or aggressive behavior.
- » **October 2022:** Badge security buttons were introduced so that nurses can immediately alert hospital security staff to the user's name and precise location where the workplace violence incident or threat is occurring.



KEY FINDINGS

NUMBER OF INCIDENTS

Following implementation of prevention measures starting in March 2020, the number of workplace violent incidents reported at the University of California Los Angeles (UCLA) Medical Surgical Specialty Unit (5 West) varied over time, steadily rising from 2022 to 2024. Injuries related to violent incidents have remained relatively consistent since 2019. Most of the work-related injuries recorded occurred in Q3 of 2023 and Q1 of 2024, which is consistent with the spike in violent incidents during this period.

INCREASED AWARENESS

Implementation of these measures that primarily focused on identifying risk factors for violent and aggressive behavior very likely increased awareness and recognition among staff and reporting of violent incidents.

NEED TO IMPROVE RESOURCES

Excessive use of physical restraints and an increase in the number of incidents where UCPD was contacted is likely indicative of a need to improve internal resources related to workplace violence prevention and incident response.

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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 The logs were provided by the employer to the union upon request and data on violence-related incidents and injuries for the med-surg unit from January 1, 2019 through May 7, 2024 was extracted. Information on timeline and implementation of workplace violence prevention measures was gathered through interviews with union members and staff.

In the Cal/OSHA 300 logs, work-related injuries where the description clearly indicated a violent incident (e.g., patient hit staff, patient bite) were identified. It should be noted that there are multiple injuries recorded on the employer's OSHA 300 logs that could have been caused by workplace violence but no or insufficient information was provided by the employer in the log to accurately evaluate the cause of the injury, despite requirements that Cal/OSHA 300 log entries include a description of the "object/substance that directly injured or made the person ill."²

Additionally, 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.³

Additionally, incidents recorded on the Violent Incident Log were analyzed and added to the injuries recorded on the employer's Cal/OSHA 300 log. Injuries that were recorded on both logs were only counted once. No injuries were recorded on both the Violent Incident Log and the Cal/OSHA 300 log. There were five violent incidents where at least one physical injury to an employee was noted on the Violent Incident Log that were not recorded on the employer's Cal/OSHA 300 log. There were three violence-related injuries recorded on the employer's Cal/OSHA 300 log where the location was not specified. The Violent Incident Log recorded eight incidents where it was noted that no physical injury



occurred. About 65 percent of incidents had insufficient information that were entered into the Violent Incident Log to determine whether a physical injury had occurred to employees.

In addition to reported injuries, violent incidents that were reported in the med-surg unit were identified and data was analyzed over time. The Violent Incident Log may capture only a portion of violent incidents that have occurred in the med-surg unit 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.⁴

OBSERVATIONS

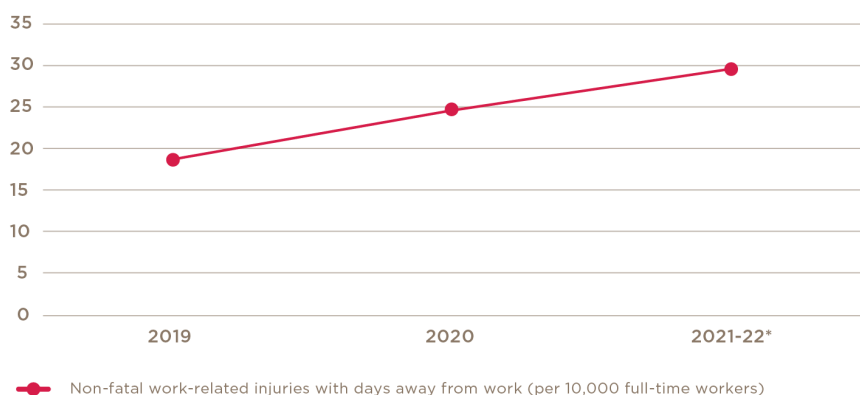
In the state of California, workplace violence in health care settings has generally trended upward since 2019 (Figure 1). Significant increases in workplace violence since the beginning of the Covid-19 pandemic (2020) have been noted in multiple studies.⁵

