WORKPLACE VIOLENCE

IN THE HEALTHCARE SETTING

TRAUMA IN A PLACE OF HEALING

It used to be healthcare's dirty little secret: violence in healthcare settings is frequent and pervasive. But a combination of the COVID-19 pandemic, the mass exodus of healthcare workers from the profession and high-profile active shooter events has heightened the public's awareness about the ongoing and rising risk of violence in what should be a place of healing. Violence against healthcare workers, and in particular nurses, is now at an all-time high.

Who Commits Violence in Healthcare?

Surveys and OSHA records indicate that the primary sources of violence in healthcare are patients and visitors. Typically, 90% or more healthcare incidents involve these two groups. Knowing who is involved and why many incidents take place is important when deciding what actions to take for change.

Violence on the Rise

In the past violence has been attributed mostly to behavioral health and emergency departments. However, healthcare workers now report violent incidents regularly occurring in every part of the healthcare environment. Data gathered by the federal government reflects this rising rate. In the 15 years between 2006–2020, the incidence rate of workplace violence events increased 70% in health care and social assistance (private industry). Health care and social service workers experience the highest rate of serious injury due to workplace violence. For example, in 2020 10.3 out of 10,000 healthcare and social service workers were injured due to workplace violence. For all other workers, the rate was 4.0 per 10,000 workers. For healthcare workers in psychiatric hospitals, the rate was even higher with 164.7 per 10,000 workers experiencing serious injury due to violence (source: U.S. Bureau of Labor Statistics).

NYSNA and NNU's own data also confirm this uptick in violence. In a recent NNU survey, 67% of nurses reported that workplace violence has increased in the past year. And a similar number of NYSNA members report that they have experienced violence on the job.

THE CAUSES

There are many reasons for the rise in workplace violence in healthcare settings:

- A lack of sustained and comprehensive violence prevention programs on the part of management.

- Short staffing which leads to long waits and lack of timely communication, increasing patient and visitor frustration and anger.

- Lack of patient care units that are equipped to handle patients with a combination of psychiatric and physical illness.

- Lack of mental health resources, both within healthcare facilities and in the community, resulting in preventable escalation of behavioral symptoms.

- Inadequate access controls.

- Lack of protocols to address the challenges of patients and visitors with a history of violent behavior.

- Inadequate weapon-detection screening.

- Increased access to guns.

Most importantly, violence in healthcare settings is rising because employers are not taking the steps necessary to limit it. While employers state they have "zero tolerance" for violence, in fact they allow it to occur on a daily basis.
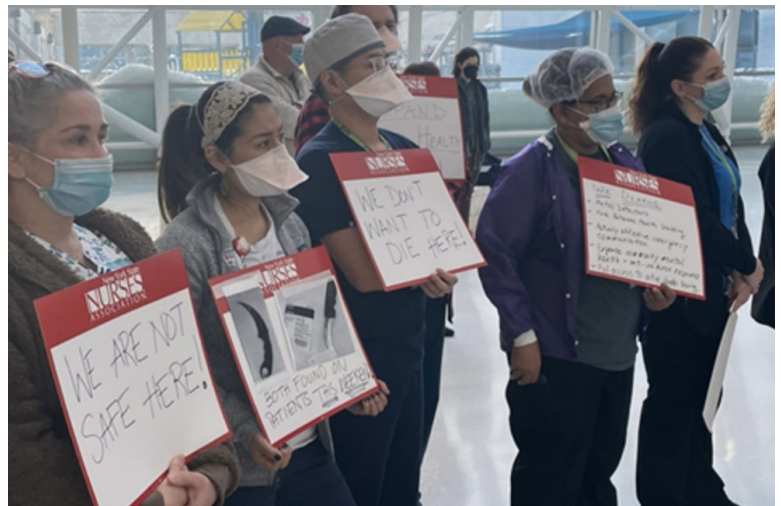
When We Fight, We Win

NYSNA members have joined together at many healthcare facilities to fight for workplace violence controls, both large and small.

