VIOLENCE IN HEALTHCARE ON THE RISE



It is not a pretty picture. Healthcare workplaces can be very violent. The rate of violence in healthcare has increased every year but one between the years 2011 and 2018. Healthcare workers accounted for 73 percent of all nonfatal workplace injuries and illnesses due to violence in 2018. (Fact Sheet, Workplace Violence in Healthcare, 2018, U.S. Bureau of Labor Statistics, April 2020). And while violent incidents can take place in any healthcare setting, rates are much higher in public sector facilities and in long term care facilities.

While the COVID-19 crisis has put the spotlight on other serious workplace safety issues, the hazards that contribute to violence do not fade away. And, in some ways, the ongoing crisis has perhaps introduced additional hazards and risks: as a result of the loss of mental health beds in order to create more covid-19 accute care beds in our facilities, substance abuse spikes and understandable anxiety and stress related to the pandemic have occured. On the other hand, some measures, like visitor restrictions, have reduced other risks.

Why are Rates of Violence So High in Healthcare?

Some of the growing number of underlying causes include:

- Downsizing, including consistent understaffing
- Declining patient mental health services society-wide (and for patients in our facilities)
- Delays in care and services for patients (see first point, above)
- Poorly designed work areas
- Context of a violent society: the U.S. has more gun violence than most other countries. Violence against women is also at high levels in the U.S.
- "Free for all" facility visitation policies (during non-Covid-19 times)
- "Porous" nature of access to healthcare facilities, low levels of security
- The substance abuse epidemic and increased substance abuse during the Covid-19 crisis

These, and a number of other issues, can lead to a greater risk of patient and visitor agitation and also violent acts. The pandemic has added yet new hazards, with a further decline in psych beds and behavioral health resources, for example, at exactly a time when they are needed even more.





Case Studies on how to win protections against workplace violence.



NYSNA members, St. Joseph Hospital, Bethpage, with copies of the stickers they used to protest workplace violence hazards.

Over the years, NYSNA members have demonstrated that it is possible to win protections around workplace violence. Here are some examples of what members have done, broken down by the different tools in our tool kit.

Documenting Hazards

- Members at Montefiore Moses used POA forms to document overcrowding, patient holds and other violence-related safety hazards in their ED.
- Members at Jacobi had NYSNA conduct an inspection of their workplace, and then used the report to push for changes over violence issues.
- Members at SIUH created a "photo album" of hazards in their workplace, which helped win some improvements.
- Members at Westchester Medical Center won a workplace violence complaint via PESH, in large part due to their solid documentation of the issues.

Using Labor-Management Meetings

 Members at Erie County Medical Center repeatedly raised concerns regarding the lack of mental health services for patients on a medsurge unit. "Before you solve a problem, you have to recognize you have a problem" they said regarding efforts to get management to focus on the issue. Using labor-management meetings they were able to get management's attention, and concrete measures, including a new position for an advanced practice nurse.

Filing a Grievance

- Members at Flushing Hospital filed a grievance over violence hazards in the Chemical Dependency Unit (CDU) triage area, winning improvements.
- Members at Correctional Health Services at the Manhattan Detention Center filed a grievance over violence and sanitation hazards in a new unit. The unit was renovated as a result.

Organizing to Get Action

 Members at St. Joseph's Hospital in Bethpage had repeatedly raised the alarm over an ED triage area that had poor lines of sight, and other workplace violence risks. When management did not respond, they organized a sticker and car window poster day. With signs and stickers present both inside and outside the hospital, management got the message and the triage area was reconfigured to improve safety.

What Can Be Done?

Sustained efforts on the part of NYSNA members, sometimes combined with organizing tactics, have often resulted in improvements and greater protections. Usually more than one tool from our toolkit is needed to get action on workplace violence. Here are some of the tools at our disposal:

- Document the hazards. Use surveys, petitions, POAs, and review workplace incident reports and PESH SH900 or OSHA300 work-related injury and illness logs.
- Conduct a workplace violence assessment in conjunction with the NYSNA Health and Safety staff.
- Raise the issues at a joint labor-management meeting, invite members testifying.

- Use contract language to file a grievance. Most NYSNA contracts have language on health and safety. However, as with any issue, you need to evaluate the strengths and merits of the language in terms of the issue at hand before proceeding.
- "Raise the heat" by organizing actions. See what other members have done around violence and health and safety issues on the back of this flyer.
- While it can be difficult to get agencies to take action, complaints can be filed with the New York State Department of Labor, Public Employee Safety and Health (PESH) Division. Just filing a complaint, however, without solid preparation and evidence, is not recommended. See more info on page 3.

New York State Public Employer Workplace Violence Law

The NYS Department of Labor Public Employee Safety and Health Bureau (PESH) requires public sector employers in New York State to institute workplace violence prevention programs. These programs must include:

- Employer/employee collaboration
- Risk hazard assessment: at minimum initially and then whenever changes are made to the physical environment.
- Implementation of hazard controls
- Records review, walk around with union reps
- Written policy statement
- Written program
- Training
- Recordkeeping and reporting
- Periodic review (at least annually) of incidents

NYSNA members can and should make sure that their employer is living up to these obligations. The NYSNA Health and Safety staff can assist. If you are considering filing a complaint with PESH over violations of this law, there are some do's and don'ts:

Do not file a complaint without first preparing the case (evidence, statements, dates, documents). It will not help if your complaint ends up with PESH saying "no violation", because they did not have the evidence needed to make the case.

Do use the other tools in our tool box as well (see page 2). Do not rely solely on a PESH complaint. In fact, we can often get action by using other tools.

OSHA and Private Sector

If you work for a private sector employer covered by OSHA and not PESH, please contact the NYSNA health and safety staff for advice. OSHA does not currently have a standard on workplace violence. However, complaints to OSHA may still be possible.

If you are Assaulted on the Job

Take these steps if you're assaulted on the job:

- Seek medical care immediately
- Report the assault to your supervisor and file an incident report
- File a workers' compensation claim (via a C3 Form at WWW.NYSWCB.ORG)
- Contact your NYSNA representative to inform them of the incident and to receive assistance if needed
- Expect that management determine effective ways to prevent similar incidents from happening again.

Under certain conditions, assaulting a nurse is a Class D felony under New York State law. If you are assaulted, you should consider contacting your local police to press charges. If the police, ADA, or others are discouraging you from pressing felony charges please contact your NYSNA representative and notify the NYSNA health and safety staff.

Contract Language & Grievances

- If your contract has decent health and safety language, use it. This may mean using it for talking points when meeting with management. Or, using it to file grievances. The grievance procedure is not our only tool, and it can sometimes be slow, but we can and should use it for health and safety issues, just as we do for other violations in the workplace. It gives us a chance to present evidence and witnesses, and usually has the option of using arbitration.
- Group grievances that affect several workers, as many health and safety grievances do, may have an expedited grievance and arbitration process. Health and safety language varies with each collective bargaining agreement. Become familiar with your contract language and use it whenever possible as a tool to fight for safer working conditions. For questions regarding your LBU's health and safety contract language, contact your NYSNA rep or the NYSNA Health and Safety reps.