In the Med-Surg Unit (6 West) at Ronald Reagan UCLA Medical Center, several observations were noted regarding workplace violence incidents and injuries:

- » A total of 37 violent incidents and seven violence-related injuries to employees were recorded in 6 West during the study period (January 1, 2019 – May 7, 2024).
- » Figures 2 and 3 show violent incident and injury rate changes over time; figures 4 and 5 show corresponding outcomes and responses. Figures 2 and 4 show changes by year only from 2019 – 2023 as data for 2024 is an incomplete set. Figures 3a and 3b show changes by quarter

Figure 1.

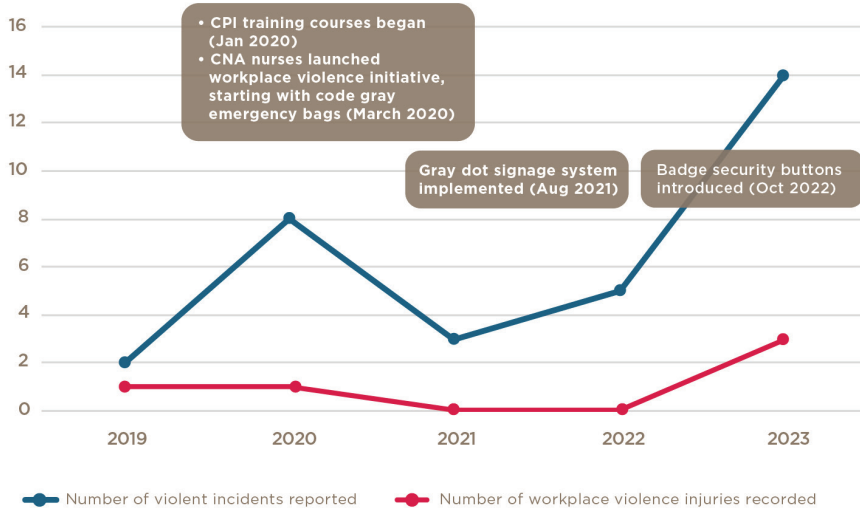
Workplace Violence-Related Injuries to Workers in Private Hospitals in California, (Bureau of Labor Statistics, 2019 - 2022)



*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.

UCLA, Workplace Violence Incident and Injury Rates in the Med-Surg Unit, 2019 - 2023* (by year)

