COMMITTEE ON EDUCATION
AND THE WORKFORCE
U.S. HOUSE OF REPRESENTATIVES
2181 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515–6100

December 13, 2013

The Honorable Gene L. Dodaro
Comptroller General
U.S. Government Accountability Office
441 G Street, NW
Washington DC 20548-0001

Dear Mr. Dodaro:

For many years, health care and social service workers have faced a significant risk of job-related violence. Workplace violence ranges from threats and verbal abuse to physical assaults, rape, and even homicide. Almost 60 percent of all reported workplace assaults happen in hospitals, clinics, and other health care settings, according to the Veterans Administration (VA).[1]

With this letter, I respectfully request that you assess whether: (1) the Occupational Safety and Health Administration (OSHA) has taken sufficient steps to protect health care workers from exposure to workplace violence in health care settings, (2) legislative and regulatory models adopted by several states have been effective, and (3) enforceable OSHA standards would be more appropriate than voluntary guidelines to adequately protect health care workers.

Assaults to health care and social service workers represent a serious safety and health hazard: The Bureau of Labor Statistics (BLS) reported data identifying approximately 11,370 assaults against such workers in 2010, and that this represents a 13% increase over 2009.   Almost 19 percent (i.e., 2,130) of these assaults occurred in nursing and residential care facilities alone. Additionally troubling, according to OSHA and health care unions, many more incidents likely go unreported. Ironically, healthcare facilities are viewed as a place to get well, but these facilities increasingly represent a serious and growing source of injury for health care workers.

Health care and social service workers face an increased risk of work-related assaults stemming from multiple factors, including:

- Lack of comprehensive hazard assessment including physical plant inspections, appropriate surveillance, and safety technology;
- Absence of trained security personnel and screening procedures for visitors and others entering the facilities;

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[1] Blake, JoAnn, *Preventing Patient Violence in VA Health Care*, VAnguard May-June 2011: 14-15.

- Risks from patients who are cognitively impaired or when substance abuse is an issue;
- Increasing use of hospitals for the care of acutely disturbed, violent individuals (including criminal holds);
- Increasing number of acute and chronic mentally ill patients being released from hospitals without follow-up care;
- Availability of drugs or money at hospitals, clinics and pharmacies, making them likely robbery targets;
- Low staffing levels during times of increased activity;
- Isolated work environments with clients during examinations or treatment;
- Solo work, often in remote locations with no backup or way to get assistance;
- Lack of staff training in recognizing and managing escalating hostile and assaultive behavior; and
- Prevalence of handguns and other weapons among patients, their families or friends.

There is an emerging body of scientific evidence that supports the adoption of workplace violence prevention strategies. By assessing worksites for risks, and implementing physical improvements (*e.g,* lighting and security hardware), managerial changes (e.g., posting of security personnel), training (assault management training) and employee involvement health care employers can reduce the occurrence of such incidents.[2]

However, there are no enforceable federal safety standards in place to protect most health care and social service workers. In lieu of a health and safety standard, OSHA has issued voluntary *Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers,* which recommend that employers adopt a Workplace Violence Prevention Program. This program, when combined with engineering controls, administrative controls, and training, has proved to reduce the incidence of workplace violence.[3] In the absence of a special workplace violence standard, OSHA has used its General Duty Clause[4] to cite health care facilities for failure to prevent employee exposure to the recognized hazard of patient-initiated assaults, such as stabbing, kicking and punching. To abate, OSHA has required engineering controls, administrative controls, training and incident reporting.[5]

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[2] McPhaul, K., London, M., Lipscomb, J., (January 31, 2013) *A Framework for Translating Workplace Violence Intervention Research into Evidence-Based Programs,* OJIN: The Online Journal of Issues in Nursing, Vol.18, No. 1;McPhaul, K., Lipscomb. J., (September 2004) *Workplace Violence in Health Care: Recognized but not Regulated;* OJIN: The Online Journal of Issues in Nursing, Vol.9, No.3

[3] How Can Work Place Violence Hazards be Reduced? https://www.osha.gov/SLTC/workplaceviolence/

[4] Section 5(a)(1) of the Occupational Safety and Health Act of 1970

[5] Occupational Safety and Health Administration, Citation issued to Armstrong Center for Medicine and Health, Inc., Kittanning, PA, pursuant to Section 5(a)(1) of the Occupational Safety and Health Act, Inspection No. 815001, July 5, 2013

Several states have stepped into the federal regulatory vacuum: Connecticut, New Jersey, New York (for public employees) and California (for state mental hospitals) have enacted laws or promulgated standards to protect health care workers from workplace violence. Some state OSHA plans have issued guidelines.

The VA has adopted a Behavioral Threat Management & Violence Prevention Program to help provide employees with a safe work environment.[6] While VA rules prohibit a prior practice of banning veterans from care if they threatened or assaulted staff, recent legislation authorizes VA to modify the time, place, or manner in which treatment is provided to a disruptive or threatening patient, and to allow VA providers to terminate an encounter immediately if certain behaviors occur.

Given the wide array of initiatives, we ask that the GAO investigate and report on the following questions:

1) Is there intervention research that demonstrates whether comprehensive workplace violence prevention programs can significantly reduce injuries and incidents?
2) Is there a consistent surveillance system to measure health care violence in private, state, federal and tribal health care systems?
3) What is the direct and indirect annual cost of violence to health care workers, including medical care, lost wages, workers' compensation and disability benefits, and lost productivity?
4) Are health care facilities aware of the best practices for preventing workplace violence, and what percentage of health care facilities have implemented comprehensive workplace violence prevention programs? Do these include consultation with unions, where present, on the design of the programs, reporting mechanisms, post-violence response structures, and security systems?
5) Are OSHA's *Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers* being implemented on a widespread basis and in a robust manner by providers in the private, state, federal and tribal health care facilities?
6) How many inspections have OSHA, or OSHA state plans, conducted for workplace violence in health care facilities? How frequently has OSHA issued citations with respect to violence in health care settings?
7) What kinds of workplace violence prevention programs are states requiring of healthcare employers and how effective are they in preventing violence?
8) How effective is the VA's violence prevention program? Is this policy being effectuated on a consistent basis in the regions?
9) Could health care workers be better protected on the job if OSHA adopted an enforceable workplace violence prevention standard for health care and social service workers?

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[6] http://www.publichealth.va.gov/employeehealth/threat_management/index.asp

Thank you for your attention to this matter. Please direct your staff to coordinate this review with Richard Miller, Senior Policy Advisor, at the Committee on Education and the Workforce at 202-225-3725, and Tracy Roberts in the Office of Representative Joe Courtney at 202-225-2076, to follow up on this request.

Sincerely,

GEORGE MILLER
Senior Democratic Member

JOE COURTNEY
Ranking Member, Workforce Protections
Subcommittee

cc:
Chairman John Kline
Committee on Education and Workforce

Chairman Tim Walberg
Workforce Protections Subcommittee