

Workplace Violence Toolkit – Introduction

Contents

Introduction	ii.1
Toolkit Development	ii.1
Purpose and Structure of the Toolkit.....	ii.2
What’s New in the 2 nd Edition of the Toolkit?	ii.4
Compliance	ii.5
References and Resources	ii.6
WPV State Legislation: Oregon and Washington	ii.7
Felony Assault Laws related to health care workers– Oregon, Washington and Alaska	ii.8
Security Guards: Current laws and rules for Oregon and Washington	ii.9

Introduction

Toolkit Development

Each participating hospital in the WSI WPV project followed the same sequential step-by-step process when assessing and developing or strengthening their WPV programs.

Program development was designed to be participatory in nature to engage all stakeholders who are impacted by the WPV program, and to support culture change.

The WPV programs are structured to incorporate the evidence-based core elements that are recommended for development and management of effective and sustainable occupational safety programs, and mitigation of workplace hazards by the Occupational Safety and Health Administration (OSHA) and other professional safety entities. These program elements incorporate program requirements described in the Oregon workplace violence law i.e., Oregon Revised Statutes (ORS) 654.412 to 654.423, “Safety of Health Care Employees”.

Other elements that support ongoing program management and communication or social marketing of the WPV program are also included. Program elements are interrelated and provide the foundation for a systematic approach to implementing an effective program to address workplace violence in health care.

Workplace Violence Program Elements

A. Management Leadership	G. Hazard Control and Prevention
B. Employee Participation	a. <i>Engineering Controls</i>
C. Written Violence Prevention Policy	b. <i>Administrative and Work Practice Controls</i>
D. Program Management	H. Education & Training
E. Communications Structure	I. Ongoing Program Evaluation & Improvement
F. Hazard Identification & Assessment	WPV program elements are described further in Section 1 - Understanding Workplace Violence (WPV)

Tool(s) that support content in this Section

ii. [The Workplace Violence \(WPV\) Program Development, Implementation & Evaluation: Suggested Sequence of Activities](#)

Workplace Violence Toolkit – Introduction

The participating hospitals reported that the most frequent *type* of violence observed at each facility is that perpetrated by patients and visitors towards staff. This conclusion is also supported in workplace violence related literature.

Therefore, **the focus** of the WPV project at each facility was prevention and management of violence by **patients and visitors** towards staff within the hospital environment.

However, the participating hospitals have also reviewed or are in the process of reviewing, and developing or strengthening, policies and processes to manage other causes of violence such as, lateral violence or bullying between employees and domestic violence.

Tools and approaches offered in this toolkit are based on extensive review of existing violence prevention literature, evidence-based best practices, relevant standards, and regulations such as, Safety of Health Care Employees ORS 654.412 to 654.423.

Tools were developed in collaboration with the WPV committees at each hospital, and were evaluated and enhanced throughout the project. Lessons learned from implementation of WPV program activities are incorporated in this toolkit.

Purpose and Structure of the Toolkit

The purpose of this toolkit is to provide practical tools, resources and information that can be used by hospitals, and adapted for a range of other health care settings, to develop and sustain effective violence prevention programs. The toolkit is organized into sections and follows the WPV program elements listed above. The contents aim to provide a step-by-step approach to developing or assessing and enhancing a violence prevention program.

Tool ii. ‘Workplace Violence (WPV) Program Development, Implementation & Evaluation: Suggested Sequence of Activities Chart’ provides an overview of the program steps.

The focus of the toolkit is prevention and management of violence by *patients and visitors* towards staff however, references and resources related to other forms of violence in health care can be found in **Section 10 - Additional Resources**.

The toolkit will assist health care leadership and violence prevention committees and other stakeholders to:

- Evaluate the WPV program and individual violence prevention practices at their facility or within their organization, against current best practices in violence prevention.
- Identify and engage stakeholders and enhance the culture of worker and patient safety.

Workplace Violence Toolkit – Introduction

- Develop or strengthen the WPV program and policy by identifying processes that can be implemented to manage or control violence, and can address the risk of violence proactively.

