



nurse alliance
of California

February 10, 2014

Marley Hart, Executive Officer
Occupational Safety & Health Standards Board
2520 Venture Oaks Way, Suite 350
Sacramento, CA 95833

RE: Petition for a Workplace Violence Prevention Standard for Healthcare Workers

Dear Ms. Hart:

On behalf of Service Employees International Union (SEIU) Local 121RN and SEIU Nurse Alliance of California, please find enclosed a petition for the Occupational Safety and Health Standards Board to promulgate a comprehensive workplace violence prevention standard for healthcare workers. This standard is needed to address the risk of harm from workplace violence faced by healthcare workers in California.

SEIU Local 121RN is a labor union that represents 8,000 Registered Nurses in California and SEIU Nurse Alliance of California is an umbrella organization that is comprised of 35,000 Registered Nurses in the state. The petition is supported by the Service Employees International Union, representing 2.1 million workers in the United States, and SEIU California, a federation representing over 700,000 SEIU-represented workers in the state. We are fully prepared to assist in the presentation of testimony and evidence in favor of the proposed petition.

The contacts for SEIU Local 121RN and SEIU Nurse Alliance of California are:

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Should you have any questions concerning this petition, please contact Mr. Negri or Ms. Hughes.

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Introduction

Donna Gross, a 54-year old psychiatric technician, was working alone at Napa State Hospital in October 2010 when she was strangled to death by a patient. The *Los Angeles Times* reported that far from being an isolated incident, the attack on Donna Gross was one of hundreds reported at the facility between 2009 and 2010.¹ Within a month, Cynthia Palomata, RN, a 55-year old Contra Costa County health services worker, died from injuries she sustained after being assaulted by an inmate at the county jail in Martinez.² The deaths of Gross and Palomata ignited widespread outrage and demand for change from healthcare workers in California who face violence – physical, emotional, sexual, and verbal assaults – on the job every day they go to work.

Workplace Violence as Defined by OSHA

The Occupational Safety and Health Administration (OSHA) defines workplace violence as “any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide.”³

Healthcare Workers as Defined by OSHA

Workers in healthcare and social service settings are among those whom OSHA has identified as being in high-risk industries for exposure to workplace violence. OSHA defines this category of workers as those who “provide healthcare and social services in psychiatric facilities, hospital emergency departments, community mental health clinics, drug abuse treatment clinics, pharmacies, community-care facilities, residential facilities and long-term care facilities. Workers in these fields include physicians, registered nurses, pharmacists, nurse practitioners, physicians’ assistants, nurses’ aides, therapists, technicians, public health nurses, home healthcare workers, social and welfare workers, security personnel, maintenance personnel and emergency medical care personnel.”⁴

Workplace Violence and Healthcare Workers

According to OSHA, “workplace violence has remained among the top four causes of death at work for over fifteen years,” impacting thousands of workers and their families annually.⁵ While nearly 2 million American workers report having been victims of violence each year, many more cases go unreported. Healthcare and social service workers are among those at highest risk for workplace violence, the agency reports.⁶

The healthcare industry is the fastest-growing industry in the United States, employing approximately 18 million people, 80 percent of whom are women.⁷ It is also one of the most dangerous places to work. According to the Bureau of Labor Statistics (BLS), healthcare and social assistance workers experience the most assaults on the job, accounting for almost 60 percent of violent assaults in the workplace.⁸

Typology of Workplace Violence

The University of Iowa Injury Prevention Research Center classifies most workplace violence into one of four categories,⁹ developed to assist researchers and policy makers to appropriately target interventions:

- Type I (Criminal Intent)
 - Results while a criminal activity (e.g., robbery) is being committed and the perpetrator has no legitimate relationship to the workplace.
- Type II (Customer/Client)
 - The perpetrator is a customer or client at the workplace (e.g., healthcare patient) and becomes violent while being served by the worker.
- Type III (Worker-on-Worker)
 - Employees or past employees of the workplace are the perpetrators.
- Type IV (Personal Relationship)
 - The perpetrator usually has a personal relationship with an employee (e.g., domestic violence in the workplace).¹⁰

Healthcare workers suffer workplace violence primarily at the hands of patients. The most common locations for attacks on healthcare workers are nursing homes, long-term care facilities, intensive care units, emergency departments, and psychiatric departments.¹¹ However, the violence clearly has no boundaries.

