Guidelines for Preventing Workplace Violence for Health-Care and Social-Service Workers

OSHA
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This informational booklet provides a generic, non-exhaustive overview of a particular topic related to OSHA standards. It does not alter or determine compliance responsibilities in OSHA standards or the *Occupational Safety and Health Act of 1970*. Because interpretations and enforcement policy may change over time, you should consult current administrative interpretations and decisions by the Occupational Safety and Health Review Commission and the Courts for additional guidance on OSHA compliance requirements.

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Guidelines for Preventing Workplace Violence for Health-Care and Social-Service Workers

U.S. Department of Labor
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Contents

Notice

These guidelines are not a new standard or regulation. They are advisory in nature, informational in content, and intended to help employers establish effective workplace violence prevention programs adapted to their specific worksites. The guidelines do not address issues related to patient care. They are performance-oriented, and how employers implement them will vary based on the site's hazard analysis.

Violence inflicted on employees may come from many sources—external parties such as robbers or muggers and internal parties such as coworkers and patients. These guidelines address only the violence inflicted by patients or clients against staff. However, OSHA suggests that workplace violence policies indicate a zero-tolerance for all forms of violence from all sources.

The *Occupational Safety and Health Act of 1970 (OSH Act)*[1] mandates that, in addition to compliance with hazard-specific standards, all employers have a general duty to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm. OSHA will rely on Section 5(a)(1) of the *OSH Act*, the "General Duty Clause,"[2] for enforcement authority. Failure to implement these guidelines is not in itself a violation of the General Duty Clause. However, employers can be cited for violating the General Duty Clause if there is a recognized hazard of workplace violence in their establishments and they do nothing to prevent or abate it.

When Congress passed the *OSH Act*, it recognized that workers' compensation systems provided state-specific remedies for job-related injuries and illnesses. Determining what constitutes a compensable claim and the rate of compensation were left to the states, their legislatures, and their courts. Congress acknowledged this point in Section 4(b)(4) of the *OSH Act*, when it stated categorically: "Nothing in this chapter shall be construed to supersede or in any manner affect any workmen's compensation law. . .."[3] Therefore, these non-mandatory guidelines should not be viewed as enlarging or diminishing the scope of work-related injuries. The guidelines are intended for use in any state and without regard to whether any injuries or fatalities are later determined to be compensable.

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[1] Public Law 91-596, December 29, 1970; and as amended by P.L. 101-552, Section 3101, November 5, 1990.

[2] "Each employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to his employees."

[3] 29 U.S.C. 653(b)(4).

Acknowledgments

Many people have contributed to these guidelines. They include health-care, social-service, and employee-assistance experts; researchers; educators; unions and other stakeholders; OSHA professionals; and the National Institute for Occupational Safety and Health (NIOSH).

Also, several states have developed relevant standards or recommendations, such as California OSHA's *CAL/OSHA Guidelines for Workplace Security* and *Guidelines for Security and Safety of Health Care and Community Service Workers*; New Jersey Public Employees Occupational Safety and Health's *Guidelines on Measures and Safeguards in Dealing with Violent or Aggressive Behavior in Public Sector Health Care Facilities*; and the State of Washington Department of Labor and Industries' *Violence in Washington Workplaces*, and *Study of Assaults on Staff in Washington State Psychiatric Hospitals*. Other organizations with relevant recommendations include the Joint Commission on Accreditation of Health Care Organizations' *Comprehensive Accreditation Manuals for Hospitals*, the Metropolitan Chicago Healthcare Council's *Guidelines for Dealing with Violence in Health Care,* and the American Nurses Association's *Promoting Safe Work Environments for Nurses*. These and other agencies have information available to assist employers.

Introduction

What is workplace violence and how does it affect health-care and social-service workers?

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as "violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty."[4] This includes terrorism as illustrated by the terrorist acts of September 11, 2001 that resulted in the deaths of 2,886 workers in New York, Virginia, and Pennsylvania. Although these guidelines do not address terrorism specifically, this type of violence remains a threat to U.S. workplaces.

For many years, health-care and social-service workers have faced a significant risk of job-related violence. Assaults represent a serious safety and health hazard within these industries. OSHA's violence prevention guidelines provide the agency's recommendations for reducing workplace violence, developed following a careful review of workplace violence studies, public and private violence prevention programs, and input from stakeholders. OSHA encourages employers to establish violence prevention programs and to track their progress in reducing work-related assaults. Although not every incident can be prevented, many can, and the severity of injuries sustained by employees can be reduced. Adopting practical measures such as those outlined here can significantly reduce this serious threat to worker safety.

How extensive is the problem?

The Bureau of Labor Statistics (BLS) reports that there were 69 homicides in the health services from 1996 to 2000. Although workplace homicides may attract more attention, the vast majority of workplace violence consists of non-fatal assaults. BLS data shows that in 2000, 48 percent of all non-fatal injuries from

occupational assaults and violent acts occurred in health care and social services. Most of these occurred in hospitals, nursing and personal-care facilities, and residential-care services. Nurses, aides, orderlies, and attendants suffered the most non-fatal assaults resulting in injury.

Injury rates also reveal that health-care and social-service workers are at high risk of violent assault at work. BLS rates measure the number of events per 10,000 full-time workers —in this case, assaults resulting in injury. In 2000, health-service workers overall had an incidence rate of 9.3 for injuries resulting from assaults and violent acts. The rate for social-service workers was 15, and for nursing and personal-care facility workers, 25. This compares to an overall private sector injury rate of 2.