A suggested framework and strategies to aid program implementation, evaluation and sustainability are also offered.

Tools and strategies provided should be customized to an organization’s culture and physical environment, and should take into account factors such as, the complexity of the patient population, facility size, resources available, and the barriers and gaps identified in that setting.

Tools are provided in several formats (e.g., Microsoft Word, Excel and/or Adobe PDF) so that they can be used, and/or customized as needed.

Reference articles that have been published within the last 10 years, and links to website resources relevant to program activities discussed in each section of the toolkit, are provided.

It is important to note that in the case of WPV programs, there is *insufficient evidence base* to support what type of program design, or combination of program elements, or approaches, are effective and sustainable in reducing incidence of violence in health care.

Therefore, it is intended that the approach to program development, the tools created, resources provided, and the lessons learned during the WSI WPV project, offer health care facilities a comprehensive resource to *facilitate* the development of WPV programs, and enhance an organization’s culture of safety for their employees and patients.

Although this toolkit offers a step-by-step approach to organize your WPV program implementation efforts program steps are not always sequential and are often interdependent. When using a *continuous improvement approach* to program management you may need to develop, implement, evaluate, and enhance some solutions and processes concurrently.

It is recommended that you (together with your WPV committee), read through the entire toolkit before starting to plan your approach to implementing a WPV program. This allows you to determine which sections of the toolkit are more relevant to your efforts, depending on what WPV program elements may already exist, and are effective at your facility.

Consider all phases of WPV program planning and implementation collectively within the context of a systems approach.

What's New in the 2nd Edition of the Toolkit?

- **Over 200 articles** related to health care WPV that have been published in peer-reviewed journals since the release of the original toolkit have been reviewed for inclusion in this 2nd edition of the toolkit.
- WPV resource materials published by health care related professional organizations, associations, and regulatory bodies since 2017 have been reviewed for inclusion.
- **Over 150 new references and resources** have been added to various Sections in the Toolkit and are noted as **New 2020**
- References to the **Washington State WPV Regulations** have been added throughout the toolkit.
- All **website links** have been updated.
- **Changes to Sections and Tools**
 - **Section 1 – Understanding WPV**, has been updated to include new statistics about the prevalence of WPV in health care and to specific health care professions; the cost of WPV to health care organizations and relationship to patient safety; and updated information about WPV regulations and Joint Commission recommendations for addressing WPV.
 - **Section 4 – Zero Tolerance WPV Policies, Duty to Care and CMS and OSHA regulations**
 - **Section 5 – Hazard Abatement**. Over 100 new references and resources have been added to this Section. New topic sections with supporting reference materials include: De-escalation; Trauma-Informed Care; Management of the Agitated Patient; and Behavioral Health Rapid Response Teams.

A summary of the current 'Evidence Based for WPV Programs and Interventions in Health Care' is also included
 - **Section 10. Additional Resources**, includes additional resources about Lateral Violence/Bullying; WPV in Home Health and Long-Term Care, and Domestic Violence
 - **New Tools**
 - 1a. Risk factors that increase the risk of Type II WPV
 - 1b. Comparison of Workplace Violence Laws for Health Care in Oregon and Washington States
 - 5g. Behavioral Health Rapid Response Teams (BHRRTs). A summary of best practices
 - 5h. An overview of de-escalation approaches to prevent and manage WPV
 - **Tools that have been updated**
 - Tool 3a. Gap Analysis which is updated to include requirements of the Washington State WPV law
 - 6a. Education and Training Plan
 - 8a. Program Measurement Plan

Workplace Violence Toolkit – Introduction

Compliance

The following **Oregon** regulations and rules apply specifically to workplace violence programs in hospitals, ambulatory care centers, and home health services that are owed by hospitals:

- Oregon Revised Statutes (ORS) 654.412 to 654.423, “Safety of Health Care Employees”
- Oregon Administrative Rules (OAR) 437-001-0706, “Recordkeeping for Health Care Assaults”

The following applies if a health care facility has security services that are staffed by employees or by contract personnel:

- OAR Division 60 (OAR 259-060:0005-0600) ‘Private security Services Providers Rules’

The following **Washington State** regulations and rules apply specifically to workplace violence programs in hospitals (private and public), ambulatory surgical facilities, home health, hospice, and home care agencies, evaluation and treatment facilities, and behavioral health programs.

