

A Special Case: Violence Against Health Care Workers

“More assaults occur in the health care and social services industries than in any other,” the Occupational Safety and Health Administration reported. The same report went on to say:

“Of greater concern is the likely under-reporting of violence and a persistent perception within the health care industry that assaults are part of the job. Under-reporting may reflect a lack of institutional reporting policies, employee beliefs that reporting will not benefit them, or employee fears that employers may deem assaults the result of employee negligence or poor job performance.”

Other studies have also noted the risks borne by employees in the health field. The University of Iowa Injury Prevention Research Center’s “Report to the Nation” on workplace violence observed:

“Of particular concern is the high rate of violent incidents targeting health care workers. On some psychiatric units, for example, assault rates on staff are greater than 100 cases per 100 workers per year.”

A study conducted by the Emergency Medical System of Virginia reported that:

“violence associated with patient care is the primary source of non-fatal injury in all health care organizations today.”

The Virginia report also noted that:

“hospital based medical workers currently have the highest rate of non-fatal assaults over all other sectors of employment.”

Nurses experience the most assaults, but physicians, pharmacists, nurse practitioners, physicians’ assistants, nurses’ aides, therapists, technicians, home healthcare workers, social/welfare workers, and emergency medical care personnel are all at risk of violence by patients or a patient’s friends or relatives. Psychiatric units are particularly dangerous, as are emergency rooms, crisis and acute care units, and admissions departments. The high rate of assaults on health workers has numerous causes. In urban emergency rooms, as one study noted, “increasing numbers of unscreened violent and potentially violent persons are brought by the police.

Risk factors listed in OSHA’s 1998 guidelines included:

- *The carrying of handguns and other weapons by patients, their families, or friends.*
- *The use of hospitals by police and the criminal justice system for the care of acutely disturbed, violent individuals.*

- *The increasing number of acute and chronically mentally ill patients being released from hospitals without follow-up care, who now have the right to refuse medicine, and who can no longer be hospitalized involuntarily unless they pose an immediate threat to themselves or others.*
- *The availability of drugs or money at hospitals, clinics, and pharmacies.*
- *Factors such as unrestricted movement of the public in clinics and hospitals; the presence of gang members, drug or alcohol abusers, trauma patients, or distraught family members and long waits in emergency or clinic areas, leading to frustration among patients and accompanying relatives or friends.*
- *Lack of training of staff in recognizing and managing escalating hostile and assaultive behavior.*

Recommendations for reducing violence include:

- *Adopting a written violence-prevention program, communicating it to all employees, and designating a “Patient Assault Team,” task force or coordinator to implement it.*
- *Advising all patients and visitors that violence, verbal and nonverbal threats, and related behavior will not be tolerated.*
- *Setting up a trained response team to respond to emergencies.*
- *Encouraging employees to promptly report incidents and to suggest ways to reduce or eliminate risks.*
- *Reviewing workplace layout to find existing or potential hazards; installing and maintaining alarm systems and other security devices such as panic buttons, handheld alarms or noise devices, cellular phones, and private channel radios where risk is apparent or may be anticipated; and arranging for a reliable response system when an alarm is triggered.*
- *Using metal detectors to screen patients and visitors for guns, knives, or other weapons.*
- *Establishing liaison with local police and state prosecutors, reporting all incidents of violence, and providing police with floor plans of facilities to expedite emergency response or investigations.*
- *Ensuring adequate staff coverage at all times.*
- *Setting up a system to use chart tags, logbooks, or other means to identify patients and clients with assaultive behavior problems.*
- *Instituting a sign-in procedure with passes for visitors and compiling a list of*

“restricted visitors” for patients with a history of violence.

- *Controlling access to facilities other than waiting rooms, particularly drug-storage or pharmacy areas.*
- *Providing medical and psychological counseling and debriefing for employees experiencing or witnessing assaults and other violent incidents.*