



A Union of Professionals

AFT Nurses and Health Professionals

WORKPLACE VIOLENCE IS NOT PART OF THE JOB

ASK YOUR SENATORS TO SUPPORT THE WORKPLACE VIOLENCE PREVENTION FOR HEALTH CARE AND SOCIAL SERVICE WORKERS ACT, S. 851.

When you began your healthcare career, you probably did not expect assaults and threats to be part of your job description—yet incidents of violence from patients, clients or visitors have become all too common. Healthcare and social services workers experience **71 percent of reported workplace violence injuries**, and they are nearly **five times more likely** to be assaulted at work than the rest of the labor force. **Homicides nearly doubled for healthcare and social assistance workers in the last two years.**¹

Prevention Is Possible

Since 1996, the Occupational Safety and Health Administration has offered guidance to employers on how to prevent violence through comprehensive programs. Research has shown that these programs can reduce the number and severity of assaults.² But because OSHA guidance is voluntary, many employers have either failed to adopt programs or only partially implemented them. **Meanwhile, between 2008 and 2018, the rate of violent injuries grew by 143 percent in hospitals, 149 percent in psychiatric hospitals and substance use treatment facilities, and 151 percent in social services settings.**³ Workplace homicides nearly doubled for workers in healthcare and social services in the last two years.

In 2016, the AFT petitioned OSHA to set an enforceable standard to protect workers in the healthcare and social services industries, but the standard has languished during the Trump administration.

It's Time for Congress to Require OSHA to Set a Standard

Senator Tammy Baldwin has introduced the *Workplace Violence Prevention for Health Care and Social Service Workers Act of 2019*, S. 851 in the Senate. The House of Representatives passed the companion bill in November with bi-partisan support. This bill will direct OSHA to

Workplace violence often results in serious, even career-ending injuries. The AFT has members who have been choked, stabbed or thrown against walls. Many have suffered fractures, brain injuries, post-traumatic stress disorder, and even death.

"I went into the patient's room to do vitals and give meds and he grabbed me twice, but I was able to get away. I told my manager, but nothing was done. I had to return to his room to take care of his IV. He grabbed me and I couldn't get away. He threw the IV pole at me. I managed to activate the code blue button, but he picked up the monitor and threw it at me, hitting my leg. I still think about how scared I was, and nobody cared."

— Bev, RN, Lewistown, Mont.

"A patient's tight fist to my jaw knocked me to the floor, shattering my leg bone at my hip. Excruciating pain, immediate surgery, months of rehab, residual pain, and shock of being violated resulted. The fear and angst are always with me. Within eight years, I had two more violent assaults requiring major surgeries, lengthy rehabs, and trauma counseling, ending my nursing career. Feeling vulnerable and distressed emotionally, I could no longer face the dangers at my workplace. It was just too much."

— Helene Andrews, RN, Danbury, Conn.

The **American Federation of Teachers** is a union of professionals that champions fairness; democracy; economic opportunity; and high-quality public education, healthcare and public services for our students, their families and our communities. We are committed to advancing these principles through community engagement, organizing, collective bargaining and political activism, and especially through the work our members do.

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develop an interim standard within one year of the bill's passage and a final standard within 3.5 years. The standard will require healthcare and social services employers to implement and maintain comprehensive workplace violence prevention programs with meaningful participation of direct care employees. The bill defines workplace violence as the threat or use of physical force against an employee, regardless of whether an injury is sustained.

The standard will cover most healthcare settings and many social service settings, including general and specialty hospitals; psychiatric and substance use treatment centers; hospital-licensed in-patient or out-patient clinics; skilled nursing homes, hospice, and long-term care facilities; non-residential treatment or service settings; treatment settings in corrections; community care settings, including group homes and mental health clinics; home healthcare services; and emergency services. It will cover direct employees and contracted workers. Public facilities not otherwise covered by a state OSHA that accept funding for Medicare will be covered.

Employers will be responsible for implementation of a plan based on an assessment of hazards in the workplace. Solutions must be site-specific and can include equipment and policies that help to protect workers, such as cameras, panic buttons, barriers and additional exits; posting of additional security staff; preventing staff from working in isolation; flagging patients or clients with a history of violence; and regular training.

Reporting Incidents of Workplace Violence

Employers must develop a process to report assaults, near misses and threats, and they must respond by investigating incidents in a timely manner. Retaliation against an employee for reporting workplace violence will be prohibited.

OSHA will require employers to keep a log of all incidents of workplace violence. Employers must evaluate the program and send a report to OSHA on an annual basis. They must also post a summary of the log where employees can see it. Employees and their representatives can request copies of the incident log at any time.

Better Training Required

All staff, including contract staff, will receive annual workplace violence prevention training—in person from qualified instructors. Workers will have the opportunity to ask questions and request additional training. New employees will be trained prior to assignment, and workers whose job circumstances have changed have the right to additional training. Staff will receive supplemental training after significant violent incidents. Managers and supervisors will be trained to recognize hazards so they can avoid assigning employees to risky situations.

Enforcement Matters

The standard will give OSHA a tool to protect healthcare and social service workers from violence. Employers who fail to implement the standard or who retaliate against an employee for reporting violence will be cited.

Violence is not part of the job. Prevention is possible—comprehensive prevention programs will reduce the number and severity of future incidents, allowing us to care for our patients and clients.



Please contact your senators and ask them to sponsor S. 851, the *Workplace Violence Prevention for Health Care and Social Service Workers Act*, by calling 202-224-3121.

Endnotes

- 1 U.S. Bureau of Labor Statistics, *Survey of Occupational Injuries and Illnesses* (Washington, D.C.: Department of Labor, 2018).
- 2 Government Accountability Office, *Workplace Safety and Health: Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence*, GSO-16-11 (Washington, D.C., 2016).
- 3 BLS, *Survey of Occupational Injuries and Illnesses*.