- Revised Code of Washington (RCW). Chapter 49.19 RCW-SAFETY—HEALTH CARE SETTINGS RCW 49.19.005 to 49.19.070.
- RCW Chapter 72.23 Public and Private Facilities for the Mentally Ill
 - RCW 72.23.400 Workplace safety plan – State hospitals
 - RCW 72.23.410 Violence prevention training – State hospitals
 - RCW 72.23.420 Record of violent acts – State hospitals
- RCW Chapter 18.170 RCW: Security guards
- WACs Chapter 308-18 WAC: Private security guard companies and private security guards

Links to all relevant state laws are provided in the Reference and Resources

When developing and implementing the violence prevention program in addition to complying with the above state regulations and rules, it is essential to ensure compliance with:

- Specific hospital policies and procedures;
- The Joint Commission or DNV GL Health care accreditation requirements; and
- Center for Medicare & Medicaid Services (CMS) rules (e.g. rules that are applicable to

Workplace Violence Toolkit – Introduction

the use of restraints and seclusion of patients);

- Any other related Occupational Safety and Health Administration (OSHA) standards such as the ‘General Duty Clause’ where employers have a general duty to “furnish to each of his employees’ employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees.”; and
- The rules and requirements of other state and federal agencies.

References and Resources

2013 OSHA publications

https://www.osha.gov/dsg/hospitals/mgmt_tools_resources.html

- **Safety and Health Management Systems (OSHA) and Joint Commission Standards**
- **Safety and Health Management Systems: A Road Map for Hospitals**

Can it happen here? Oregon OSHA <http://www.cbs.state.or.us/osha/pdf/pubs/2857.pdf>

Center for Medicare & Medicaid Services (CMS) <https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html>

Department of Public Safety Standards and Training (DPSST).

<https://www.oregon.gov/dpsst/PS/Pages/Executive-Managers.aspx>

DNV GL Healthcare. <http://dnvglhealthcare.com/standards>

Enforcement Procedures for Investigating or Inspecting Workplace Violence Incidents. (2017).

Directive Number: CPL 02-01-058, OSHA.

https://www.osha.gov/OshDoc/Directive_pdf/CPL_02-01-058.pdf

Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers (2015). U.S. Department of Labor Occupational Safety and Health Administration (OSHA).

Publication 3148-04R 2015 <https://www.osha.gov/Publications/osha3148.pdf>

Joint Commission standards - *for purchase only*

https://www.jointcommission.org/standards_information/standards.aspx

Workplace Violence Toolkit – Introduction

NFPA 3000 (PS), Standard for an Active Shooter/Hostile Event Response (ASHER) Program (2018) ^{New 2020} <https://catalog.nfpa.org/NFPA-3000-PS-Standard-for-an-Active-ShooterHostile-Event-Response-ASHER-Program-P18697.aspx>

OSH Act of 1970. General Duty Clause. The Occupational Safety and Health Administration (OSHA). https://www.osha.gov/pls/oshaweb/owasrch.search_form?p_doc_type=oshact

Physical and verbal violence against health care workers. (April 16, 2018). Sentinel Event Alert Issue, (59). Joint Commission. ^{New 2020} <https://www.jointcommission.org/resources/patient-safety-topics/sentinel-event/sentinel-event-alert-newsletters/sentinel-event-alert-59-physical-and-verbal-violence-against-health-care-workers/>

Recommended Practices for Safety and Health Programs (2016). The Occupational Safety and Health Administration (OSHA). <https://www.osha.gov/shpguidelines/management-leadership.html>

Workplace Violence Incidents – Enforcement Procedures for Investigating or Inspecting. Program Directive: A-283. Issue: December 1, 2011. Revised: May 31, 2017. Oregon-OSHA. <http://osha.oregon.gov/OSHARules/pd/pd-283.pdf>

Healthcare facility inspection decision-making flowchart. Oregon-OSHA. <http://osha.oregon.gov/OSHARules/div1/hal-flowchart.pdf>

WPV State Legislation: Oregon and Washington ^{New 2020}

Oregon

ORS 654.412 to 654.423, ‘Safety of Health Care Employees’.