Root Causes of Workplace Violence in Healthcare Settings

Healthcare researchers and scholars Kathleen McPhaul and Jane Lipscomb summarize the complex causes of workplace violence. Workplace violence exists, in part, as a result of a healthcare culture that resists the very idea that healthcare workers are even at risk at all, “combined with complacency that violence (if it exists) ‘is part of the job.’ The dangers arise from the exposure to violent individuals combined with the absence of strong violence prevention programs and protective regulations. These factors together with organizational realities such as staff shortages and increased patient acuity create substantial barriers to eliminating violence in today’s [healthcare] workplace.”¹²

Consequences of Workplace Violence in Healthcare Settings

Workplace violence comes in many forms, from emotional and verbal abuse to physical and sexual assaults. Whatever its form, workplace violence affects everyone – workers, patients, families, visitors, and organizations – in the healthcare industry: from physical injury and psychological trauma, through litigation and lost work hours, to burnout and employee turnover, to name a few.¹³

According to the National Institute for the Prevention of Workplace Violence, the cost to employers after an incident of workplace violence is substantially higher than the cost of prevention.¹⁴ The 1994 research study conducted by the Workplace Violence Research Institute concluded that “an incident of workplace violence has a far reaching financial impact on an organization, when all the cost factors are considered.”¹⁵

Work Practices to Reduce Workplace Violence in Healthcare Settings

Research indicates that a significant proportion of workplace violence is preventable.¹⁶ OSHA has outlined specific and practical steps to prevent workplace violence in the healthcare and social service industries:

- Management commitment and employee involvement
 - Management commitment and employee involvement are complementary and essential elements of an effective safety and health program. To ensure an effective program, management and frontline employees must work together, perhaps through a team or committee approach.
- Worksite analysis
 - A worksite analysis involves a step-by-step, commonsense look at the workplace to find existing or potential hazards for workplace violence. This entails reviewing specific procedures or operations that contribute to hazards and specific areas where hazards may develop.
- Hazard prevention and control
 - After hazards are identified through the systematic worksite analysis, the next step is to design measures through engineering or administrative and work practices to prevent or control these hazards.
- Safety and health training
 - Training and education ensure that all staff are aware of potential security hazards and how to protect themselves and their coworkers through established policies and procedures.

- Recordkeeping and program evaluation
 - Recordkeeping and evaluation of the violence prevention program are necessary to determine its overall effectiveness and identify any deficiencies or changes that should be made.¹⁷

Conclusion

Under the 1970 Occupational Safety and Health Act General Duty Clause (Sec. 5, 29 USC 654), employers are required to provide their workers “employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or physical harm.”¹⁸ In 2004, OSHA developed national voluntary guidelines for the prevention of workplace violence in healthcare and social services settings.¹⁹ In 2011, the agency issued Directive CPL 02-01-052, “Enforcement Procedures for Investigating or Inspecting Workplace Violence Incidents,” stating that “[w]orkplace violence is a serious recognized occupational hazard.”²⁰ OSHA has been steadily moving in the right direction on the issue of workplace violence prevention, but to date there is no federal OSHA standard to protect workers in any industry from violence on the job.²¹

While California addresses workplace violence prevention through Health and Safety Code §1257.7 and Labor Code §3203,²² a specific, enforceable standard for workplace violence prevention is needed to protect healthcare workers from harm.

In the deaths of Gross and Palomata, their employers had failed to develop and implement a hazard assessment under §3203 that included the threat of workplace violence. The provisions of §3203 are inadequate to address the specific elements that are needed to prevent future deaths and injuries among healthcare workers in California. While Cal/OSHA often cites employers under §3203, this section does not provide employers with the specific guidance to address the complex factors that must be in place to protect healthcare workers from the hazard of workplace violence.

On behalf of the 1,100,700 healthcare workers in California,²³ Cal/OSHA can and should be the standard bearer on this issue and promulgate a workplace violence prevention standard for healthcare workers. A safe and healthful workplace for healthcare workers will, by extension, mean a safe environment for patients and their families.

Proposed Provisions

At minimum, a workplace violence prevention standard for healthcare workers must require that employers fully engage frontline workers and unions (when present) in the development

and implementation of a comprehensive plan at each covered workplace. If a union is present, the union shall select the workers to be involved.

There are many excellent guidelines for workplace violence prevention that Cal/OSHA can use to promulgate a workplace violence prevention standard for healthcare workers. We are committed to working with both employers and Cal/OSHA in an advisory committee process to bring a model standard for consideration by the Occupational Safety and Health Standards Board.