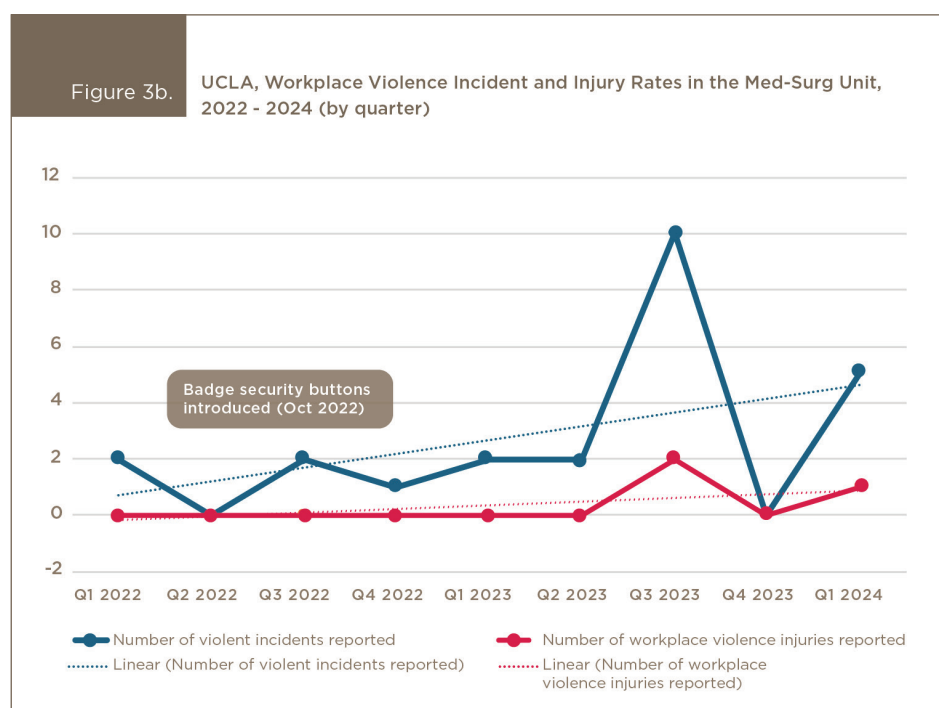
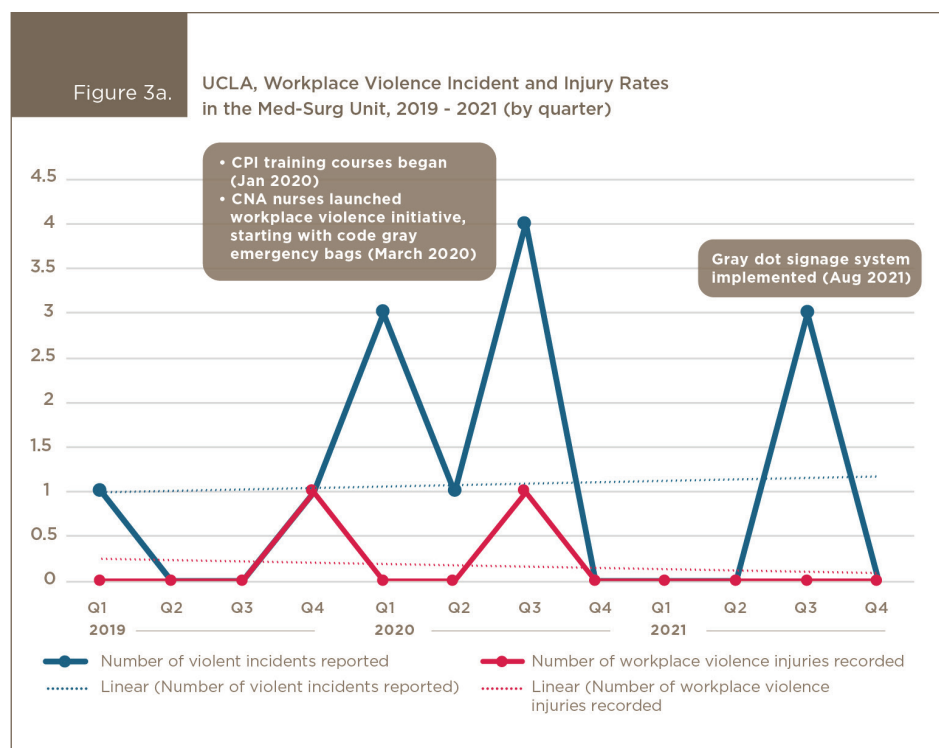


*Data for 2024 is not included as it provides an incomplete set for the year.