<https://www.oregonlaws.org/ors/654.412> 2019 revision to this law as recorded in [Senate Bill 823 \(SB 823-A\)](#) ^{New 2020}

OAR 437-001-0706, ‘Recordkeeping for Health Care Assaults’.

<http://osha.oregon.gov/Pages/re/healthcare-assault-log.aspx>

OAR Division 60 259-060-0005:0600 ‘Private security Services Providers Rules’.

http://arcweb.sos.state.or.us/pages/rules/oars_200/oar_259/259_060.html

Questions about OSHA regulations in Oregon?

Oregon OSHA:

- Consultation services. <http://osha.oregon.gov/consult/Pages/index.aspx>

Workplace Violence Toolkit – Introduction

- **Employer essentials.** <http://osha.oregon.gov/essentials/Pages/default.aspx>
- **Worker rights and responsibilities.** <http://osha.oregon.gov/workers/Pages/Worker-rights-and-responsibilities.aspx>

State of Oregon - Ombudsman for Injured Workers.

<http://www.oregon.gov/DCBS/OIW/Pages/index.aspx>

SAIF Cooperation – Workers compensation insurer.

<https://www.saif.com/employer.html>

Washington ^{New 2020}

**Revised Code of Washington (RCW). Chapter 49.19 RCW-SAFETY—HEALTH CARE SETTINGS
RCW 49.19.005 to 49.19.070.** <https://app.leg.wa.gov/RCW/default.aspx?cite=49.19>

RCW Chapter 72.23 Public and Private Facilities for the Mentally Ill

<https://app.leg.wa.gov/RCW/default.aspx?cite=72.23>

- **RCW 72.23.400 Workplace safety plan – State hospitals**
- **RCW 72.23.410 Violence prevention training – State hospitals**
- **RCW 72.23.420 Record of violent acts – State hospitals**

Questions about OSHA regulations in Washington? ^{New 2020}

Washington State Department of Labor and Industries (L&I). <https://lni.wa.gov/>

The Office of the Ombuds Injured Workers of Self-Insured Employers

<http://ombuds.selfinsured.wa.gov/>

Felony Assault Laws related to health care workers– Oregon, Washington and Alaska ^{New 2020}

Oregon

ORS 163.165: Assault in the third degree for intentionally assaulting EMS workers

<https://www.oregonlaws.org/ors/163.165>

Washington

RCW 9A.36.031: Assault in the third degree for assault of a nurse, physician, or health care provider who was performing his or her nursing or health care duties at the time of the assault. <https://app.leg.wa.gov/RCW/default.aspx?cite=9A.36.031>

Alaska

HB312 (2018). <http://www.akleg.gov/PDF/30/Bills/HB0312Z.PDF> and

Workplace Violence Toolkit – Introduction

AS 12.55.135. Sentences of Imprisonment For Misdemeanors. provides definition of a medical professional.

<https://touchngo.com/iglcnr/akstats/Statutes/Title12/Chapter55/Section135.htm>

Security Guards: Current laws and rules for Oregon and Washington ^{New 2020}

Oregon

OAR Division 60 (OAR 259-060:0005-0600) Private security Services Providers Rules.

Department of Public Safety Standards and Training Chapter 259

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=834>

Washington

RCW Chapter 18.170 RCW: Security guards

<https://app.leg.wa.gov/RCW/default.aspx?cite=18.170>

WACs Chapter 308-18 WAC: Private security guard companies and private security guards

<https://app.leg.wa.gov/WAC/default.aspx?cite=308-18>