

Published in the IAHSS Journal of Healthcare Protection Management

Volume 28, Number 2,

August 2012

How to Prevent Workplace Violence Incidents and Improve Security using baseline security assessments

Caroline Ramsey-Hamilton, CHS III

BACKGROUND

A workplace violence incident is a nightmare for any organization. Whether it's a hospital with a wonderful reputation, a small business with twenty-five employees, or a federal agency, a workplace violence incident is an extremely traumatic event for the victims, the co-workers and it puts the entire organization at risk.

Recent high profile incidents have included the murder in Long Beach, California at the federal Immigration and Customs Enforcement (ICE) Agency, where an auditor and long-time employee came to the office and shot his supervisor six times and was shot and killed by another ICE agent in early 2012.

This was followed within a few weeks by a workplace violence incident at Western Psychiatric Institute in Pittsburgh, Pennsylvania. A man entered the hospital with two guns and opened fire in the lobby, killing one person and injuring seven others before he was shot and killed by law enforcement.

The Institute, affiliated with the University of Pennsylvania Medical Center, is currently under federal investigation for the shooting.

Why do these incidents continue to unfold month after month? Part of the reason is that organizations don't want to spend money on incidents that the public views as infrequent and "unpredictable". Most of the organizations who have experienced these incidents never saw them coming. They had no advance warning, no hint of trouble, and no previous incidents.

Another part of the answer is that the Federal Occupational Health and Safety Administration (OSHA) does not directly address

workplace violence, and workplace violence prevention is not an OSHA requirement. Instead, OSHA considers workplace violence covers in the "General duty Clause", which makes employers responsible for maintaining a safe environment for workers.

NEW STATE LAWS

In spite of the reluctance of OSHA to directly mandate workplace violence standards, over thirty states have enacted their own workplace violence standards for employers, many focused on incidents in hospitals and healthcare, which are 8 times more likely to have a violent incident than other companies. These state standards include reclassifying assault on a healthcare worker as a felony instead of a misdemeanor, and requiring stricter reporting of incidents, and expanded training and awareness programs.

For example, the new law passed by the State of Connecticut and signed into Law in July, 2011, requires any health care institution with 50 or more workers to set up ongoing ongoing workplace violence committees and the membership of these committees must include at least 50% non-management employees. Hospitals must also make annual workplace violence assessments and institute a workplace violence prevention-and-response plan. Hospitals must keep accurate records of workplace violence and must report such incidents to the police, and the new law makes violence against health care workers a Class C felony.

How to Prevent Workplace Violence Incidents

So with a comprehensive solution to the workplace violence epidemic unlikely to come anytime soon, organizations are looking for ways to reduce the likelihood of a workplace violence incident.

PRACTICAL SOLUTIONS

After working with a variety of organizations conducting baseline Workplace Violence assessments, there are five areas that seem to be common problems for most organizations. These elements are not expensive, and not timing-consuming, so they are natural candidates for improvement.

1. Conduct Annual Baseline Workplace Violence Assessments

A baseline workplace violence assessment is a survey of employees in different roles, combined with a threat analysis and an analysis of existing controls and historical incidents that can be reviewed and tracked over time to show improvement or decline.

The Baseline Workplace Violence Assessment gives the organization insights into other problems, the need for improvement in controls, and often uncovers disconnects in the organization that, if left uncorrected, would make it more vulnerable to a workplace violence incident.

2. Mandatory Training and Workplace Violence Awareness Programs.

Many organizations report that they have required training programs for all staff, but we find that some employees miss the training and are not prompted to reschedule, that employees never got the training notice, didn't know the training was available, or that it wasn't included in their initial company orientation. Training is one of the areas OSHA looks at first when doing an investigation, so it should be required for every employee.

Active shooter drills are also increasingly used because they give employees a taste of the fear and panic that workplace violence generates and have a very powerful effect on staff members.

3. Required Reporting of Every Incident Related to Workplace Violence

Many of the new state laws mandate that every incident workplace violence incident is reported

every time, but in many assessments, staff members report that *their own direct supervisors may discourage them to NOT report an incident*, by not taking time to discuss these pre-incidents, and also by chalking up comments as merely office gossip. Some supervisors have discouraging reporting because they are afraid it will reflect badly on their department.