As a starting point, we propose that the standard include the following provisions:

- Scope and Application
 - *Expand upon OSHA's definition of healthcare and social assistance workers to include all workers employed in all healthcare settings.*
- Definitions
- Management commitment and employee and union involvement
- Worksite analysis
 - *Include language modified from the existing Process Safety Management Standard to ensure frontline worker and union (when present) involvement in the development and review of the worksite analysis.*
- Written workplace violence prevention plan
 - *Include language modified from the existing Process Safety Management Standard to ensure frontline worker and union (when present) involvement in the review and evaluation of the workplace violence prevention plan, including post-incident debriefs and recommendations for changes to the workplace violence prevention plan.*
- Hazard prevention and control
- Information and training
 - *Include language modified from the existing Bloodborne Pathogens Standard and the Aerosol Transmissible Diseases Standard to ensure frontline worker and union (when present) involvement in developing, reviewing, and conducting training. Training to be done in person with available translators for non-English-speaking workers.*
- Recordkeeping and program evaluation
 - *Include language for full worker and union (when present) access to all workplace violence prevention records, plans, etc. from the employer.*
- Compliance
- Employee and Union Rights

Appendices

- Appendix A: Referenced Citations
- Appendix B: Survey on Workplace Violence
- Appendix C: Petition in Support of a Cal/OSHA Workplace Violence Prevention Standard for Healthcare Workers
- Appendix D: Worker Stories
- Appendix E: Letters in Support of a Cal/OSHA Workplace Violence Prevention Standard for Healthcare Workers

¹ Lee Romney, "Patient aggression intensifies at Napa State Hospital," *Los Angeles Times*, November 3, 2010, <http://articles.latimes.com/2010/nov/03/local/la-me-hospital-violence-20101103>, accessed December 23, 2013.

² Henry K. Lee, "Contra Costa jail nurse's slaying raises questions," *San Francisco Chronicle*, November 1, 2010, <http://www.sfgate.com/default/article/Contra-Costa-jail-nurse-s-slaying-raises-questions-3167968.php>, accessed December 23, 2013.

³ Occupational Safety and Health Administration, U.S. Department of Labor, "Workplace Violence," <https://www.osha.gov/SLTC/workplaceviolence/>, accessed December 31, 2013.

⁴ Occupational Safety and Health Administration, U.S. Department of Labor, "Enforcement Procedures for Investigating or Inspecting Workplace Violence Incidents," Directive Number CPL 02-01-052, effective September 8, 2011, https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES&p_id=5055, accessed December 23, 2013.

⁵ Occupational Safety and Health Administration, U.S. Department of Labor, "Enforcement Procedures for Investigating or Inspecting Workplace Violence Incidents," Directive Number CPL 02-01-052, effective September 8, 2011, https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES&p_id=5055, accessed December 23, 2013.

⁶ Occupational Safety and Health Administration, U.S. Department of Labor, "Workplace Violence," <https://www.osha.gov/SLTC/workplaceviolence/index.html>, accessed December 23, 2013. The actual incidents of violence are likely higher than reported for a number of reasons, including inadequate reporting mechanisms and fear of reprisal, isolation, and embarrassment. For more on the problem of underreporting, see, for example:

- National Advisory Council on Nurse Education and Practice, "Violence Against Nurses: An Assessment of the Causes and Impacts of Violence in Nursing Education and

Practice,” Fifth Annual Report to the Secretary of the U.S. Department of Health and Human Services, December 2007, p. 10,

<http://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/fifthreport.pdf>, accessed December 31, 2013.

- ASIS International Healthcare Security Council, “Managing Disruptive Behavior and Workplace Violence in Healthcare,” 2011, p. 5, http://www.g4s.us/~media/Files/USA/PDF-Articles/Hospitals%20and%20Healthcare/Council_Healthcare_WorkplaceViolence.ashx, accessed December 31, 2013.
- New York State Nurses Association, “Violence in Healthcare Settings: A Resource Guide for Nurses,” n.d., p. 2, http://www.nysna.org/images/pdfs/health_safety/violenceHealthcareBklt.pdf, accessed December 31, 2013.

⁷ National Institute for Occupational Safety and Health, Centers for Disease Control and Prevision, “Workplace Safety & Health Topics: Healthcare Workers,” <http://www.cdc.gov/niosh/topics/healthcare/>, accessed December 23, 2013.

