Congress of the United States Washington, DC 20515

July 18, 2016

The Honorable Thomas E. Perez Secretary of Labor U.S. Department of Labor 200 Constitution Avenue NW Washington, DC 20210

Dear Secretary Perez:

We are writing to urge the Occupational Safety and Health Administration (OSHA) to promulgate a comprehensive workplace violence prevention standard to protect workers in health care and social service settings. We support the petition for rulemaking that was recently submitted to the Department by numerous unions representing health care workers. Extensive research shows these workers face significant risk of injury from violence in their workplaces, that an effective violence prevention standard could reduce or mitigate workplace injuries and deaths, and that current reliance on the General Duty Clause as OSHA's sole means for enforcement impairs the agency's ability to prevent violence-related injuries to health care workers.

Although health care facilities are viewed as a place to get well, the reality is that day-to-day work in these facilities exposes many employees to an unacceptably high risk of violent injury—mostly originating from patients. Federal injury data shows that the rate of workplace violence at health care facilities is high and rising — at some psychiatric facilities, the rates of violence are extreme. Indeed, the rate of violent injury may even be understated, as research suggests workers fail to report these injuries due to various barriers such as fear of reprisal, and the idea that injury is "part of the job."

To assess this problem, the Government Accountability Office (GAO) was asked to examine the prevalence of workplace violence in health care facilities and review efforts by OSHA and states to address this problem. GAO found that:

- Workplace violence is a serious concern for 15 million health care workers in the United States.
- In 2013, 153,731 health care workers reported at least one non-fatal, violence-related assault in the workplace, according to the Bureau of Justice Statistics.
- In 2013, there were 24,800 cases of violence against health care workers that were severe enough to cause the employee to have a reportable days-away-from-work injury, according to the Bureau of Labor Statistics (BLS)—this is up 12 percent compared with 2011.
- Psychiatric aides experience the highest rates of days-away-from-work injuries due to workplace violence. Almost 6% of psychiatric aides employed in state facilities, and nearly 4.5% of psychiatric aides in private facilities, have a reportable injury each year

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caused by workplace violence, compared to less than 0.02% per year for all private sector workers, and 0.2% for state employees.

Workplace violence in health care facilities and social service settings is a foreseeable hazard which, in many cases, can be prevented through risk assessment, employee engagement, managerial mitigation strategies, and incident evaluation.

- GAO found that 4 out of 5 studies on violence prevention programs—including 3 studies of Veterans Administration hospitals that adopted a program—suggest that violence prevention programs can reduce the rate or severity of assaults.
- In California, the rate of assaults dropped in emergency rooms after the state adopted a law requiring hospitals to develop violence prevention programs.

We note that OSHA has issued voluntary guidelines on preventing workplace violence in health care facilities. However, in the absence of a national standard, the agency must fall back on the OSH Act's General Duty Clause for enforcement. GAO's report indicated that this strategy is not effective. By contrast, seven states have passed laws requiring violence prevention plans in healthcare settings, California is currently adopting a comprehensive standard, and several leading health care providers have adopted effective programs across the country.

In order to fulfill its mission to assure safe and healthful working conditions for health care workers, OSHA must make prevention of violence in health care facilities and social service settings a high priority. For these reasons, we urge the Department to accept the petition for rulemaking and expedite its efforts to promulgate a comprehensive standard.

Thank you for your attention to this important matter. We look forward to hearing from you.

Sincerely,

ROBERT C. "BOBBY" SCOTT

Ranking Member

Committee on Education and the Workforce

PATTY MURRAY

Ranking Member

Committee on Health, Education, Labor, and Pensions

FREDERICA S. WILSON

Ranking Member

Subcommittee on Workforce Protections

AL FRANKEN

Ranking Member

Subcommittee on Employment and Workplace Safety

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JOE COURTNEY
Member of Congress

CC: Dr. David Michaels, Assistant Secretary of Labor for Occupational Safety and Health