

# Healthcare Professionals Are At High Risk Of Workplace Violence

by ARTHUR J. HANNUS

More than 20,000 persons are victims of violence in the workplace each year. One in every 20 assaults results in the death of the victim, making workplace violence the third leading cause of fatality in the workplace and the number one cause of fatality for female workers.

According to the most recent National Crime Victimization Survey, workplace violence accounted for 18% of all violent crime between 1993 and 1999. One California-based magazine estimates a much higher number of assaults in the healthcare industry (9,000 physical or verbal assaults daily). Although police officers, taxi drivers and retail workers have the highest rates of fatality, social workers and healthcare professionals have the highest rates of non-fatal incidents.

The saddest fact is that police officers, social and healthcare workers are directly involved in helping many of the people who actually assault them. The first time this happens it is usually a big surprise. But, the fact is that many of their patients and clients are drug and alcohol abusers, gangbangers or people with chronic mental disorders. The risk is greater for persons working alone at remote sites or clinics.

It is estimated that workplace violence

costs businesses more than \$33 billion per year. More importantly, workplace violence impacts the quality of life for everyone touched by the violence. Fortunately, few acts of violence are as notorious as the 1993 attack on the Los Angeles County / University of Southern California Medical Center General Hospital where an irate patient in the waiting area shot three Triage physicians and took two other ER staff hostage for five hours.

All employers have a duty to protect their employees, visitors, vendors and invitees while on their property, and the ability to foresee a criminal act is an important element in determining liability. It is not necessary for an employer or business to have actual notice of a threat before putting safeguards into place. For example, if you own a convenience store and have never been robbed, it does not mean that you do not have a duty to protect your employees and patrons from attack.

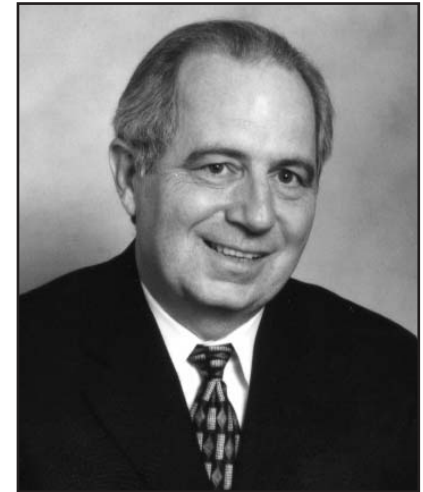
Historically, convenience stores have been a target of late-night armed robbers. Most convenience store robberies occur at night when only one person is working. While it is costly to add surveillance cameras and a second night-shift employee, these measures cut down on robberies considerably.

Foreseeable criminal events in healthcare facilities are not limited to assaults by patients and vendors. Because domestic arguments have found their way into the workplace, it is important to have policies in place to deal with these events before they occur.

While most sizeable healthcare facilities have procedures in place to control visitor and vendor access, the very nature of the institution requires that a substantial amount of movement within the institution will take place without obstruction. Therefore, it is critically important that at a minimum, any Workplace Violence Protection Program include the implementation of:

- A comprehensive background and substance abuse screening program for all employees and job applicants
- Effective physical security measures, including a workplace violence contingency plan
- An employee assistance program (EAP)
- A strong Workplace Violence Prevention Policy and an Employee Harassment Policy on an organizational/institution-wide basis
- A Workplace Violence Prevention Policy training program
- Effective employee communication methods, including a workplace violence hotline
- A Workplace Violence Prevention Management Team

Some state offices of OSHA can help employers implement a Workplace Violence Prevention Program at no charge. For a list of OSHA consulting programs, see Appendix E of the Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers.



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