AIHA™

HEALTHIER WORKPLACES | A HEALTHIER WORLD

Prevention of Workplace Violence

Fact Sheet

aiha.org

Version 1 | February 1, 2021

Developed by the AIHA® Social Concerns Committee

Adopted December 13, 2000; Updated and Amended January 16, 2021

1. OSHA defines workplace violence as "any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the worksite. It ranges from threats and verbal abuse to physical assaults and even homicide."[1]
2. Cal/OSHA and others have characterized workplace violence events as follows:
   a. Type I: Criminal intent. The perpetrator has no legitimate relationship to the business or its employees and is usually committing a criminal act prior to the violence. Criminal acts include robbery, shoplifting, and loitering.
   b. Type II: Customer/client. The perpetrator has a legitimate relationship with the business and becomes violent during a business transaction. This category includes customers, clients, patients, students, inmates, and any other group for which the business provides services.
   c. Type III: Worker on worker. The perpetrator is an employee or past employee of the business who attacks or threatens another employee or past employee(s).
   d. Type IV: Personal relationship. The perpetrator does not have a relationship with the business but has a personal relationship with the intended victim. This category includes victims of domestic violence assaulted while at work.[2]
3. Violence was the second leading cause of traumatic injury death on the job in 2016, and the third in 2017. Workplace violence caused 9% of all occupational traumatic injury deaths for U.S. workers in 2017, resulting in 458 deaths, out of a total of 5,147 recorded fatalities. Workplace homicides have been increasing since 2013, but decreased by 42 cases from 2016, which had the highest fatality rate since 2011 (with 500 cases).[3]
4. The 2016 Bureau of Labor Statistics (BLS) Census of Fatal Occupational Injuries database reveals that 13% of work-related homicides were perpetrated by co-workers or former workers (type III), compared to 65% involving patients, clients, robberies, or other crimes (types I and II).
5. In 2016, a greater proportion of female workers died from violence on the job than males. Homicides represented 24% of fatal occupational injuries to women in 2016, compared with 9% of fatal occupational injuries to men. Relatives or domestic partners were the most frequent assailant in work-related homicides involving women (type IV). Robbers were the most common work-related homicide assailant for men (type I).[4,5]
6. Cashiers incurred the largest number of workplace homicides in 2016 (54 homicides, up from 35 in 2015). Other occupations with high numbers of homicides were first-line supervisors of retail sales workers (50 homicides, up from 40 in 2015) and police and sheriff patrol officers (50 homicides, up from 34 in 2015).[5]
7. In 2016 about 1 in 5 victims of workplace homicide was a government employee.[6]
8. The Bureau of Justice Crime Victims Survey documents that in 2009 there were approximately 572,000 nonfatal assaults in the workplace.[7]
9. Occupations experiencing the greatest number of nonfatal assaults include retail workers, nurses' aides, nurses, teachers, police, security guards, corrections officers, and taxi drivers.[7]
10. Select industries with large numbers of violent nonfatal assaults include retail sales, law enforcement, teaching, medical, mental health, transportation, and private security.[7]
11. Workplace violence is estimated to cost $121 billion per year.[8]

