Maryland ACEP Chapter Educational Conference & Annual Meeting
March 12, 2020

FACULTY: Gregory Jasani, MD

PRESENTATION
Emergency Department Workplace Violence

DESCRIPTION
This presentation will focus on the topic of workplace violence as it pertains to the emergency department. This presentation will provide an overview of how workplace violence impacts emergency department staff and will discuss violence prevention strategies. A brief primer on local and national laws on the topic will also be included.

OBJECTIVES
• To appreciate the prevalence of violence in the emergency department and its negative impact on staff.

• To explore personal and systems-based violence prevention strategies aimed at keeping providers safe.

• To understand local and national laws that impact this issue.

DISCLOSURE
No significant financial relationships to disclose.
Workplace Violence: Coming to an ED near you

Gregory Jasani MD
PGY-2
University of Maryland
I have no disclosures
HMM...

WHAT'S THE CATCH?
WHAT IF I TOLD YOU
YOU ALREADY DID
Objectives

• Understand how violence permeates the emergency department environment

• Explore laws and legal precedents surrounding the issue

• Discuss individual and system strategies to keep you safe
VIOLENCE IN HEALTHCARE
The numbers

• 75% of WPV incidents reported to OHSA occur in healthcare

• 4 times more likely to be a victim of WPV than most other professions

• Often under-reported
  – 26% of physicians and 30% of nurses report
Violent Injuries Resulting in Days Away from Work, by Industry, 2002–2013

Distribution of nonfatal occupational injuries and illnesses by private industry sector, 2017

- Health care and social assistance: 548.1 injuries, 34.7 illnesses
- Manufacturing: 394.6 injuries, 34.3 illnesses
- Retail trade: 386.0 injuries, 9.7 illnesses
- Accommodation and food services: 275.0 injuries, 7.6 illnesses
- Transportation and warehousing: 208.3 injuries, 7.3 illnesses
- Construction: 194.3 injuries, 3.8 illnesses
- Wholesale trade: 154.9 injuries, 3.0 illnesses
- Administrative and waste services: 112.1 injuries, 4.8 illnesses
- Professional and technical services: 66.8 injuries, 2.9 illnesses
- Other services (except public administration): 63.7 injuries, 2.3 illnesses
- Arts, entertainment, and recreation: 56.2 injuries, 2.7 illnesses
- Agriculture, forestry, fishing and hunting: 47.2 injuries, 3.0 illnesses
- Educational services: 37.0 injuries, 1.5 illnesses
- Information: 32.0 injuries, 1.7 illnesses
- Finance and insurance: 25.9 injuries, 1.7 illnesses
- Management of companies and enterprises: 19.0 injuries, 1.6 illnesses
- Utilities: 10.3 injuries, 0.9 illnesses
- Mining, quarrying, and oil and gas extraction: 9.8 injuries, 0.5 illnesses
Healthcare Worker Injuries Resulting in Days Away from Work, by Source

- Patient: 80%
- Other client or customer: 12%
- Student: 3%
- Coworker: 3%
- Other person (not specified): 1%
- Assailant/suspect/inmate: 1%

Data source: Bureau of Labor Statistics (BLS), 2013 data. These data cover three broad industry sectors: ambulatory healthcare services, hospitals, and nursing and residential care facilities. Source categories are defined by BLS.
47% of providers have been victims of WPV
Q10. How many times have you been physically assaulted in the emergency department in the past year?