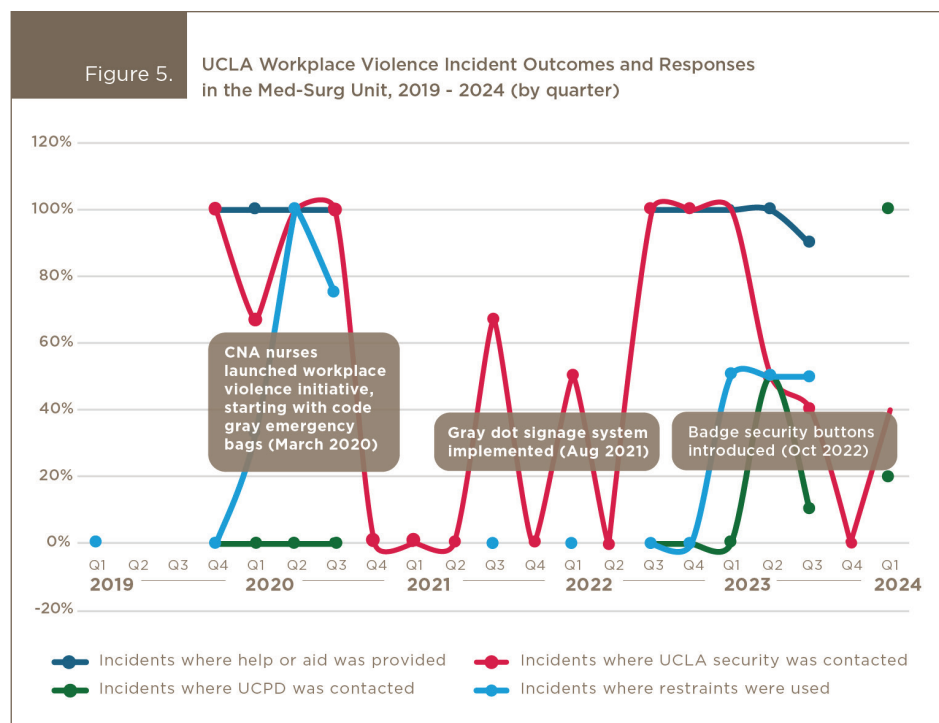
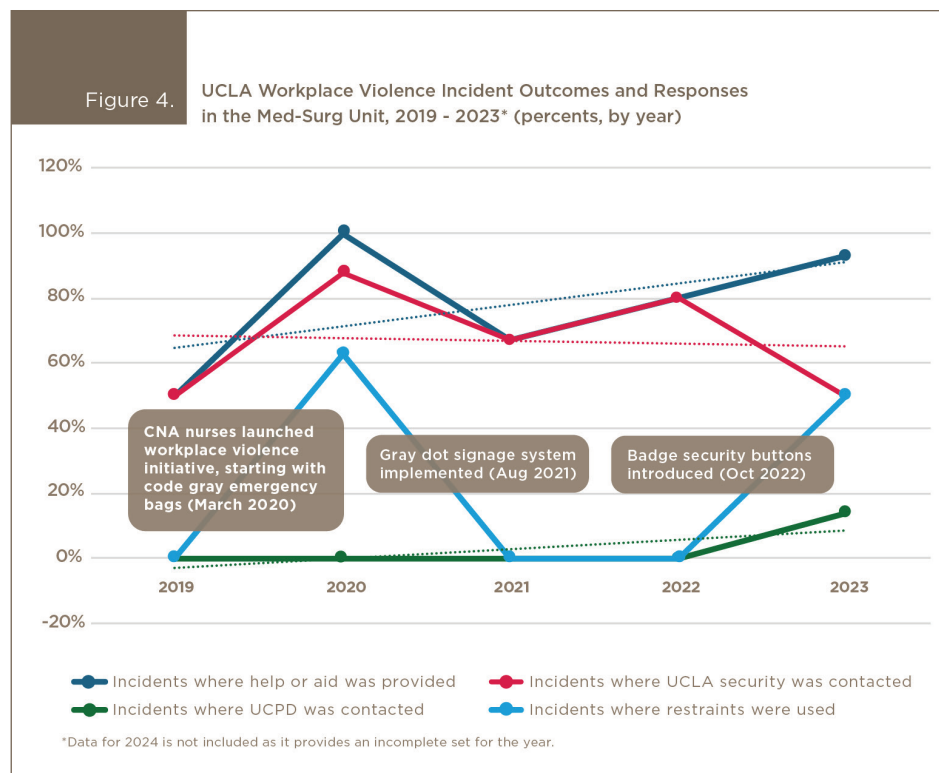
from Q1 2019 – Q4 2021 and Q1 2022 – Q1 2024, respectively. Figure 4 shows changes by quarter from Q1 2019 – Q1 2024.