The Department of Justice's (DOJ) National Crime Victimization Survey for 1993 to 1999 lists average annual rates of non-fatal violent

Incidence rates for nonfatal assaults and violent acts by industry, 2000

Incidence rate per 10,000 full-time workers

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[4]CDC/NIOSH. *Violence. Occupational Hazards in Hospitals*. 2002.
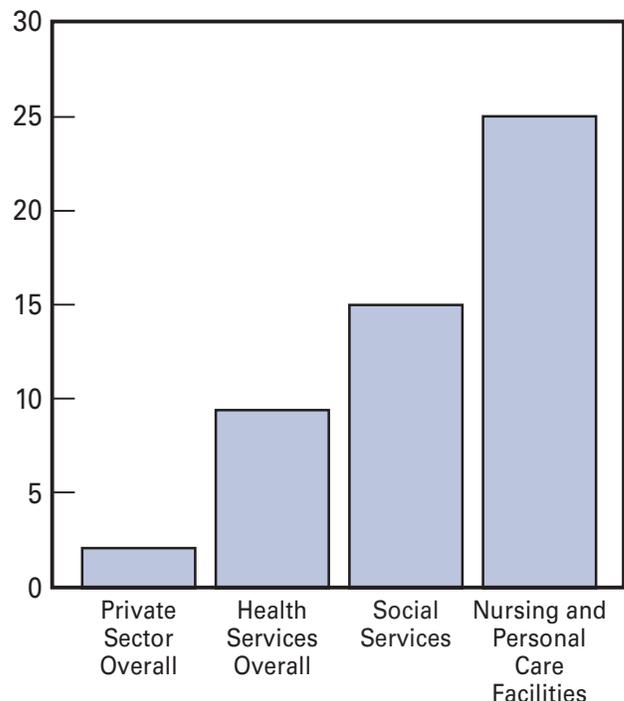
crime by occupation. The average annual rate for non-fatal violent crime for all occupations is 12.6 per 1,000 workers. The average annual rate for physicians is 16.2; for nurses, 21.9; for mental health professionals, 68.2; and for mental-health custodial workers, 69. (*Note:* These data do not compare directly to the BLS figures because DOJ presents violent incidents per 1,000 workers and BLS displays injuries involving days away from work per 10,000 workers. Both sources, however, reveal the same high risk for health-care and social-service workers.)

As significant as these numbers are, the actual number of incidents is probably much higher. Incidents of violence are likely to be underreported, perhaps in part due to the persistent perception within the health-care industry that assaults are part of the job. Underreporting may reflect a lack of institutional reporting policies, employee beliefs that reporting will not benefit them, or employee fears that employers may deem assaults the result of employee negligence or poor job performance.

What are the risk factors?

Health-care and social-service workers face an increased risk of work-related assaults stemming from several factors. These include:

- The prevalence of handguns and other weapons among patients, their families, or friends;
- The increasing use of hospitals by police and the criminal justice system for criminal holds

and the care of acutely disturbed, violent individuals;

- The increasing number of acute and chronic mentally ill patients being released from hospitals without follow-up care (these patients have the right to refuse medicine and can no longer be hospitalized involuntarily unless they pose an immediate threat to themselves or others);
- The availability of drugs or money at hospitals, clinics, and pharmacies, making them likely robbery targets;
- Factors such as the unrestricted movement of the public in clinics and hospitals and long waits in emergency or clinic areas that lead to client frustration over an inability to obtain needed services promptly;
- The increasing presence of gang members, drug or alcohol abusers, trauma patients, or distraught family members;
- Low staffing levels during times of increased activity such as mealtimes, visiting times, and when staff are transporting patients;
- Isolated work with clients during examinations or treatment;
- Solo work, often in remote locations with no backup or way to get assistance, such as communication devices or alarm systems (this is particularly true in high-crime settings);
- Lack of staff training in recognizing and managing escalating hostile and assaultive behavior; and
- Poorly lit parking areas.

Overview of Guidelines

In January 1989, OSHA published voluntary, generic safety and health program management guidelines for all employers to use as a foundation for their safety and health programs, which can include workplace violence prevention programs.[5] OSHA's violence prevention guidelines build on these generic guidelines by identifying common risk factors and describing some feasible solutions. Although not exhaustive, the workplace violence guidelines include policy recommendations and practical corrective methods to help prevent and mitigate the effects of workplace violence.

The goal is to eliminate or reduce worker exposure to conditions that lead to death or injury from violence by implementing effective security devices and administrative work practices, among other control measures.

The guidelines cover a broad spectrum of workers who provide health care and social services in psychiatric facilities, hospital emergency departments, community mental health clinics, drug abuse treatment clinics, pharmacies, community-care facilities, and long-term-care facilities. They include physicians, registered nurses, pharmacists, nurse practitioners, physicians' assistants, nurses' aides, therapists, technicians, public health nurses, home health-care workers, social workers, welfare workers, and emergency medical care personnel. The guidelines may also be useful in reducing risks for ancillary personnel such as maintenance, dietary, clerical, and security staff in the health-care and social-service industries.

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[5]OSHA's *Safety and Health Program Management Guidelines* (*Federal Register* 54 (16):3904–3916, January 26, 1989).

Violence Prevention Programs

What should a violence prevention program include?

A written program for job safety and security, incorporated into the organization's overall safety and health program, offers an effective approach for larger organizations. In smaller establishments, the program does not need to be written or heavily documented to be satisfactory.

What is needed are clear goals and objectives to prevent workplace violence suitable for the size and complexity of the workplace operation and adaptable to specific situations in each establishment. Employers should communicate information about the prevention program and startup date to all employees.

At a minimum, workplace violence prevention programs should:

- Create and disseminate a clear policy of zero tolerance for workplace violence, verbal and nonverbal threats, and related actions. Ensure that managers, supervisors, coworkers, clients, patients, and visitors know about this policy.

- Ensure that no employee who reports or experiences workplace violence faces reprisals.[6]

- Encourage employees to promptly report incidents and suggest ways to reduce or eliminate risks. Require records of incidents to assess risk and measure progress.

