



Occupational
Safety and Health
Administration

Workplace Violence Prevention

OSHA is in the early stages of developing a potential standard, Prevention of Workplace Violence in Healthcare and Social Assistance. OSHA plans to convene a Small Business Advocacy Review (SBAR) Panel in early 2022 and is looking for small businesses and small local government entities to serve as small entity representatives (SERs).

Who might be covered by a new workplace violence standard?

- **Employees who work in hospitals;**
- **Mental healthcare practitioners and providers who offer mental health services in behavioral healthcare facilities or substance abuse centers;**
- **Employees who provide nursing and continuous personal care services in residential care facilities;**
- **Emergency medical services personnel, including paramedics, emergency medical technicians (EMTs), and firefighters cross-trained and performing services as paramedics or EMTs; and**
- **Home healthcare and social assistance providers at the patient/client's residence or at other settings.**

Why is OSHA considering a new standard?

Workplace violence against employees in the Healthcare and Social Assistance industry is a serious concern. Data from the Bureau of Labor Statistics' (BLS) Survey of Occupational Injuries and Illnesses show that, in 2019:

- Healthcare and social assistance workers in private industry experienced workplace-violence-related injuries at an estimated incidence rate of 10.4 per 10,000 full-time workers – for a total of 14,550 nonfatal injuries;
- For segments of these industries the rate is even higher, such as psychiatric and substance abuse hospitals (107.5 per 10,000) and residential mental healthcare facilities (44.4 per 10,000); and
- The rate of nonfatal workplace violence incidents that required the worker to take time off was 4.8 times greater in privately operated healthcare and social assistance than in private industry overall.

There is no existing OSHA standard for preventing workplace violence in healthcare. OSHA currently enforces the Occupational Safety and Health Act's General Duty Clause, 29 U.S.C. § 654(a)(1), against employers that expose their workers to workplace violence. OSHA has issued dozens of citations and hundreds of Hazard Alert Letters related to workplace violence, the vast majority of which

have been in the healthcare industry.

OSHA recognizes that workplace violence in healthcare and social assistance is a sensitive issue. This is not only due to the nature of the injuries sustained by workers, but also because it involves patients and clients who may be experiencing psychiatric, behavioral, or substance abuse issues that may require specific methods and protocols for the delivery of care. OSHA is taking all of these factors into consideration in the development of a potential standard.

What might a new standard include?

Some topics for SERs to consider in helping OSHA develop a potential standard include:

- Workplace violence prevention programs (WVPP)
- Workplace violence hazard assessments
- Workplace violence control measures
- Training
- Violent incident investigation and recordkeeping
- Anti-retaliation provisions
- Approaches to protecting workers without stigmatizing healthcare patients and social assistance clients

What will a Small Entity Representative do?

OSHA will send each SER a packet of documents to review, and SERs will then participate in a small-group teleconference to discuss with the SBAR panel their thoughts related to the information provided and how a new regulation might potentially affect their entity. The panel will report on what SERs have to say to OSHA's Assistant Secretary.

How can I serve as a Small Entity Representative?

Small businesses and small local government entities that would like to participate in the SBAR Panel as SERs should contact Bruce Lundegren at the Small Business Administration Office of Advocacy, Bruce.Lundegren@SBA.gov, (202) 205-6144; or Jessica Stone, OSHA, Stone.Jessica@dol.gov, (202) 693-1847.