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Dorothy Dougherty
Deputy Assistant Secretary of Labor for Occupational Safety and Health
Occupational Safety and Health Administration
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

RE: *OSHA-2016-0014; Prevention of Workplace Violence in Healthcare and Social Assistance; Request for Information*

Dear Deputy Assistant Secretary Dougherty:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) appreciates the opportunity to respond to the Occupational Safety and Health Administration's (OSHA) request for information related to workplace violence in the health care and social assistance sectors and whether sector-specific standards might be needed.

Hospitals and health systems depend on compassionate, skilled, trained, and dedicated men and women to support and carry out their core mission of caring for people. As a result, they view the safety and well-being of employees as a top priority and take seriously their responsibilities to ensure a safe workplace free of all forms of violence — whether such violence results from encounters between staff and patients and/or their families, staff-to-staff aggression and harassment, or the intrusion of community conditions and community violence into the workplace environment. Hospitals already are focused on violence prevention within their facilities and in the communities they serve.

To support hospitals' efforts, the AHA has initiated a cross-association effort to, among other things, develop tools and resources to highlight and share with the hospital field programs, initiatives and other efforts to combat violence within the hospital facility and the community. We believe that OSHA could do much to support the efforts of hospitals by encouraging and sponsoring continued research that identifies effective best practices for different workplace settings and circumstances and widely disseminating information about these proven effective best practices to the health care field.

HOSPITAL EFFORTS ALREADY STRESS WORKPLACE VIOLENCE PREVENTION

Hospitals already have established organization-wide initiatives aimed at addressing workplace violence. As the most recent Hospital Security Survey conducted in 2016 by AHA's Society for Healthcare Engineering and *Health Facilities Management* reveals, a majority of hospitals responding (78 percent) conduct security risk assessment at least annually, with almost half using a combination of in-house and outside security experts to conduct these assessments. Workplace violence policies are in place for 97 percent of respondent facilities and 95 percent also have active-shooter policies. Moreover, in response to the increasing challenges of maintaining secure environments over the past two years, a majority of hospitals are using aggressive management training as a proactive way to prevent the occurrence of security incidents and to be better prepared to respond effectively should any incident actually arise.

A majority of hospitals, working in tandem with security officers and frontline staff, have adopted programs designed to train all clinical staff to de-escalate security situations before they erupt. Hospitals have created these programs in house and tailored them to their particular needs. For example, Boston Medical Center (BMC), a 500-bed, 41-building hospital located close to a county jail, a homeless shelter and a methadone clinic, developed its own de-escalation program, relying on two training specialists who have worked with organization for 25 years. BMC's training focuses on verbal de-escalation and physical restraint skills. All frontline staff – unit clerk nurses, intensive care unit staff, social workers, etc., – along with security staff receive ongoing training at BMC. Training also includes scenario training using videos that re-enact possible active-shooter security incidents; these BMC videos are available for other hospitals to access as training tools. Another example is that of Carolinas Healthcare System, which has created its own in-house training program. Staff members who are certified in workplace violence prevention train other staff members using a multitiered program. The training at Carolinas also includes home health care workers. There are numerous additional examples of innovative initiatives that hospitals have established to address violence in their facilities and in their communities on the AHA's Community Connections website at http://www.ahacommunityconnections.org/case-studies/index.dhtml (search using "Violence").

THE AHA IS COMMITTED TO HELPING HOSPITALS MEET THE CONTINUING CHALLENGE OF COMBATING WORKPLACE VIOLENCE

The AHA is committed to helping the nation's hospitals and health systems respond to the challenges of violence prevention and reduction. We have established a specific initiative focused on combatting community violence in all its forms. A critical component of the AHA's initiative includes developing tools and resources to highlight and share with the hospital field programs, initiatives and other efforts to help combat violence within the hospital's facilities as well as in the communities served by the hospital. We have developed a dedicated web page at www.aha.org/HAV to share with hospitals information and resources that address everything from doing a risk assessment to emergency response best practices and are encouraging all hospitals to use these resources to expand and strengthen their own violence prevention efforts. We also are encouraging hospitals to provide us with additional information and examples of how they are working to help end violence on the job, at home, and in their neighborhoods.