⁸ Jill A. Janocha and Ryan T. Smith, “Workplace Safety and Health in the Healthcare and Social Assistance Industry, 2003-07,” Washington, D.C.: U.S. Bureau of Labor Statistics, 2010, <http://www.bls.gov/opub/mlr/cwc/workplace-safety-and-health-in-the-health-care-and-social-assistance-industry-2003-07.pdf>, accessed December 23, 2013. Statistical documentation of the problem is extensive. See, for example:

- SEIU Local 1000, “Violence in California’s Mental Health Hospitals: Workers Deserve Stronger Protection,” May 2011, http://seiu1000.org/research/research_white%20paper_dmhviolence.pdf, accessed December 31, 2013.
- State of California, Department of Industrial Relations, “Cal/OSHA Guidelines for Workplace Security,” rev. March 30, 1995, http://www.dir.ca.gov/dosh/dosh_publications/worksecurity.html, accessed January 2, 2014.
- National Advisory Council on Nurse Education and Practice, “Violence Against Nurses: An Assessment of the Causes and Impacts of Violence in Nursing Education and Practice,” Fifth Annual Report to the Secretary of the U.S. Department of Health and Human Services, December 2007, p. 9, <http://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/fifthreport.pdf>, accessed December 31, 2013.
- ASIS International Healthcare Security Council, “Managing Disruptive Behavior and Workplace Violence in Healthcare,” 2011, pp. 2-3, http://www.g4s.us/~media/Files/USA/PDF-Articles/Hospitals%20and%20Healthcare/Council_Healthcare_WorkplaceViolence.ashx, accessed December 31, 2013.

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- Susan M. Kansagra, et al., “A Survey of Workplace Violence Across 65 U.S. Emergency Departments,” *Academic Emergency Medicine*, Vol. 15, December 2008, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3530386/>, accessed December 31, 2013.
 - Dan Hartley and Marilyn Ridenour, “Workplace Violence in the Healthcare Setting,” *Medscape*, September 13, 2011.
 - Institute for Emergency Nursing Research, Emergency Nurses Association, “Emergency Department Violence Surveillance Study,” November 2011, <http://www.ena.org/practice-research/research/Documents/ENAEDVSReportNovember2011.pdf>, accessed December 31, 2013.
 - Kathleen M. McPhaul and Jane Lipscomb, “Workplace Violence in Healthcare: Recognized but not Regulated,” *The Online Journal of Issues in Nursing*, Volume 9, Number 3, September 2004, <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume92004/No3Sept04/ViolenceinHealthCare.html>, accessed December 23, 2013.
 - Roundtable on Joy and Meaning in Work and Workforce Safety, Lucian Leape Institute, “Through the Eyes of the Workforce: Creating Joy, Meaning, and Safer Health Care,” 2013, pp. 6-10, http://www.npsf.org/wp-content/uploads/2013/03/Through-Eyes-of-the-Workforce_online.pdf, accessed December 31, 2013.
 - Public Citizen, “Health Care Workers Unprotected: Insufficient Inspections and Standards Leave Safety Risks Unaddressed,” 2013, pp. 10-11, <http://www.citizen.org/documents/health-care-workers-unprotected-2013-report.pdf>, accessed December 31, 2013.
 - Esther Chipps, et al., “Workplace Bullying in the OR: Results of a Descriptive Study,” *AORN Journal*, Volume 98, Number 5, November 2013.
 - American Psychiatric Nurses Association, “Workplace Violence: APNA 2008 Position Statement,” pp. 5-10.
 - Bureau of Labor Statistics, “2012 Survey of Occupational Injuries & Illnesses: Summary Estimates Chart Package,” November 7, 2013, <http://www.bls.gov/iif/oshwc/osh/os/osch0049.pdf>, accessed December 23, 2013, and “Employer-Related Workplace Injuries and Illnesses – 2012,” November 7, 2013, <http://www.bls.gov/news.release/pdf/osh.pdf>, accessed January 23, 2014.

⁹ Injury Prevention Center, The University of Iowa, “Workplace Violence: A Report to the Nation,” February 2001, <http://www.public-health.uiowa.edu/iprc/resources/workplace-violence-report.pdf>, accessed December 31, 2013.

¹⁰ Kathleen M. McPhaul and Jane Lipscomb, “Workplace Violence in Healthcare: Recognized but not Regulated,” *The Online Journal of Issues in Nursing*, Volume 9, Number 3, September 2004, <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/Ta>

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¹¹ National Advisory Council on Nurse Education and Practice, "Violence Against Nurses: An Assessment of the Causes and Impacts of Violence in Nursing Education and Practice," Fifth Annual Report to the Secretary of the U.S. Department of Health and Human Services, December 2007, p. 11, <http://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/fifthreport.pdf>, accessed December 31, 2013. See also Laura A. Stokowski, "The Risky Business of Nursing," *Medscape*, January 14, 2014.