12. Although rates of workplace violence have declined since 1993, they are declining more slowly for women than men, such that incidence rates for workplace violence against women are now approaching those previously published for men.[6]
13. Healthcare workplace violence is most frequently from an assaultive patient or patient's family member, based on 2013 BLS data on nonfatal assaults.9 According to a report from the Government Accounting Office, there were 730,000 cases of healthcare workplace assaults over the five-year span from 2009 through 2013, based on Bureau of Justice Statistics data. BLS reports that healthcare and social service workers suffered 69% of all workplace violence injuries caused by persons in 2016 and are nearly five times as likely to suffer a workplace violence injury as workers overall.[10]
14. A 2017 survey by the Workplace Bullying Institute estimated that 19% of U.S. workers have experienced bullying at work.[11]
15. WorkSafe BC published the provincial Occupational Health and Safety Regulation 4.27–4.31, Violence in the Workplace, effective Oct. 29, 2003.
16. A number of states have promulgated state laws and regulations addressing workplace violence prevention. A number of these laws are directed at healthcare and social services, retail operations, or taxi and limousine drivers. State regulations can be found in California, Connecticut, Florida, Michigan, New Jersey, New York, Ohio, and Washington. Cal/OSHA promulgated a comprehensive workplace violence standard in 2017 for healthcare. Other states, including Maryland and Massachusetts, have proposed legislation. The scope of these requirements varies: some require comprehensive workplace violence prevention programs and others address training, specific workplace controls, or whether guns may be on the employer's property. Some 34 states have laws increasing the penalty for assaulting nurses or other specific occupations.
17. In December 2016, OSHA published a Request for Information to solicit information primarily from health care employers, workers and other subject matter experts on impacts of violence, prevention strategies, and other information. The public comment period closed in May 2017. OSHA was petitioned for a standard preventing workplace violence in healthcare by a broad coalition of labor unions, and in a separate petition by the National Nurses United, and on Jan. 10, 2017, OSHA granted the petitions. As of spring 2018, workplace violence was identified as a regulatory priority and moved to OSHA's short-term regulatory agenda. The Prevention of Workplace Violence in Health Care (1218-AD08) proposed standard was assigned a prerule status.[12]
18. In November 2018, U.S. Rep. Joe Courtney introduced H.R. 7141, the Workplace Violence Prevention for Health Care and Social Service Workers Act. It directs OSHA to issue a standard requiring health care and social service employers to write and implement a workplace violence prevention plan to prevent and protect employees from violent incidents. The bill would require OSHA to develop a standard within one year, with an implementation within 42 months of enactment.[13]
19. The increasing number of school and other mass shootings has given rise to the need for active shooter preparedness programs, including written policies and procedures, training, drills, and coordination with criminal justice and health authorities. There have been 290 school shootings since 2013, 1333 mass shootings since 2014, and 56,755 deaths by guns since 2014, according to the Union of Concerned Scientists.[14]

20. Government research on gun violence by the CDC National Center for Injury Prevention and Control was effectively eliminated by an appropriations rider that reduced the national center's budget by 90% in 1996.10.[15]
21. Public access to data regarding guns used in crimes from the Bureau of Alcohol, Tobacco, Firearms and Explosives database was eliminated by the Tiahrt Amendment in 2003.[11]

Given the significant impact that workplace violence has on the safety and health of the U.S. workforce, good industrial hygiene practices dictate:

1. OSHA's swift rulemaking on workplace violence prevention in healthcare and passage of H.R. 7141, the Workplace Violence Prevention for Health Care and Social Service Workers Act, which directs OSHA to issue a standard.
2. Employer implementation of facility-specific workplace violence prevention programs to protect all personnel from exposure to occupational violence, especially in industries with high rates of workplace violence.
3. Industrial hygienists' participation in interdisciplinary teams that develop and implement workplace violence prevention programs. Environmental design, administrative controls, and behavioral strategies should all be considered in the development of site-specific workplace violence prevention programs.
4. Advocacy for an expanded budget for public health research on gun violence in the National Center for Injury Prevention and Control at CDC and the National Institute of Justice in the Department of Justice (DOJ), and for the release of data about gun crimes from the Bureau of Alcohol, Tobacco, Firearms and Explosives (also DOJ).
5. Continued corporate, academic, and government funding to support research in workplace violence prevention particularly in the areas of:
   - characterization of environmental, organizational, and personal factors for workplace violence in high-risk industries and occupations;
   - analysis of injury rates, lost work time, and costs associated with workplace violence;
   - evaluation of the effectiveness of controls such as security hardware, alarms, workplace redesign, emergency systems, training programs, written prevention programs, and trauma response;
   - the testing of intervention strategies for effectiveness; and
   - program evaluation.