A few examples of our resource offerings should provide a sense of the scope and depth of the AHA's efforts to encourage and assist hospitals as they work to prevent and reduce workplace violence in particular. On the website, hospitals can find the Healthcare Facility Workplace Violence Risk Assessment Tool developed by the AHA's American Society for Healthcare Risk Management to offer practical guidance for those charged with overseeing hospital security and facilities management. Also on the website is Guiding Principles for Mitigating Violence in the Workplace, a resource created jointly by the American Organization of Nurse Executives, an AHA-affiliated organization, and the Emergency Nurses Association, which outlines guiding principles and priorities to systematically reduce lateral as well as patient and family violence in the workplace.

Most recently, the AHA hosted a webinar, "Violence in Health Care: Promoting and Creating a Culture Shift to 'Universal Precautions,'" featuring a discussion by Monica Cooke, R.N., founder of Quality Plus Solutions LLC, about the importance of, and the steps to take in, creating an institutional zero-tolerance culture around workplace violence. In addition, the AHA hosted in early January of this year a webinar on key ways to protect staff and patients with several experts from the International Association of Healthcare Security and Safety. The January webinar explored ways that the external and internal environment can be used to mitigate risk, available tools, and standards and guidelines aimed at preventing violence. Speakers focused on elements of workplace violence prevention and response plans, how to develop an action plan for assessing active-shooter risk, identified standards and guidelines aimed at reducing workplace violence, and how to integrate preventive and response measures into the built environment.

AHA publications continue to feature stories and articles to assist hospitals in addressing workplace violence. A January 2017 article from *Health Facilities Management*, for example, encourages and guides health care organization in consulting with security personnel during design of new facilities projects to incorporate workplace safety considerations as a fundamental component of these construction projects. In fact, our publications have included helpful stories and articles for many years: See, for example, a May 2015 *Health Facilities Management* article "Reducing workplace violence incidents: How health care facilities can improve workplace safety." These and other important stories and articles from our various publications are easily accessible from our dedicated Hospitals Against Violence web page at www.aha.org/HAV.

OSHA SHOULD FOCUS ON DISSEMINATION OF BEST PRACTICES TO THE FIELD

OSHA should focus its efforts on sharing best practices that have a demonstrated effectiveness in workplace violation prevention with the health care and social assistance sectors. OSHA's support of research that identifies the effectiveness of best practices for different workplace settings and circumstances and its wide dissemination of information about these effective best practices would do more to ensure the advancement and promotion of workplace safety than its adoption of a "one-size-fits-all" standard for compliance and enforcement. Support of effectiveness research and dissemination of appropriate best practices to the field encourages organizations to use a more effective, risk based approach to addressing workplace violence while the establishment of a uniform workplace violence standard for the field guarantees that organizations will use a narrowly focused and thereby less effective compliance strategy in addressing the problem of workplace violence.

In addition, evidence suggests that increases in attacks and assaults in the health care workplace are being driven, in part, by growing numbers of behavioral health care patients reporting to and being treated in emergency rooms and other settings in acute care, general hospitals. Another critical security challenge is the opioid epidemic that continues to impact communities across the country. Integrating mental health, substance abuse and primary care services have proven to produce the best outcomes and to be the most effective approach to caring for people with multiple health care needs. But, at the same time, funding for behavioral health treatment and care delivery for such patients is being stripped and it can be difficult for health care organizations to find all the financial, staffing, and other resources needed to fully address issues associated with caring for them.

While we realize that OSHA's responsibilities and authorities do not extend to making decisions about funding for expanded and improved delivery of behavioral health care, the agency could do much to support of the field's efforts to secure necessary funds, expansions, and improvements by sharing relevant data with agencies, members of Congress, and other stakeholders directly responsible for such funding that illustrate the negative workplace safety issues and impacts that have arisen as a result of continued underfunding of treatment and service delivery for growing numbers of behavioral health care and opioid-addicted patients in emergency rooms and other acute care hospital settings.

If you have any questions about our recommendations, please contact Lawrence Hughes, assistant general counsel, at lhughes@aha.org or (202) 626-2346.

Sincerely,

/s/

Melinda Reid Hatton
General Counsel