In the wake of a shooting in the **NYC H+H Jacobi Medical Center** ED, NYSNA members quickly made signs and appeared at NYC Mayor Adams' press conference at the facility. They challenged the mayor directly to address safety concerns at the hospital. The mayor and top staff met with NYSNA several times and pushed the hospital to make changes in the ED including barriers, an improved emergency communication system and a weapon-detection system.

Members at **The Brooklyn Hospital Center** recently met with management to discuss a range of violence issues, including incidents that were taking place in the emergency department. Management made adjustments to visitation, corrected issues with doors and locks, and installed new weapon-detection technology to keep weapons out. Not long after, Wyckoff Heights Medical Center in Brooklyn, another resource-strapped safety net hospital, followed suit and installed a weapon-detection system at their campus.

Members at **St. Joseph's Hospital** on Long Island organized a sticker and car sign day to protest management's refusal to improve safety in the ED triage area. They won improvements.

Members at **Erie County Medical Center** in Buffalo, fed up with insufficient support for patients' mental health needs, met with management and won additional resources for patients, including an advanced practice mental health nurse. More recently, members in the CPEP used Tik Tok to protest nurse to patient ratios of 1 to 30 or more, getting coverage in the process from local television stations. As a result of ongoing activism by ECMC nurses on workplace violence issues, NYSNA members succeeded in winning significant workplace violence improvements during recent contract negotiations.

Members at **Richmond University Medical Center** in Staten Island, experiencing an escalation in assaults and threats, organized a months' long campaign. They collected data on how many times patients entered the nurses' station in threatening ways, they filed a complaint with OSHA, held meetings and prepared testimony for the OSHA inspector. They won improved staffing, better visitor access control, the installation of a weapon-detection system, and improvements to nurses' station design.

NYSNA, 1199 and Doctors Council members at **Correctional Health Services**, part of NYC Health + Hospitals, reached out to government agencies, the media, the New York City Council and others when violence at Rikers Island shot up in the wake of management closing the jail's intake center. They were able to get the city to reopen the center, reducing the very immediate dangers of that situation, but continue the major job of dealing with violence in this environment.

NYSNA members, along with other union members at **Montefiore Medical Center's Moses Campus** in the Bronx, launched a multi-year campaign over violence in the ED using petitions, media outreach (getting [NY Daily News](#) and [NBC coverage](#)), data gathering and OSHA and Department of Health complaints. In late 2021, OSHA cited Montefiore over violence hazards, requiring them to put in place many protective measures. Montefiore dropped its appeal of the citations, paving the way for improvements to take place. Meanwhile, members organized and went on strike for a strong contract with unprecedented language regarding ED staffing, recruitment and retention.

DAILY NEWS

CRITICAL CONDITION

Montefiore nurses: Patients suffer in dangerous and crowded emergency room

Organizing to Prevent Violence

There is still minimal regulatory support related to violence in healthcare. Therefore, winning improvements and protections typically requires a planned series of escalating actions. Here are some of the key steps used by NYSNA members to get results:

- **Who, what, when, where, why?** Gather data on workplace violence incidents at your facility. Who is responsible for most acts of violence? What type of violence is occurring (verbal threats, physical assaults, use of weapons)? When are violent incidents occurring (nights, weekends, holidays)? Where are violent incidents occurring (nurses' stations, patient rooms, waiting areas, parking lots, isolated areas)? Why are violent incidents occurring and what are the triggers (long waits, lack of mental health resources, inadequate staffing to observe and respond to patients with escalating behaviors, facility policies)?

- **Identify risk.** Once data has been gathered and reviewed, identify those areas, times, locations and triggers that result in the most frequent or most severe incidents.

- **Choose your goals.** Based on your risk assessment, choose specific controls that would limit the risk of violence. For example, if there is a high risk of violence in the ED because of unmet mental health needs,

a goal may be always staffing the ED with a mental health professional so that appropriate care can be provided before behavior escalates to violence. If weapons have been used in violent incidents, or to threaten violence, a weapon-detection system may be needed. If patients or visitors frequently enter staff-only areas, improved barrier controls and keycard-activated locks should be installed.

