- Laws in Connecticut, New Jersey and New York outline a clear program structure for employers, detailing program requirements and requiring regular record evaluations;

- Laws in Illinois, Maine and Maryland give too much flexibility to the employer, reducing the effectiveness of the laws; and

- Most significantly, many state laws do not assign enforcement powers to a state agency to ensure that employers are following the rules.

For information contact the health and safety team at 4healthandsafety@aft.org

ENDNOTES

1. Department of Health and Human Services, Centers for Disease Control and Prevention and National Institute for Occupational Safety and Health, *State of the Sector/Healthcare and Social Assistance: Identification of Research Opportunities for the Next Decade of NORA* (2009), www.cdc.gov/niosh/docs/2009-139, accessed June 4, 2014.

2. Jill A. Janocha and Ryan T. Smith, "Workplace Safety and Health in the Health Care and Social Assistance Industry, 2003-07" (U.S. Bureau of Labor Statistics, 2010), www.bls.gov/opub/mlr/cwc/workplace-safety-and-health-in-the-health-care-and-social-assistance-industry-2003-07.pdf, accessed June 4, 2014.

3. 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, www.hrsa.gov/advisorycommittees/bhpradvisory/nacnep/Reports/fifthreport.pdf, accessed December 31, 2013.

4. States with workplace violence prevention program laws are California, Connecticut, Illinois, Maine, Maryland, New Jersey, New York, Oregon and Washington.

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Reclaiming the Promise

STOP the VIOLENCE

RECLAIMING THE PROMISE OF HIGH-QUALITY HEALTHCARE

THE FACTS

Violence in healthcare facilities poses a threat to staff and patient safety. Healthcare workers are three times more likely than workers in other industries to be injured through acts of violence.[1] Healthcare workers and social assistance workers accounted for nearly 60 percent of all nonfatal injuries from workplace assaults between 2003 and 2007.[2]

Direct care workers in nursing homes, long-term care facilities, intensive care units, emergency departments and psychiatric departments are among those at the highest risk.[3]

AN EVERYDAY STORY FOR AFT MEMBERS

AFT Healthcare routinely hears from affiliates about the impact of violence on our members. The most common assaults occur in the emergency department and psychiatric units in acute care hospitals. In long-term mental health settings, nurse and healthcare worker assaults appear to be associated with changing patient demographics—our members report steep increases in the forensic patient populations in some state facilities.

A few examples highlight the horrifying impact of workplace violence on our members:

- A nurse in a Danbury, Conn., hospital broke her hip while escorting a psychiatric patient on an elevator. She was shoved to the ground by the patient.
- A nurse in a Cumberland, Md., long-term mental health facility was stabbed in the neck with a spike by a forensic patient in October 2013.
- A nurse in a facility near Baltimore required surgery after a patient ran at her and hit her head against a wall.

All assaulted members face a long recovery—not only from their physical injuries, but from the post-traumatic stress of being assaulted.

WORKPLACE VIOLENCE PREVENTION PROGRAMS

For the most part, healthcare administrators have failed to mount an effective response to prevent assaults and other forms of violence. Some employers, and even some employees, often view assaults from patients or family members as unpredictable or "just a part of the job."

Research and actual experience tell a different story. Workplace violence in healthcare settings can be significantly reduced or eliminated. In 2003, the Occupational Safety and Health Administration published *Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers*, providing a clear and comprehensive road map for preventing workplace violence, and outlining how management can partner with direct care workers to assess and address the risk for violent assaults in their facility. When following the OSHA guidelines and working with union safety and health committees, healthcare employers across the country have reduced workplace assaults.

LAWS AND REGULATIONS

Unfortunately, the OSHA recommendations are not mandatory and employers can ignore them with impunity. What we need is a workplace violence prevention standard from OSHA, much like the bloodborne pathogens law that requires employers to institute a comprehensive program to prevent or reduce worker exposure to blood and other infectious materials.

The AFT continues to advocate for federal and state legislative and regulatory solutions to workplace violence. At the federal level, the AFT is working with congressional staff to develop evidence on the need for a strong OSHA standard.

Nine states have passed laws requiring some healthcare employers to implement workplace violence prevention programs.[4] Several other states have increased the penalties associated with assaults on healthcare workers. The AFT has evaluated these laws and how they have been enforced to determine the best models to promote to other states. Key observations include:

- Most of these laws only provide coverage to parts of the healthcare industry (e.g., mandating that hospitals put programs into place, but excluding other settings, such as nursing homes and outpatient clinics that treat people with mental illness or substance abuse issues);