- Outline a comprehensive plan for maintaining security in the workplace. This includes establishing a liaison with law enforcement representatives and others who can help identify ways to prevent and mitigate workplace violence.

- Assign responsibility and authority for the program to individuals or teams with appropriate training and skills. Ensure that adequate resources are available for this effort and that the team or responsible individuals develop expertise on workplace violence prevention in health care and social services.

- Affirm management commitment to a worker-supportive environment that places as much importance on employee safety and health as on serving the patient or client.

- Set up a company briefing as part of the initial effort to address issues such as preserving safety, supporting affected employees, and facilitating recovery.

What are the elements of an effective violence prevention program?

The five main components of any effective safety and health program also apply to the prevention of workplace violence:

- Management commitment and employee involvement;

- Worksite analysis;

- Hazard prevention and control;

- Safety and health training; and

- Recordkeeping and program evaluation.

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[6] Section 11 (c)(1) of the *OSH Act* applies to protected activity involving the hazard of workplace violence as it does for other health and safety matters: "No person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this *Act* or has testified or is about to testify in any such proceeding or because of the exercise by such employee on behalf of himself or others of any right afforded by this *Act*."

Management Commitment and Employee Involvement

What role do management commitment and employee involvement play?

Management commitment and employee involvement are complementary and essential elements of an effective safety and health program. To ensure an effective program, management and front-line employees must work together, perhaps through a team or committee approach. If employers opt for this strategy, they must be careful to comply with the applicable provisions of the *National Labor Relations Act*.[7]

Management commitment, including the endorsement and visible involvement of top management, provides the motivation and resources to deal effectively with workplace violence. This commitment should include:

- Demonstrating organizational concern for employee emotional and physical safety and health;

- Exhibiting equal commitment to the safety and health of workers and patients/clients;

- Assigning responsibility for the various aspects of the workplace violence prevention program to ensure that all managers, supervisors, and employees understand their obligations;

- Allocating appropriate authority and resources to all responsible parties;

- Maintaining a system of accountability for involved managers, supervisors, and employees;

- Establishing a comprehensive program of medical and psychological counseling and debriefing for employees experiencing or witnessing assaults and other violent incidents; and

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[7] Title 29 U.S.C., Section 158(a)(2).

- Supporting and implementing appropriate recommendations from safety and health committees.

Employee involvement and feedback enable workers to develop and express their own commitment to safety and health and provide useful information to design, implement, and evaluate the program.

Employee involvement should include:

- Understanding and complying with the workplace violence prevention program and other safety and security measures;

- Participating in employee complaint or suggestion procedures covering safety and security concerns;

- Reporting violent incidents promptly and accurately;

- Participating in safety and health committees or teams that receive reports of violent incidents or security problems, make facility inspections, and respond with recommendations for corrective strategies; and

- Taking part in a continuing education program that covers techniques to recognize escalating agitation, assaultive behavior, or criminal intent and discusses appropriate responses.

Worksite Analysis

What is a worksite analysis, and what is its value?

A worksite analysis involves a step-by-step, common-sense look at the workplace to find existing or potential hazards for workplace violence. This entails reviewing specific procedures or operations that contribute to hazards and specific areas where hazards may develop. A threat assessment team, patient assault team, similar task force, or coordinator may assess the vulnerability to workplace

violence and determine the appropriate preventive actions to be taken. This group may also be responsible for implementing the workplace violence prevention program. The team should include representatives from senior management, operations, employee assistance, security, and occupational safety and health, legal, and human resources staff.

The team or coordinator can review injury and illness records and workers' compensation claims to identify patterns of assaults that could be prevented by workplace adaptation, procedural changes, or employee training. As the team or coordinator identifies appropriate controls, they should be instituted.

What does a worksite analysis include?

The recommended program for worksite analysis includes, but is not limited to:

- Analyzing and tracking records;
- Screening surveys; and
- Analyzing workplace security.

What does records analysis and tracking involve?

This activity should include reviewing medical, safety, workers' compensation, and insurance records—including the OSHA Log of Work-Related Injury and Illness (OSHA 300), if the employer is required to maintain one—to pinpoint instances of workplace violence. Scan unit logs and employee and police reports of incidents or near-incidents of assaultive behavior to identify and analyze trends in assaults relative to particular:

- Departments;
- Units;
- Job titles;
- Unit activities;
- Work stations; and
- Time of day.

Tabulate these data to target the frequency and severity of incidents to establish a baseline for measuring improvement. Monitor trends and analyze incidents. Contacting similar local businesses, trade associations, and community and civic groups is one way to learn about their experiences with workplace violence and to help identify trends. Use several years of data, if possible, to trace trends of injuries and incidents of actual or potential workplace violence.

What is the value of screening surveys?

One important screening tool is an employee questionnaire or survey to get employees' ideas on the potential for violent incidents and to identify or confirm the need for improved security measures. Detailed baseline screening surveys can help pinpoint tasks that put employees at risk. Periodic surveys—conducted at least annually or whenever operations change or incidents of workplace violence occur—help identify new or previously unnoticed risk factors and deficiencies or failures in work practices, procedures, or controls. Also, the surveys help assess the effects of changes in the work processes. The periodic review process should also include feedback and follow-up.

Independent reviewers, such as safety and health professionals, law enforcement or security specialists, and insurance safety auditors, may offer advice to strengthen programs. These experts can also provide fresh perspectives to improve a violence prevention program.

How do you conduct a workplace security analysis?

The team or coordinator should periodically inspect the workplace and evaluate employee tasks to identify hazards, conditions, operations, and situations that could lead to violence.

To find areas requiring further evaluation, the team or coordinator should:

- Analyze incidents, including the characteristics of assailants and victims, an account of what happened before and during the incident, and the relevant details of the situation and its outcome. When possible, obtain police reports and recommendations.