› Following implementation of prevention measures starting in March 2020, the number of reported workplace violent incidents varied over time particularly from 2019 to 2021 and steadily rose from 2022 to 2024. There was a notable increase in reported workplace violent incidents in Q3 of 2023 – about 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 Q3 of 2023. One explanation for the increase in workplace violence incidents is likely attributed to the implementation of preventive workplace violence interventions (e.g., alarm systems and training). Such measures that primarily focus on proactively identifying risk factors for violent and aggressive behavior very likely increased awareness and recognition among staff which consequently increased reporting of violent incidents.

› Injuries related to violent incidents have remained relatively consistent since 2019. Most of the work-related injuries recorded occurred in Q3 of 2023 and Q1 of 2024, which is consistent with the spike in violent incidents during this period.



- » The vast majority of reported violent incidents were perpetrated by patients. Only three incidents were reported as perpetrated by a family member of a patient (data not shown).
- » There was not significant variation over time in the locations of violent incidents in the med-surg unit. The majority of incidents (33 out of 37 incidents) were recorded as occurring in the patient's room while the remainder occurred in the hallway or "other area."
- » Employers are required to record information in the Violent Incident Log about circumstances at the time of violent incidents. The vast majority (34 out of 37 incidents) were classified as occurring while employees were "completing usual job duties," while the remainder had insufficient information to determine the circumstances in which the incidents occurred.
- » None of the work-related incidents or injuries were reported as incurring any lost time or days away from work.
- » Figures 4 (by year) and 5 (by quarter) examine data regarding responses to violent incidents as reported by the employer in the Violent Incident Logs.



Since 2019, the number of incidents where UCLA workplace security was contacted was variable but there was a steady rise in the number of incidents where help or aid was provided to employees. However, there were a few incidents, particularly in 2023, where UCLA Police Department (UCPD) was contacted for reasons that they had not been contacted for in

prior years, which could signal a need to improve internal resources such as staffing related to workplace violence prevention and incident response. There was an increase in restraint use from Q4 2019 to Q2 2020 and Q4 2022 to Q3 2023. Overall, of the 30 reported violent incidents that contained information about actions taken to protect employees from any continuing threat, 46 percent were provided restraints. This finding raises the question of whether nurses in the med-surg unit experienced unsafe staffing during periods of increased restraint use. Use of patient restraints frequently increases when staffing is insufficient as nurses are provided with fewer options by their employer to protect them from workplace violence. Excessive use of patient restraints is not only harmful to patients but is often indicative of a health care employer's reliance on restrictive rather than preventive measures such as safe staffing. While RNs and other health care workers have the right to contact local law enforcement, it should be a last resort, and it is the employer's responsibility to ensure effective prevention and response plans in the workplace that are geared towards providing a safe, therapeutic environment for both patients and staff.

- › Notably, only one incident was reported where medical treatment was provided to an employee (data not shown). It is unclear whether this represents the actual number of incidents where employees required medical treatment, or a gap in the employer's response in providing medical treatment as part of incident response.

NOTES

- 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 California Department of Industrial Relations, Division of Occupational Safety and Health, "Appendix D- Required Elements for the Cal/OSHA 300 Equivalent Form," <https://www.dir.ca.gov/DOSH/DoshReg/AppndxDFinal.htm> (Accessed July 18, 2024).
- 3 8 CCR Section 143.000.7
- 4 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/>.
- 5 National Nurses United, "High and Rising Rates of Workplace Violence and Employer Failure to Implement Effective Prevention Strategies is Contributing to the Staffing 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>.