- **Create a plan of action.** Once you've chosen your goals, create an action plan to pressure management to implement the workplace violence controls you've determined would be most effective. An action plan includes identifying members who will speak up on this issue, using labor-management forums to discuss your demands with management, planning and carrying out actions beyond the meeting table to increase the heat on management including petitions, a walk on the boss, button and flyer campaigns, vigils, press conferences, etc. If your LBU is in contract negotiations, consider adding workplace violence prevention demands to your bargaining agenda.

ADDITIONAL TOOLS IN YOUR VIOLENCE PREVENTION TOOLBOX

Collective Bargaining Agreement

Your collective bargaining agreement (union contract) may have specific language on workplace violence prevention. This language may include labor-management committees to discuss and address workplace violence risks, written policies and procedures, joint investigations and/or rights to protected time off in the event of an on-the-job assault.

Civil Service Protections

NYS civil service law provides up to 2 years' leave (with job protection) for public sector workers injured due to on-the-job assault. Public sector workers in NYC may also be eligible for paid leave grants if they suffer an on-the-job assault. For more information contact your facility's leaves administrator, your NYSNA representative, or the NYSNA Occupational Health and Safety representatives.

OSHA/PESH

OSHA, which covers private-sector workers, does not currently have a workplace violence prevention standard. However, federal legislation has been introduced that would require OSHA to create a workplace violence prevention standard for private sector healthcare and social service workers. In the meantime, in rare cases, OSHA may cite an employer for inadequate workplace violence prevention using the General Duty Clause (Section 5[a][1] of the Occupational Safety and Health Act of 1970). General Duty Clause citations are extremely difficult to obtain, particularly regarding workplace violence. Therefore, it is strongly advised that, before filing a workplace violence complaint with OSHA, check in with NYSNA's Occupational Health and Safety representatives who can assist with building a strong case.

PESH, which covers public sector workers in NYS, does have a workplace violence prevention standard. 12 NYCRR Part 800.6 requires public sector employers to conduct workplace violence assessments, implement workplace violence controls, create a written workplace violence policy and program, and conduct annual evaluations and training. All of this must be done with input from frontline workers and their union representatives.

The Joint Commission

TJC's new and updated workplace violence standards went into effect in 2022. These standards, listed below, apply to all Joint Commission-accredited hospitals and critical access hospitals:

- Standard EC.02.01.01

    EP17: The hospital conducts an annual worksite analysis related to its workplace violence prevention program. The hospital takes actions to mitigate or resolve the workplace violence safety and security risks based upon findings from the analysis. (See also EC.04.01.01, EP 1)

    Note: A worksite analysis includes a proactive analysis of the worksite, an investigation of the hospital's workplace violence incidents, and an analysis of how the program's policies and procedures, training, education, and environmental design reflect best practices and conform to applicable laws and regulations.

- Standard EC.04.01.01

    EP1: TJC adds the following to its list of items to be continually monitored, reported and investigated: Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence.

    EP6: Based on its process(es), the hospital reports and investigates the following: Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence.

- Standard HR.01.05.03

    EP 29: As part of its workplace violence prevention program, the hospital provides training, education, and resources (at time of hire, annually, and whenever changes occur regarding the workplace violence prevention program) to leadership, staff, and licensed practitioners.

The hospital determines what aspects of training are appropriate for individuals based on their roles and responsibilities. The training, education, and resources address prevention, recognition, response, and reporting of workplace violence as follows:

- What constitutes workplace violence
- Education on the roles and responsibilities of leadership, clinical staff, security personnel, and external law enforcement
- Training in de-escalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents
- The reporting process for workplace violence incidents

- Standard LD.03.01.01

    EP 9: The hospital has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team that includes the following:
    - Policies and procedures to prevent and respond to workplace violence
    - A process to report incidents in order to analyze incidents and trends
    - A process for follow up and support to victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary
    - Reporting of workplace violence incidents to the governing body

Centers from Medicare and Medicaid Services

In late 2022, CMS issued a memorandum to hospitals related to workplace violence (QSO-23-04-Hospitals). The memorandum states that, "Workers in hospitals, nursing homes, and other healthcare settings face risks of workplace violence. Many factors contribute to this risk, including working directly with people who have a history of aggressive behavior, behavioral issues, or may be under the influence of drugs." The memo goes on to state that, "CMS will continue to enforce the regulatory expectations that patient and staff have an environment that prioritizes their safety to ensure effective delivery of healthcare." CMS has cited hospitals for inadequate workplace violence protections.