- Identify jobs or locations with the greatest risk of violence as well as processes and procedures that put employees at risk of assault, including how often and when.

- Note high-risk factors such as types of clients or patients (for example, those with psychiatric conditions or who are disoriented by drugs, alcohol, or stress); physical risk factors related to building layout or design; isolated locations and job activities; lighting problems; lack of phones and other communication devices; areas of easy, unsecured access; and areas with previous security problems.

- Evaluate the effectiveness of existing security measures, including engineering controls. Determine if risk factors have been reduced or eliminated and take appropriate action.

Hazard Prevention and Control

After hazards are identified through the systematic worksite analysis, the next step is to design measures through engineering or administrative and work practices to prevent or control these hazards. If violence does occur, post-incident response can be an important tool in preventing future incidents.

What engineering controls and workplace adaptations can minimize risk?

Engineering controls remove the hazard from the workplace or create a barrier between the worker and the hazard. There are several measures that can effectively prevent or control workplace hazards, such as those described in the following paragraphs. The selection of any measure, of course, should be based on the hazards identified in the workplace security analysis of each facility. Among other options, employers may choose to:

- Assess any plans for new construction or physical changes to the facility or workplace to eliminate or reduce security hazards.

- Install and regularly maintain alarm systems and other security devices, panic buttons, hand-held alarms or noise devices, cellular phones, and private channel radios where risk is apparent or may be anticipated. Arrange for a reliable response system when an alarm is triggered.

- Provide metal detectors—installed or hand-held, where appropriate—to detect guns, knives, or other weapons, according to the recommendations of security consultants.

- Use a closed-circuit video recording for high-risk areas on a 24-hour basis. Public safety is a greater concern than privacy in these situations.

- Place curved mirrors at hallway intersections or concealed areas.

- Enclose nurses' stations and install deep service counters or bullet-resistant, shatter-proof glass in reception, triage, and admitting areas or client service rooms.

- Provide employee "safe rooms" for use during emergencies.

- Establish "time-out" or seclusion areas with high ceilings without grids for patients who "act out" and establish separate rooms for criminal patients.

- Provide comfortable client or patient waiting rooms designed to minimize stress.

- Ensure that counseling or patient care rooms have two exits.

- Lock doors to staff counseling rooms and treatment rooms to limit access.

- Arrange furniture to prevent entrapment of staff.

- Use minimal furniture in interview rooms or crisis treatment areas, and ensure that it is lightweight, without sharp corners or edges, and affixed to the floor, if possible. Limit the number of pictures, vases, ashtrays, or other items that can be used as weapons.

- Provide lockable and secure bathrooms for staff members separate from patient/client and visitor facilities.

- Lock all unused doors to limit access, in accordance with local fire codes.

- Install bright, effective lighting, both indoors and outdoors.

- Replace burned-out lights and broken windows and locks.

- Keep automobiles well maintained if they are used in the field.

- Lock automobiles at all times.

What administrative and work practice controls can minimize risk?

 Administrative and work practice controls affect the way staff perform jobs or tasks. Changes in work practices and administrative procedures can help prevent violent incidents. Some options for employers are to:

- State clearly to patients, clients, and employees that violence is not permitted or tolerated.

- Establish liaison with local police and state prosecutors. Report all incidents of violence. Give police physical layouts of facilities to expedite investigations.

- Require employees to report all assaults or threats to a supervisor or manager (for example, through a confidential interview). Keep log books and reports of such incidents to help determine any necessary actions to prevent recurrences.

- Advise employees of company procedures for requesting police assistance or filing charges

when assaulted, and help them do so, if necessary.

- Provide management support during emergencies. Respond promptly to all complaints.

- Set up a trained response team to respond to emergencies.

- Use properly trained security officers to deal with aggressive behavior. Follow written security procedures.

- Ensure that adequate and properly trained staff are available to restrain patients or clients, if necessary.

- Provide sensitive and timely information to people waiting in line or in waiting rooms. Adopt measures to decrease waiting time.

- Ensure that adequate and qualified staff are available at all times. *Times* of greatest risk occur during patient transfers, emergency responses, mealtimes, and at night. *Areas* with the greatest risk include admission units and crisis or acute-care units.

- Institute a sign-in procedure with passes for visitors, especially in a newborn nursery or pediatric department. Enforce visitor hours and procedures.

- Establish a list of "restricted visitors" for patients with a history of violence or gang activity. Make copies available at security checkpoints, nurses' stations, and visitor sign-in areas.

- Review and revise visitor check systems, when necessary. Limit information about hospitalized victims of violence given to outsiders.

- Supervise the movement of psychiatric clients and patients throughout the facility.

- Control access to facilities other than waiting rooms, particularly drug storage or pharmacy areas.

- Prohibit employees from working alone in emergency areas or walk-in clinics,

particularly at night or when assistance is unavailable. Do not allow employees to enter seclusion rooms alone.

- Establish policies and procedures for secured areas and emergency evacuations.

- Determine the behavioral history of new and transferred patients to learn about any past violent or assaultive behaviors.

- Establish a system—such as chart tags, log books, or verbal census reports—to identify patients and clients with assaultive behavior problems. Keep in mind patient confidentiality and worker safety issues. Update as needed.

- Treat and interview aggressive or agitated clients in relatively open areas that still maintain privacy and confidentiality (such as rooms with removable partitions).

- Use case management conferences with coworkers and supervisors to discuss ways to effectively treat potentially violent patients.

- Prepare contingency plans to treat clients who are "acting out" or making verbal or physical attacks or threats. Consider using certified employee assistance professionals or in-house social-service or occupational health-service staff to help diffuse patient or client anger.

- Transfer assaultive clients to acute care units, criminal units, or other more restrictive settings.

- Ensure that nurses and physicians are not alone when performing intimate physical examinations of patients.