4. Categorizing EVERY violent incident as a Workplace Violence Incident.

There is a mistaken (in my opinion) idea that domestic violence incidents that happen at work should not be categorized or reported as a Workplace Violence incident. This is a mistake, and leads to bad information about the true nature of the problem. If someone comes and shoots her significant other at work (*IN THE WORKPLACE*), it is a workplace violence incident.

5. Link Up Human Resources with Security to Improve Workplace Violence Prevention.

This is a management issue worth exploring because organizations that create bridges between Human Resources (HR) and the Security Department are way ahead of the curve. This is one issue where cooperation makes a big difference in results. HR can't do a security assessment, and they aren't present everywhere like security is, and security can't write termination policies and set up employment screening. They are both absolutely necessary and more effective together.

Since late 2008, when the economy suffered major job losses, the number of workplace violence assessments have increased dramatically, especially in the healthcare field. Annual assessments are best way to stay on top of the **'potential' for violence** in your hospital.

Steps in a Baseline Workplace Violence Assessments

Since late 2008, the number of workplace violence assessments have increased dramatically, especially in the healthcare field. Annual assessments are best way to stay on top of the **'potential' for violence** in your organization. Annual workplace violence assessments are also required by many states. Here are a few sample questions:

How to Prevent Workplace Violence Incidents

Here are a set of sample OSHA 3148 Questions:

QUESTION	CONTROL STANDARD
Does your organization have a workplace violence program?	Create and disseminate a clear policy of zero tolerance for workplace violence, verbal and nonverbal threats and related actions. OSHA 3148-01R Page 8
Have you encouraged employees to promptly report incidents regarding workplace violence?	Encourage employees to promptly report incidents and suggest ways to reduce or eliminate risks. OSHA 3148-01R Page 9
Have you suggested ways to reduce or eliminate risks for workplace violence?	Encourage employees to promptly report incidents and suggest ways to reduce or eliminate risks. OSHA 3148-01R Page E16
Have you established a method to record incidents to assess risk and measure progress?	Require records of incidents to assess risk and measure progress. OSHA 3148-01R Page 9
Does the organization outline a comprehensive plan for maintaining security in the workplace?	Outline a comprehensive plan for maintaining security in the workplace. OSHA 3148-01R Page 9

The assessment should make use of a variety of reports to illustrate how employees are complying with security and human resources guidelines, as well as calculating a compliance score. In addition, a threat analysis must be performed as part of the assessment, which details every previous incident, both at the organization being analyzed, and also showing developing trends at similar institutions (for example, hospitals or late-night retail establishments).

Each year following the initial assessment, can use the data collected for the assessments to create a roadmap that shows (hopefully), a trend

of threat reduction, increase in controls implementation and reduction in existing vulnerabilities.

The results of a baseline assessment can point organizations in the right direction to began systematically reviewing their current programs, and starting on a program of continual improvement, making the organization a safer and better place for staff members, employees, customers, and patients.

Caroline Ramsey-Hamilton is the President of Risk & Security LLC, a security application development company. She is a leading security risk assessment expert, and the original founder of Risk Watch International. She has developed specialized risk assessment programs for Hospital Security, Joint Commission Compliance, and Workplace Violence Assessment Programs. In addition, she is a member of the ASIS Physical Security Council, ASIS Information Technology Security Council and the Security Risk Assessment Association (SARMA). Ramsey-Hamilton has been working on creating new, easy to use programs to assess and forecast a variety of outcomes. For the last fifteen years, she has focused on the development of accurate and robust security risk assessment programs.

Ramsey-Hamilton currently works with clients around the world on critical risk issues including a risk model for workplace violence prevention, and a risk model for medication error with Philadelphia Children's Hospital.

Write to her at : caroline@riskandsecurityllc.com

This document was created with Win2PDF available at <http://www.win2pdf.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.
This page will not be added after purchasing Win2PDF.