NYS Felony Assault Law

What is commonly referred to as New York's "Felony Assault Law," is actual an amendment of the NYS Penal Code that allows for elevation of the charge for assaulting a nurse from a misdemeanor to a felony. NYS Penal Law §120.05, Assault in the Second Degree, allows a felony charge to be issued against a perpetrator who assaults a nurse in the course of their work if the assault causes "physical injury" as opposed to "serious physical injury" (which is usually required for a felony charge). Physical injury is legally defined as, "impairment of physical condition or substantial pain." In other words, this amendment to the NYS Penal Code sets a lower bar for filing felony charges against a perpetrator who assaults a nurse than the bar set for a typical assault case. However, felony charges in these cases remain difficult to attain for various reasons. In addition, they rarely serve as a deterrent to assault. NYSNA members who have been assaulted on the job and wish to file charges against their assailant should immediately contact their NYSNA representative as well as the NYSNA Occupational Health and Safety representatives for assistance and support.

Media Coverage: Getting the Story Out

In cases where meeting with management or starting a grievance gets results, by all means use these measures. When the going is a bit tougher, however, it is time to consider steps that can both build member support and get management's attention. Even intra-NYSNA communication, via the New York Nurse or social media, can be helpful. Where more action is needed, NYSNA members have shown that they can get coverage from local TV stations, the Daily News, New York Times, Times Union and other newspapers, and even national coverage on NBC.

WORKPLACE VIOLENCE PROTECTIONS CHECKLIST

This checklist covers many of the measures that can be used to reduce the risk of violence in healthcare. Speaking directly to members about conditions in their work areas enhances the checklist and is often the best tool that can be used to develop demands and an action plan. Are these proven methods to decrease the risk of violence in place at your facility?

☐ All entry points have access control measures in place including, but not limited to:
- o Keycard locks and/or
- o Security personnel stationed at entry point,
- o Sign-in system for patients and visitors
- o Weapon-detection system

☐ Keycard access locks on all doors leading to staff-only areas.

☐ A "flagging" system in the electronic medical record for patients with a history of violence or violent threats with a designated safety protocol that allows for care to be provided in a way that does not put staff at risk of harm.

☐ A "flagging" system that allows security personnel to identify and limit access to visitors who have committed violent acts or threatened violent action in the past.

☐ A reporting system to track all workplace violence incidents, threats and near misses, including information on triggers and root causes.

☐ Wall and desk-mounted panic alarms and personal alarm systems with GPS location identification technology.

☐ Timely and adequate response from security personnel to panic alarms, personal alarms and/or calls for assistance.

☐ Partitions or other barriers at nurses' stations to prevent patients or visitors from throwing items into nurses' station or reaching into the nurses' station to grab staff.

☐ Locks on nurses' station doors to control access into the nurses' station.

☐ Adequate number of security personnel to staff designated security posts at all times.

☐ Clear line-of-site so that security personnel and others can see healthcare staff at all times.

☐ Security cameras that are monitored in real time by security personnel.

☐ Convex mirrors mounted on walls where vision may be limited such as turns in corridors.

☐ Visitation policies that are enforced by security personnel so that nursing staff are not subject to hostile interactions with visitors.

☐ Furniture and equipment arrangement so that staff can quickly exit the room safely if necessary.

☐ Ability to lock down units in case of an active shooter incident.

☐ Designated locked areas on each unit for staff to shelter safely in case of an active shooter incident.

☐ Access to mental health staff on non-behavioral health units so that timely care can be provided in order to prevent escalation of violent behaviors.

☐ Written workplace violence prevention program with designated managerial responsibilities and clear methods to report workplace violence risks and/or incidents.

☐ Public address systems can be clearly heard in every area of the facility.

☐ Threat Assessment Team in place to review workplace violence threats and assist with prevention of violent incidents, including active shooter events.

☐ Well-lit parking lots and walking areas around the facility.

For more information or for assistance regarding any workplace health and safety hazard, please contact your NYSNA representative or the NYSNA occupational health and safety representatives at healthandsafety@nysna.org.