- None: 39%
- Once: 34%
- 2-5 times: 24%
- 6-10 times: 2%
- More than 10 times: 1%
- Prefer not to answer: 1%

*(n=1,650)*

*Among those who have been physically assaulted*

Over sixty percent of those assaulted have been assaulted in the past year alone. More than a quarter of emergency physicians have been assaulted more than once during that time.
Q12. What was the nature of your most recent assault? (Check all that apply)

<table>
<thead>
<tr>
<th>Nature of Assault</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hit, slap</td>
<td>44%</td>
</tr>
<tr>
<td>Spit on</td>
<td>30%</td>
</tr>
<tr>
<td>Punch</td>
<td>28%</td>
</tr>
<tr>
<td>Kick</td>
<td>27%</td>
</tr>
<tr>
<td>Scratch</td>
<td>17%</td>
</tr>
<tr>
<td>Bite</td>
<td>6%</td>
</tr>
<tr>
<td>Assault with a weapon (knife, other...)</td>
<td>2%</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>1%</td>
</tr>
<tr>
<td>Assault with a gun</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>13%</td>
</tr>
</tbody>
</table>

*Among those who have been physically assaulted*
ED Risk Factors

- Open access
- Duty to treat
- High stress
Federal Laws

• General duty clause of OSH Act of 1970
  – Legal obligation to mitigate known hazards

• All Injuries resulting treatment or days off must be reported

• OSHA inspections and fines
Shortcomings

• No clear standards

• OSHA has guidelines for preventing violence
  – Purely advisory

• Not enough?
  – GAO recommended OSHA increase education and enforcement
Strong regulatory tailwinds are fueling demand for non-discretionary training

US POPULATION RESIDING IN STATES WITH WORKPLACE VIOLENCE PREVENTION LAWS

- 1993: 40M
  - Washington State passes law mandating WPV plans for all healthcare settings
- 1999: 47M
  - Georgia law passed requiring a statewide violence prevention program for grades K-12
- 2000: 57M
  - Illinois enacts legislation requiring healthcare facilities to implement WPV training and safeguards
- 2005: 70M
  - New York passes law increasing use of training for prevention of WPV by public employers
- 2006: 90M
  - Maine passes law requiring annual safety and security plans at hospitals
- 2007: 99M
  - New Jersey passes law requiring annual WPV risk assessments at hospitals and nursing homes
- 2011: 104M
  - Connecticut enacts legislation that requires WPV safety committees at all medical facilities with > 50 employees
- 2017: 108M
  - Iowa and Alabama pass laws requiring a statewide Education violence prevention program
- 2018: 116M
  - Cal/OSHA proposes extending WPV protections to all workers
  - Cal/OSHA mandates training for healthcare workers
  - Oregon law passed requiring periodic WPV and plan assessment
- 2019: 122M
  - Workplace Violence Prevention Act introduced in US House
  - Law passed in Maryland requiring WPV plans and safety be implemented at healthcare facilities

Sources: OSHA, State Legislatures, US Census Bureau

(1) Based on U.S. Census Bureau 2017 state population estimates
Maryland Law

- State law mandates hospitals have WPV plans
- Not a felony to assault a healthcare provider in Maryland
What can you do?

STOP
WORKPLACE VIOLENCE
• Join your Violence Prevention Group (Or start one!)

• Establish Policies and Procedures
  – Ensure EVERYONE is trained on them

• Identify workplace hazards and try to fix them
Have a Plan

• Always know where the exit is

• Coordinate with security/law enforcement

• Practice your plan!
Prepare for the Worst

• Get training on violence de-escalation

• Realize that won’t always work

• Consider taking a self defense class!
On Advocacy

WORKPLACE VIOLENCE IS FORESEEABLE AND PREVENTABLE

Support H.R. 1309

Workplace Violence Prevention for Health Care and Social Service Workers Act
HR 1309

• Passed the House, currently in the Senate

• Unclear future

• Supported by ACEP
AHA Opposes

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners — including more than 270,000 affiliated physicians, 2 million nurses and other caregivers — and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) writes regarding H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act. This bill would direct the Secretary of Labor to issue — on an accelerated time frame — proposed Occupational Safety and Health Administration (OSHA) regulations to protect health care workers from physical violence on the job.
Speak up or someone will speak for you!
The dangers of being a doctor: threatened by those who seek help
Take Home Points

• Violence is shockingly common in our profession

• Have a plan for it

• Work to change it
Any Questions?