- Discourage employees from wearing necklaces or chains to help prevent possible strangulation in confrontational situations. Urge community workers to carry only required identification and money.

- Survey the facility periodically to remove tools or possessions left by visitors or maintenance staff that could be used inappropriately by patients.

- Provide staff with identification badges, preferably without last names, to readily verify employment.

- Discourage employees from carrying keys, pens, or other items that could be used as weapons.

- Provide staff members with security escorts to parking areas in evening or late hours. Ensure that parking areas are highly visible, well lit, and safely accessible to the building.

- Use the "buddy system," especially when personal safety may be threatened. Encourage home health-care providers, social-service workers, and others to avoid threatening situations.

- Advise staff to exercise extra care in elevators, stairwells, and unfamiliar residences; leave the premises immediately if there is a hazardous situation; or request police escort if needed.

- Develop policies and procedures covering home health-care providers, such as contracts on how visits will be conducted, the presence of others in the home during the visits, and the refusal to provide services in a clearly hazardous situation.

- Establish a daily work plan for field staff to keep a designated contact person informed about their whereabouts throughout the workday. Have the contact person follow up if an employee does not report in.

How should an employer respond to an incident of violence?

Post-incident response and evaluation are essential to an effective violence prevention program. All workplace violence programs should provide comprehensive treatment for employees who are victimized personally or may be traumatized by witnessing a workplace violence incident. Injured staff should receive prompt treatment and psychological evaluation whenever an assault takes place, regardless of

its severity. Provide the injured transportation to medical care if it is not available onsite.

Victims of workplace violence suffer a variety of consequences in addition to their actual physical injuries. These may include:

- Short- and long-term psychological trauma;

- Fear of returning to work;

- Changes in relationships with coworkers and family;

- Feelings of incompetence, guilt, powerlessness; and

- Fear of criticism by supervisors or managers.

Consequently, a strong follow-up program for these employees will not only help them to deal with these problems but also help prepare them to confront or prevent future incidents of violence.

Several types of assistance can be incorporated into the post-incident response. For example, trauma-crisis counseling, critical-incident stress debriefing, or employee assistance programs may be provided to assist victims. Certified employee assistance professionals, psychologists, psychiatrists, clinical nurse specialists, or social workers may provide this counseling, or the employer may refer staff victims to an outside specialist. In addition, the employer may establish an employee counseling service, peer counseling, or support groups.

Counselors should be well trained and have a good understanding of the issues and consequences of assaults and other aggressive, violent behavior. Appropriate and promptly rendered post-incident debriefings and counseling reduce acute psychological trauma and general stress levels among victims and witnesses. In addition, this type of counseling educates staff about workplace violence and positively influences workplace and organizational cultural norms to reduce trauma associated with future incidents.

Safety and Health Training

How can training help reduce the risk of violence?

Training and education ensure that all staff are aware of potential security hazards and how to protect themselves and their coworkers through established policies and procedures.

What training should all employees receive?

Every employee should understand the concept of "universal precautions for violence"—that is, that violence should be expected but can be avoided or mitigated through preparation. Frequent training also can reduce the likelihood of being assaulted.

Employees who may face safety and security hazards should receive formal instruction on the specific hazards associated with the unit or job and facility. This includes information on the types of injuries or problems identified in the facility and the methods to control the specific hazards. It also includes instructions to limit physical interventions in workplace altercations whenever possible, unless enough staff or emergency response teams and security personnel are available. In addition, all employees should be trained to behave compassionately toward coworkers when an incident occurs.

The training program should involve all employees, including supervisors and managers. New and reassigned employees should receive an initial orientation before being assigned their job duties. Visiting staff, such as physicians, should receive the same training as permanent staff. Qualified trainers should instruct at the comprehension level appropriate for the staff. Effective training programs should involve role playing, simulations, and drills.

Topics may include management of assaultive behavior, professional assault-response training, police assault-avoidance programs, or personal safety training such as how to prevent and

avoid assaults. A combination of training may be used depending on the severity of the risk.

Employees should receive required training annually. In large institutions, refresher programs may be needed more frequently, perhaps monthly or quarterly, to effectively reach and inform all employees.

What should training cover?

The training should cover topics such as:

- The workplace violence prevention policy;
- Risk factors that cause or contribute to assaults;
- Early recognition of escalating behavior or recognition of warning signs or situations that may lead to assaults;
- Ways to prevent or diffuse volatile situations or aggressive behavior, manage anger, and appropriately use medications as chemical restraints;
- A standard response action plan for violent situations, including the availability of assistance, response to alarm systems, and communication procedures;
- Ways to deal with hostile people other than patients and clients, such as relatives and visitors;
- Progressive behavior control methods and safe methods to apply restraints;
- The location and operation of safety devices such as alarm systems, along with the required maintenance schedules and procedures;
- Ways to protect oneself and coworkers, including use of the "buddy system;"
- Policies and procedures for reporting and recordkeeping;
- Information on multicultural diversity to increase staff sensitivity to racial and ethnic issues and differences; and

- Policies and procedures for obtaining medical care, counseling, workers' compensation, or legal assistance after a violent episode or injury.

What training should supervisors and managers receive?

Supervisors and managers need to learn to recognize high-risk situations, so they can ensure that employees are not placed in assignments that compromise their safety. They also need training to ensure that they encourage employees to report incidents.

Supervisors and managers should learn how to reduce security hazards and ensure that employees receive appropriate training. Following training, supervisors and managers should be able to recognize a potentially hazardous situation and to make any necessary changes in the physical plant, patient care treatment program, and staffing policy and procedures to reduce or eliminate the hazards.

What training do security personnel require?

Security personnel need specific training from the hospital or clinic, including the psychological components of handling aggressive and abusive clients, types of disorders, and ways to handle aggression and defuse hostile situations.