¹² Kathleen M. McPhaul and Jane Lipscomb, "Workplace Violence in Healthcare: Recognized but not Regulated," *The Online Journal of Issues in Nursing*, Volume 9, Number 3, September 2004, <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/Ta bleofContents/Volume92004/No3Sept04/ViolenceinHealthCare.html>, accessed December 23, 2013.

¹³ For more on the consequences of workplace violence, see:

- Roundtable on Joy and Meaning in Work and Workforce Safety, Lucian Leape Institute, "Through the Eyes of the Workforce: Creating Joy, Meaning, and Safer Health Care," 2013, p. 10, http://www.npsf.org/wp-content/uploads/2013/03/Through-Eyes-of-the-Workforce_online.pdf, accessed December 31, 2013.
- National Advisory Council on Nurse Education and Practice, "Violence Against Nurses: An Assessment of the Causes and Impacts of Violence in Nursing Education and Practice," Fifth Annual Report to the Secretary of the U.S. Department of Health and Human Services, December 2007, pp. 8-9, <http://www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/fifthreport.pdf>, accessed December 31, 2013.
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- Andrew Mitchell, "Complex PTSD: Devastating Health Effects from Workplace Bullying," Workplace Bullying Institute, August 18, 2010, <http://www.workplacebullying.org/2011/09/30/suite101/>, accessed December 31, 2013.
- American Psychiatric Nurses Association, "Workplace Violence: APNA 2008 Position Statement," pp. 13-15, 19-22.
- Laura A. Stokowski, "The Risky Business of Nursing," *Medscape*, January 14, 2014.

¹⁴ National Institute for the Prevention of Workplace Violence, “The Financial Impact of Workplace Violence,” <http://www.workplaceviolence911.com/docs/FinancialImpactofWV.pdf>, accessed January 31, 2014.

¹⁵ Steve Kaufer and Jurg W. Mattman, “The Cost of Workplace Violence to American Businesses,” <http://www.consumerdatareporting.com/pdfs/wvri%20cost%20of%20viloence.pdf>, accessed January 31, 2014.

¹⁶ See Appendix C - Studies of Workplace Violence Abatement Methods, Occupational Safety and Health Administration, U.S. Department of Labor, “Enforcement Procedures for Investigating or Inspecting Workplace Violence Incidents,” Directive Number CPL 02-01-052, effective September 8, 2011, https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES&p_id=5055, accessed December 23, 2013.

¹⁷ Occupational Safety and Health Administration, U.S. Department of Labor, “Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers,” OSHA 3148-01R 2004, <https://www.osha.gov/Publications/OSHA3148/osha3148.html>, accessed December 31, 2013.

¹⁸ Occupational Safety and Health Administration, U.S. Department of Labor, “OSH Act of 1970: Sec. 5. Duties,” https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=OSHACT&p_id=3359, accessed December 23, 2013.

¹⁹ Kathleen M. McPhaul and Jane Lipscomb, “Workplace Violence in Healthcare: Recognized but not Regulated,” *The Online Journal of Issues in Nursing*, Volume 9, Number 3, September 2004, <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/Ta bleofContents/Volume92004/No3Sept04/ViolenceinHealthCare.html>, accessed December 23, 2013.

²⁰ Occupational Safety and Health Administration, U.S. Department of Labor, “Enforcement Procedures for Investigating or Inspecting Workplace Violence Incidents,” September 8, 2011, https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=NEWS_RELEASES&p_id=20637, accessed December 23, 2013.

²¹ Occupational Safety and Health Administration, U.S. Department of Labor, “Workplace Violence: Enforcement,” <https://www.osha.gov/SLTC/workplaceviolence/standards.html>, accessed December 23, 2013.

²² State of California, California Department of Public Health, “Hospital Security Plans,” <http://www.cdph.ca.gov/certlic/facilities/Documents/LNC-AFL-09-49.pdf>, accessed February 3,

2014. State of California, Department of Industrial Relations, Cal/OSHA, "Title 8 Regulations," <http://www.dir.ca.gov/Title8/3203.html>, accessed February 3, 2104.

²³ The Henry J. Kaiser Family Foundation, "Total Healthcare Employment," <http://kff.org/other/state-indicator/total-health-care-employment/>, accessed December 23, 2013.