

RISK FACTORS

There are three categories of risk factors: environmental, work practices, and characteristics of victims and perpetrators.

Environmental

- Availability of guns and other weapons among patients and visitors
- Mentally ill patients with little or no follow-up care in emergency departments and walk-in clinics
- Availability of medications or money
- Unrestricted movement of the general public through facilities
- Presence of gang members, drug or alcohol abusers, trauma patients, or distraught family members
- Poorly lit parking areas

Work Practices

- Long waits in emergency or clinic areas
- Low staffing levels
- Isolated work with patients during exams or treatment
- Lack of staff training in recognizing and managing aggressive behavior

Characteristics of Victims and Perpetrators

- Perpetrator often has a history of violent behavior and has been diagnosed with psychosis, substance use disorders, or dementia.
- Victims are often untrained staff nurses or newly hired nurses.

ANA WORKING FOR YOU

ANA works to protect nurses from workplace violence in a variety of ways, including lobbying for an enforceable OSHA standard and state legislation, and conducting research and collaborating with state nurses associations to learn more about this issue to support education, training and lobbying efforts. Call your state nurses association to learn how you can work with nurses across the country on this important issue.

RESOURCES

ANA: www.nursingworld.org/cosh
American Hospital Association. *Creating a Secure Workplace: Effective Policies and Practices in Health Care*, 1996.
OSHA: www.osha.gov/SLTC/workplaceviolence/index.html
NIOSH: www.cdc.gov/niosh/healthpg.html#violence

Call (800) 274-4ANA

and ask for information about joining your state nurses association.



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Preventing Workplace Violence



ANA
AMERICAN NURSES
ASSOCIATION

Occupational Health & Safety Series

THE GROWING PROBLEM OF WORKPLACE VIOLENCE

As RNs, we see the results of violence in our society and in the patients we treat. And increasingly, we have become targets for violence in our own work environment. Between 1996 and 2000, 69 health care workers were killed on the job. Among all American workers, health care and social services workers have the highest rates of non-fatal assault injuries in the workplace. According to a recent study, nearly a half million nurses per year reported that they were victims of violent crimes in the workplace. But workplace violence is preventable and should never be accepted as part of the job.

LEGAL PROTECTIONS

Despite lobbying efforts by ANA, the Occupational Safety and Health Administration (OSHA) has not issued a federal standard on workplace violence. Instead, OSHA issued voluntary guidelines, which have been successfully used to implement prevention programs. While these guidelines are voluntary, OSHA has cited facilities for failing to protect workers from violence. California and Washington both passed state laws requiring further protection, and ANA continues to work with state nurses associations to introduce workplace violence prevention legislation across the country.

TAKING ACTION

1. **Create a task force.** The task force must have full management support and include multiple perspectives. Key members of the team should include frontline health care workers, as well as safety and security professionals.
2. **Analyze the data.** Assess the problem in your facility by analyzing existing data, including incident report forms, the OSHA 300 Log, security logs, police reports, safety committee reports and union complaints. How many incidents occur annually? What kinds of incidents occur? Where and when? Which workers are most often victimized?
3. **Conduct a workplace walk-through.** With the task force, walk through all units during different shifts and look for evidence of risk factors. Talk with workers about the hazards they face.
4. **Survey employees.** Many workers do not report violent incidents—especially when no serious injury occurs. Surveying employees can help assess the hazard of workplace violence. In addition, you can learn what employees see as risk factors, whether they feel current measures are working, and any ideas they may have for prevention.
5. **Use the data to identify the risks.** Based on the information gathered from the data, walk-through and employee survey, determine if there are any important patterns. What are the main factors contributing to incidents? What corrective measures can be taken?
6. **Implement risk-based solutions.** These can include physical changes to the facility, work practice changes, and increased training. (See Steps Toward Prevention.)
7. **Evaluate.** Once preventive measures are implemented, incidents and risk factors should be regularly assessed, and control measures should be evaluated.

STEPS TOWARD PREVENTION

Once you have analyzed workplace violence incidents and risk factors, your task force can implement solutions based on the facts specific to your health care facility. These can include environmental, work practices and training solutions.

Environmental

- Controlled access doors
- Metal detectors
- Alarm systems: panic buttons, hand-held noise devices, and cell phones
- Lockable staff areas, like bathrooms
- Curved mirrors and adequate lighting
- Well-lit parking lots

Work Practices

- Identify high-risk patients and flag charts.
- Consider electronic “flagging” of records of patients with a history of violence.
- Ensure adequate and properly trained staff at all times.
- Prohibit employees from working alone, especially in emergency departments, walk-in clinics, or seclusion rooms.
- Provide an easy and effective process to report suspicious behavior, harassment, threats, or violent assaults to those accountable.
- Supervise movements of psychiatric clients and patients within the facility.
- Use a team approach.

Training

- Review prevention policies, reporting procedures, support systems, and action plan.
- Identify risk factors that cause or contribute to violence.
- Identify early warning signs of escalating behavior.
- Provide workers with tools for diffusing violent situations.
- Use incidents to review system and policy failures.