The training program should also include an evaluation. At least annually, the team or coordinator responsible for the program should review its content, methods, and the frequency of training. Program evaluation may involve supervisor and employee interviews, testing and observing, and reviewing reports of behavior of individuals in threatening situations.

Recordkeeping and Program Evaluation

How can an employer determine the program's effectiveness?

Recordkeeping and evaluation of the violence prevention program are necessary to determine its overall effectiveness and identify any deficiencies or changes that should be made.

What records should employers keep?

Recordkeeping is essential to the program's success. Good records help employers determine the severity of the problem, evaluate methods of hazard control, and identify training needs. Records can be especially useful to large organizations and for members of a business group or trade association who "pool" data. Records of injuries, illnesses, accidents, assaults, hazards, corrective actions, patient histories, and training can help identify problems and solutions for an effective program.

Important Records:

- OSHA Log of Work-Related Injury and Illness (OSHA 300). Employers who are required to keep this log must record any new work-related injury that results in death, days away from work, days of restriction or job transfer, medical treatment beyond first aid, loss of consciousness, or a significant injury diagnosed by a licensed health-care professional. Injuries caused by assaults must be entered on the log if they meet the recording criteria. All employers must report, within 24 hours, a fatality or an incident that results in the hospitalization of three or more employees.[8]

- Medical reports of work injury and supervisors' reports for each recorded assault. These records should describe the type of assault,

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[8] Title 29 *Code of Federal Regulations* (*CFR*), Part 1904, revised 2001.

such as an unprovoked sudden attack or patient-to-patient altercation; who was assaulted; and all other circumstances of the incident. The records should include a description of the environment or location, potential or actual cost, lost worktime that resulted, and the nature of injuries sustained. These medical records are confidential documents and should be kept in a locked location under the direct responsibility of a health-care professional.

- Records of incidents of abuse, verbal attacks, or aggressive behavior that may be threatening, such as pushing or shouting and acts of aggression toward other clients. This may be kept as part of an assaultive incident report. Ensure that the affected department evaluates these records routinely. (See sample incident forms in Appendix B.)

- Information on patients with a history of past violence, drug abuse, or criminal activity recorded on the patient's chart. All staff who care for a potentially aggressive, abusive, or violent client should be aware of the person's background and history. Log the admission of violent patients to help determine potential risks.

- Documentation of minutes of safety meetings, records of hazard analyses, and corrective actions recommended and taken.

- Records of all training programs, attendees, and qualifications of trainers.

What should a program evaluation involve?

As part of their overall program, employers should evaluate their safety and security measures. Top management should review the program regularly, and with each incident, to evaluate its success. Responsible parties (including managers, supervisors, and employees) should reevaluate policies and procedures on a regular basis to identify deficiencies and take corrective action.

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Management should share workplace violence prevention evaluation reports with all employees. Any changes in the program should be discussed at regular meetings of the safety committee, union representatives, or other employee groups.

All reports should protect employee confidentiality either by presenting only aggregate data or by removing personal identifiers if individual data are used.

Processes involved in an evaluation include:

- Establishing a uniform violence reporting system and regular review of reports;

- Reviewing reports and minutes from staff meetings on safety and security issues;

- Analyzing trends and rates in illnesses, injuries, or fatalities caused by violence relative to initial or "baseline" rates;

- Measuring improvement based on lowering the frequency and severity of workplace violence;

- Keeping up-to-date records of administrative and work practice changes to prevent workplace violence to evaluate how well they work;

- Surveying employees before and after making job or worksite changes or installing security measures or new systems to determine their effectiveness;

- Keeping abreast of new strategies available to deal with violence in the health-care and social-service fields as they develop;

- Surveying employees periodically if they experience hostile situations about the medical treatment they received;

- Complying with OSHA and state requirements for recording and reporting deaths, injuries, and illnesses; and

- Requesting periodic law enforcement or outside consultant review of the worksite for recommendations on improving employee safety.

Where can employers find sources of assistance?

Employers who would like help in implementing an appropriate workplace violence prevention program can turn to the OSHA Consultation Service provided in their state. To contact this service, see OSHA's website at **www.osha.gov** or call (800) 321–OSHA.

OSHA's efforts to help employers combat workplace violence are complemented by those of NIOSH, public safety officials, trade associations, unions, insurers, and human resource and employee assistance professionals, as well as other interested groups. Employers and employees may contact these groups for additional advice and information. NIOSH can be reached toll-free at (800) 35–NIOSH.

Conclusion

OSHA recognizes the importance of effective safety and health program management in providing safe and healthful workplaces. Effective safety and health programs improve both morale and productivity and reduce workers' compensation costs.

OSHA's violence prevention guidelines are an essential component to workplace safety and health programs. OSHA believes the performance-oriented approach of these guidelines provides employers with flexibility in their efforts to maintain safe and healthful working conditions.

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Appendix A:
Workplace Violence Program Checklists

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Checklist 1:
Organizational Assessment Questions Regarding Management Commitment and Employee Involvement

- Is there demonstrated organizational concern for employee emotional and physical safety and health as well as that of the patients?
- Is there a written workplace violence prevention program in your facility?
- Did front-line workers as well as management participate in developing the plan?
- Is there someone clearly responsible for the violence prevention program to ensure that all managers, supervisors, and employees understand their obligations?
- Do those responsible have sufficient authority and resources to take all action necessary to ensure worker safety?
- Does the violence prevention program address the kinds of violent incidents that are occurring in your facility?
- Does the program provide for post-assault medical treatment and psychological counseling for health-care workers who experience or witness assaults or violence incidents?
- Is there a system to notify employees promptly about specific workplace security hazards or threats that are made? Are employees aware of this system?
- Is there a system for employees to inform management about workplace security hazards or threats without fear of reprisal? Are employees aware of this system?
- Is there a system for employees to promptly report violent incidents, "near misses," threats, and verbal assaults without fear of reprisal?
- Is there tracking, trending, and regular reporting on violent incidents through the safety committee?

