



*A Union of Professionals*

## AFT Nurses and Health Professionals

### WORKPLACE VIOLENCE IN HEALTH CARE AND SOCIAL SERVICES PREVENTION IS POSSIBLE

#### Workplace Violence Prevention for Health Care and Social Service Workers Act, S. 851

Healthcare and social service workers face threats and assaults at work every day: They experience 71 percent of reported workplace violence injuries and are nearly five times more likely to be assaulted at work than the rest of the labor force.<sup>1</sup> The assaults can come from patients, clients or visitors, and often result in serious, even career-ending, injuries. Victims frequently suffer from post-traumatic stress disorder or anxiety.

Among those at highest risk of assault are direct care providers in emergency rooms, intensive care units, psychiatric and substance use treatment centers, residential care facilities for the cognitively impaired, and home-based services.

And unfortunately, the problem is getting worse: Between 2008 and 2018, the rates of violence grew by 143 percent in hospitals, 149 percent in psychiatric hospitals and substance use treatment facilities, and 151 percent in social service settings. Homicides among these workers have nearly doubled in the last two years.<sup>2</sup>

Nurses, other health professionals, social service workers and public employees can speak to their own experiences that corroborate the statistics. Some of the serious injuries our members have suffered include:

- A nurse was choked to the point of unconsciousness by a patient in September 2018 in Richland, Wash.
- One nurse was stabbed in Newark, N.J., in 2017. Another was stabbed by a psychiatric patient in Cumberland, Md., in 2013.

- Members have suffered fractures and brain injuries from being thrown against walls or floors by patients, including nurses in Danbury, Conn.; Jefferson City, Mont.; Paramus, N.J.; and Catonsville, Md.
- Judy Scanlon of Buffalo, N.Y., and Elenita Congco of Brooklyn, N.Y., were murdered by patients in 1998 and 2011, respectively.

#### The need for an OSHA standard

Sen. Tammy Baldwin (D-Wis.) has introduced S. 851, which directs the Occupational Safety and Health Administration to develop a workplace violence prevention standard. The House version of the bill, H.R. 1309, was passed with bipartisan support, 251-158, on Nov. 21. The bill has broad support among organizations and unions representing workers and safety professionals, including the American Industrial Hygiene Association, American Nurses Association, the American Public Health Association, the American Society of Safety Professionals, and the National Association of Social Workers.

Under the bill, OSHA will issue an interim standard within one year of enactment and a final standard within 42 months. Covered employers in the healthcare and social assistance industries will be required to develop a written workplace violence prevention program in collaboration with frontline workers. Employers must assess the risk of violence in their facilities, implement equipment and policy changes to reduce risk, and improve training for staff to reduce the incidence and severity of workplace assaults.

The bill is based on voluntary guidance on developing a prevention program that OSHA offers to health-

---

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.

Randi Weingarten  
PRESIDENT

Loretta Johnson  
SECRETARY-TREASURER

Evelyn DeJesus  
EXECUTIVE VICE PRESIDENT

American Federation of Teachers, AFL-CIO • 555 New Jersey Ave. N.W. • Washington, DC 20001 • 202-879-4400 • [www.aft.org](http://www.aft.org)



care and social assistance employers. The Government Accountability Office found evidence that these programs can reduce the number and severity of violent incidents.<sup>3</sup> The guidance has been available to employers since 1996, and OSHA has updated it twice since then. But the worsening rate of workplace assaults in these industries demonstrates that voluntary guidance is not sufficient.

Although OSHA may cite employers for workplace violence under the Occupational Safety and Health Act's general duty clause [Section 5(a)(1)], it has not been an effective deterrent. That part of the law requires employers to establish a workplace free from recognized hazards causing or likely to cause death or serious harm. Citations under the general duty clause must meet a high legal standard, and they remain rare. In the absence of federal action, seven states have enacted laws and two states have issued standards to protect some workers from workplace violence. Meanwhile, the vast majority of the nation's healthcare and social assistance workers are not protected.

### **Congress must require OSHA to act**

In 2016, OSHA asked for public comment from stakeholders and in 2017 agreed to develop a workplace violence prevention standard for healthcare and social assistance workers. But the agency has taken no further action to develop the standard. The first step, consulting with small business, has been delayed three times.

Without congressional action, it can take years or decades for OSHA to issue a standard. The GAO found that the average time for OSHA standard development is seven years, but many standards take far longer.<sup>4</sup> OSHA spent 18 years on the beryllium standard, 19 years on the silica standard, and 22 years on a confined space standard in construction.

Under S. 851, stakeholders will have ample opportunity to provide comment before implementation of the final standard, including written comments, small-business reviews and public hearings.

### **An OSHA standard for workplace violence prevention is imperative**

For far too long, nurses, social workers, and others have been told that workplace violence is just part of the job. But prevention is possible—research has confirmed that comprehensive workplace violence prevention programs can reduce the number and severity of assaults.<sup>5</sup> And when healthcare and social assistance workers are safer at work, the patients and clients they assist are also safer. The people who provide care for those in need should not have to fear violence at work or wait years or decades for meaningful protection from OSHA. Workplace violence should not be part of the job.

## **Endnotes**

- 1 U.S. Bureau of Labor Statistics, *Survey of Occupational Injuries and Illnesses*. (Washington, D.C.: Department of Labor, 2018).
- 2 U.S. Bureau of Labor Statistics, *Survey of Occupational Injuries and Illnesses*. (Washington, D.C.: Department of Labor, 2008, 2018).
- 3 Government Accountability Office, *Workplace Safety and Health: Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence*, GAO-16-11. (Washington, D.C., 2016).
- 4 Government Accountability Office, *Workplace Safety and Health, Multiple Challenges Lengthen OSHA's Standard Setting*, GAO-12-330. April, 2012.
- 5 *Workplace Safety and Health: Additional Efforts*, 35-38; Judith Arnetz et al., "Application and Implementation of the Hazard Risk Matrix to Identify Hospital Workplaces at Risk for Violence," *American Journal of Industrial Medicine* 57, no. 11 (2014): 1276-1284; Judith Arnetz et al., "Understanding Patient-to-Worker Violence in Hospitals: A Qualitative Analysis of Documented Incident Reports," *Journal of Advanced Nursing* 71, no. 2 (2014): 338-348; Judith Arnetz et al., "Using Database Reports to Reduce Workplace Violence: Perceptions of Hospital Stakeholders," *Work* 51, no. 1 (2015): 51-59; and Judith Arnetz et al., "Development and Application of a Population-Based System for Workplace Violence Surveillance in Hospitals," *American Journal of Industrial Medicine* 54, no. 12 (2011): 925-934.