References

1. OSHA: *Workplace Violence*, Safety and Health Topics. Available at www.osha.gov/SLTC/workplaceviolence (accessed July 27, 2018).
2. Barish, R: Legislation and regulations addressing workplace violence in the United States and British Columbia. *Am J. Prev Med* 2001:20(2). Available at www.ajpmonline.org/article/S0749-3797(00)00291-9/pdf (accessed July 26, 2018).
3. U.S. Department of Labor, Bureau of Labor Statistics: *National Census of Fatal Occupational Injuries in 2016*, USDL–17–1667, Dec. 19, 2017. Available at www.bls.gov/news.release/pdf/cfoi.pdf (accessed July 20, 2018).
4. U.S. Department of Labor, Bureau of Labor Statistics: Census of Fatal Occupational Injuries. Static charts, 2016. Available at www.bls.gov/iif/oshwc/cfoi/cfch0015.pdf (accessed July 20, 2018).
5. U.S. Department of Labor, Bureau of Labor Statistics: "There were 500 workplace homicides in the United States in 2016." *The Economics Daily*, Jan. 23, 2018. Available at www.bls.gov/opub/ted/2018/there-were-500-workplace-homicides-in-the-united-states-in-2016.htm (accessed July 20, 2018).
6. U.S. Department of Labor, Bureau of Labor Statistics: Injuries, Illnesses, and Fatalities: Workplace homicides by selected characteristics,

2011–2016. (Excel spreadsheet download shows 87 of 500 fatalities were government employees in 2016.) Available at https://docs.google.com/viewer?url=https%3A%2F%2Fwww.bls.gov%2Fiif%2Foshwc%2Fcfoi%2Fwork_homicide.xlsx.

7. Harrell, E.: *Workplace Violence, 1993–2009* (Bureau of Justice Statistics special report). Washington, DC: U.S. Department of Justice, Office of Justice Programs, March 2011.
8. Costs of Violence in the Workplace, Recommendations for Workplace Violence Prevention Programs. Available at: http://www.nationalacademies.org/hmd/~/media/37A028BB410045DA8A7142BECFC17581.ashx (Accessed April 11, 2019).
9. Hartley, D.: "Violence in Healthcare" (blog). NIOSH, March 27, 2013. Available at https://blogs.cdc.gov/niosh-science-blog/2015/03/27/violence-in-health-care.
10. U.S. Government Accountability Office: *Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence* (Report GAO-16-11). March 17, 2016, publicly released: April 14, 2016. Available at www.gao.gov/products/GAO-16-11 (accessed Dec. 12, 2018).
11. Namie, G. 2017 U.S. Workplace Bullying Survey, Workplace Bullying Institute, 2017. Available at www.workplacebullying.org/multi/pdf/2017/Prevalence.pdf (accessed July 20, 2018).
12. Office of Management and Budget: *Prevention of Workplace Violence in Health Care and Social Assistance* (OSHA regulatory review at prerule stage). Office of Information and Regulatory Affairs, Spring 2018. Available at www.reginfo.gov/public/do/eAgendaViewRule?pubId=201804&RIN=1218-AD08 (accessed July 26, 2018).
13. Workplace Violence Prevention for Health Care and Social Service Workers Act, H.R. 7141, 115th Cong. Available at www.congress.gov/bill/115th-congress/house-bill/7141 (accessed Dec. 12, 2018).
14. Johnson, C.: "CDC Scientists Plea to Congress: Let Us Research Gun Violence" (blog). Union of Concerned Scientists, Feb. 16, 2018. Available at https://blog.ucsusa.org/charise-johnson/cdc-scientists-plea-to-congress-let-us-research-gun-violence (accessed July 20, 2018).
15. Young, R. "Why Data on Tracing Guns Is So Difficult To Find." Interview excerpt from *Here and Now*, National Public Radio, April 3, 2018. Available at www.wbur.org/hereandnow/2018/04/03/gun-research-trace-data (accessed July 27, 2018).