- Are front-line workers included as regular members and participants in the safety committee as well as violence tracking activities?
- Does the tracking and reporting capture all types of violence—fatalities, physical assaults, harassment, aggressive behavior, threats, verbal abuse, and sexual assaults?
- Does the tracking and reporting system use the latest categories of violence so data can be compared?
- Have the high-risk locations or jobs with the greatest risk of violence as well as the processes and procedures that put employees at risk been identified?
- Is there a root-cause analysis of the risk factors associated with individual violent incidents so that current response systems can be addressed and hazards can be eliminated and corrected?
- Are employees consulted about what corrective actions need to be taken for single incidents or surveyed about violence concerns in general?
- Is there follow-up of employees involved in or witnessing violent incidents to assure that appropriate medical treatment and counseling have been provided?
- Has a process for reporting violent incidents within the facility to the police or requesting police assistance been established?

Identifying Risks for Violence by Unit / Work Area

Perform a step-by-step review of each work area to identify specific places and times that violent incidents are occurring and the risk factors that are present. To ensure multiple perspectives, it is best for a team to perform this worksite analysis. Key members of the analysis team should be front-line health-care workers, including nurses from each specialty unit, as well as the facility's safety and security professionals.

Find Out What's Happening on Paper

The first step in this worksite analysis is to obtain and review data that tells the "who, what, when, where, and why" about violent incidents. These sources include:

- Incident report forms
- Workers' compensation reports of injury
- OSHA 300 injury and illness logs
- Security logs
- Reports to police
- Safety committee reports
- Hazard inspection reports
- Staff termination records
- Union complaints

Using this information, attempt to answer the questions in Checklist 2.

Conduct a Walkthrough

It is important to keep in mind that injuries from violence are often not reported. One of the best ways to observe what is really going on is to conduct a workplace walkthrough. A walkthrough, which is really a workplace inspection, is the first step in identifying violence risk factors and serves several important functions. While on a walkthrough, hazards can be recognized and often corrected before anyone's health and safety is affected.

While inspecting for workplace violence risk factors, review the physical facility and note

the presence or absence of security measures. Local police may also be able to conduct a security audit or provide information about experience with crime in the area.

Checklist 2:
Analyze Workplace Violence Records

- How many incidents occurred in the last 2 years?
- What kinds of incidents occurred most often (assault, threats, robbery, vandalism, etc.)?
- Where did incidents most often occur?
- When did incidents most often occur (day of week, shift, time, etc.)?
- What job task was usually being performed when an incident occurred?
- Which workers were victimized most often (gender, age, job classification, etc.)?
- What type of weapon was used most often?
- Are there any similarities among the assailants?
- What other incidents, if any, are you aware of that are not included in the records?
- Of those incidents you reviewed, which one or two were most serious?

Use the data collected to stimulate the following discussions:

- Are there any important patterns or trends among the incidents?
- What do you believe were the main factors contributing to violence in your workplace?
- What additional corrective measures would you recommend to reduce or eliminate the problems you identified?

Checklist 3:
Identifying Environmental Risk Factors for Violence

Use the following checklist to assist in your workplace walkthrough.

General questions about approach:

- Are safety and security issues specifically considered in the early stages of facility design, construction, and renovation?

- Does the current violence prevention program provide a way to select and implement controls based on the specific risks identified in the workplace security analysis? How does this process occur?

Specific questions about the environment:

- Do crime patterns in the neighborhood influence safety in the facility?

- Do workers feel safe walking to and from the workplace?

- Are entrances visible to security personnel and are they well lit and free of hiding places?

- Is there adequate security in parking or public transit waiting areas?

- Is public access to the building controlled, and is this system effective?

- Can exit doors be opened only from the inside to prevent unauthorized entry?

- Is there an internal phone system to activate emergency assistance?

- Have alarm systems or panic buttons been installed in high-risk areas?

- Given the history of violence at the facility, is a metal detector appropriate in some entry areas? Closed-circuit TV in high-risk areas?

- Is there good lighting?

- Are fire exits and escape routes clearly marked?

- Are reception and work areas designed to prevent unauthorized entry? Do they provide staff good visibility of patients and visitors? If not, are there other provisions such as security cameras or mirrors?

- Are patient or client areas designed to minimize stress, including minimizing noise?

- Are drugs, equipment, and supplies adequately secured?

- Is there a secure place for employees to store their belongings?

- Are "safe rooms" available for staff use during emergencies?

- Are door locks in patient rooms appropriate? Can they be opened during an emergency?

- Do counseling or patient care rooms have two exits, and is furniture arranged to prevent employees from becoming trapped?

- Are lockable and secure bathrooms that are separate from patient-client and visitor facilities available for staff members?

Ask the Workers

A simple survey can provide valuable information often not found in department walkthroughs and injury logs. Some staff may not report violent acts or threatening situations formally but will share the experiences and suggestions anonymously. This can provide information about previously unnoticed deficiencies or failures in work practices or administrative controls. It also can help increase employee awareness about dangerous conditions and encourage them to become involved in prevention activities.

Types of questions that employees should be asked include:

- What do they see as risk factors for violence?
  - The most important risk factors in their work areas
  - Aspects of the physical environment that contribute to violence
  - Dangerous situations or "near misses" experienced
  - Assault experiences—past year, entire time at facility
  - Staffing adequacy

- How are current control measures working?
  - Hospital practices for handling conflict among staff and patients
  - Effectiveness of response to violent incidents
  - How safe they feel in the current environment

- What ideas do employees have to protect workers?
  - Highest priorities in violence prevention
  - Ideas for improvements and prevention measures

- How satisfied are they in their jobs?
  - With managers/fellow workers
  - Adequacy of rewards and praise
  - Impact on health

Checklist 4:

Assessing the Influence of Day-to-Day Work Practices on Occurrences of Violence

- Are identification tags required for both employees and visitors to the building?
- Is there a way to identify patients with a history of violence? Are contingency plans put in place for these patients—such as restricting visitors and supervising their movement through the facility?
- Are emergency phone numbers and procedures posted or readily available?
- Are there trained security personnel accessible to workers in a timely manner?
- Are waiting times for patients kept as short as possible to avoid frustration?
- Is there adequate and qualified staffing at all times, particularly during patient transfers, emergency responses, mealtimes, and at night?
- Are employees prohibited from entering seclusion rooms alone or working alone in emergency areas of walk-in clinics, particularly at night or when assistance is unavailable?
- Are broken windows, doors, locks, and lights replaced promptly?
- Are security alarms and devices tested regularly?

Checklist 5:

Post-Incident Response

- Is comprehensive treatment provided to victimized employees as well as those who may be traumatized by witnessing a workplace violence incident? Required services may include trauma-crisis counseling, critical incident stress debriefing, psychological counseling services, peer counseling, and support groups.

Checklist 6:
Assessing Employee and Supervisor Training

- Does the violence prevention program require training for all employees and supervisors when they are hired and when job responsibilities change?
- Do agency workers or contract physicians and house staff receive the same training that permanent staff receive?
- Are workers trained in how to handle difficult clients or patients?
- Does the security staff receive specialized training for the health-care environment?
- Is the training tailored to specific units, patient populations, and job tasks, including any tasks done in the field?
- Do employees learn progressive behavior control methods and safe methods to apply restraints?
- Do workers believe that the training is effective in handling escalating violence or violent incidents?
- Are drills conducted to test the response of health-care facility personnel?
- Are workers trained in how to report violent incidents, threats, or abuse and obtain medical care, counseling, workers' compensation, or legal assistance after a violent episode or injury?
- Are employees and supervisors trained to behave compassionately toward coworkers when an incident occurs?
- Does the training include instruction about the location and operation of safety devices such as alarm systems, along with the required maintenance schedules and procedures?

Checklist 7:
Recordkeeping and Evaluation

Does the violence prevention program provide for:

- Up-to-date recording in the OSHA Log of Work-Related Injury and Illness (OSHA 300)?
- Records of all incidents involving assault, harassment, aggressive behavior, abuse, and verbal attack with attention to maintaining appropriate confidentiality of the records?
- Training records?
- Workplace walkthrough and security inspection records?
- Keeping records of control measures instituted in response to inspections, complaints, or violent incidents?
- A system for regular evaluation of engineering, administrative, and work practice controls to see if they are working well?
- A system for regular review of individual reports and trending and analysis of all incidents?
- Employee surveys regarding the effectiveness of control measures instituted?
- Discussions with employees who are involved in hostile situations to ask about the quality of post-incident treatment they received?
- A provision for an outside audit or consultation of the violence programs for recommendations on improving safety?

Appendix B
Violence Incident Report Forms

Sample 1

The following items serve merely as an example of what might be used or modified by employers in these industries to help prevent workplace violence.

(Sample/Draft—Adapt to your own location and business circumstances.)

Confidential Incident Report

To: _____ Date of Incident: _____

Location of Incident (*Map/sketch on reverse side or attached*): _____

_____

From: _____ Phone: _____ Time of Incident: _____

Nature of the Incident (*"X" all applicable boxes*):

❑ Assaults or Violent Acts: _____ Type "1" _____ Type "2" _____ Type "3" _____ Other

❑ Preventative or Warning Report

❑ Bomb or Terrorist Type Threat ❑ Yes ❑ No

❑ Transportation Accident

❑ Contacts with Objects or Equipment

❑ Falls

❑ Exposures

❑ Fires or Explosions

❑ Other

Legal Counsel Advised of Incident? ❑ Yes ❑ No   EAP Advised? ❑ Yes ❑ No

Warning or Preventative Measures? ❑ Yes ❑ No

Number of Persons Affected: _____

(For each person, complete a report; however, to the extent facts are duplicative, any person's report may incorporate another person's report.)

Name of Affected Person(s): _____ Service Date: _____

Position: _____ Member of Labor Organization? ❑ Yes ❑ No

Supervisor: _____ Has Supervisor Been Notified? ❑ Yes ❑ No

Family: _____ Has Been Notified by: _____? ❑ Yes ❑ No

Lost Work Time? ❑ Yes ❑ No   Anticipated Return to Work: _____

Third parties or non-employee involvement *(include contractor and lease employees, visitors, vendors, customers)?* ❑ Yes ❑ No

Nature of the Incident

Briefly describe: (1) event(s); (2) witnesses with addresses and status included; (3) location details; (4) equipment/weapon details; (5) weather; (6) other records of the incident (e.g., police report, recordings, videos); (7) the ability to observe and reliability of witnesses; (8) were the parties possibly impaired because of illness, injury, drugs or alcohol? (were tests taken to verify same?); (9) parties notified internally (employee relations, medical, legal, operations, etc.) and externally (police, fire, ambulance, EAP, family, etc.).

Previous or Related Incidents of This Type? ❑ Yes ❑ No   Or by This Person? ❑ Yes ❑ No

Preventative Steps? ❑ Yes ❑ No   OSHA Log or Other OSHA Action Required? ❑ Yes ❑ No

Incident Response Team: _____

Team Leader: _____   _____

                               Signature   *Date*

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Sample 2

The following items serve merely as an example of what might be used or modified by employers in these industries to help prevent workplace violence.

A reportable violent incident should be defined as any threatening remark or overt act of physical violence against a person(s) or property whether reported or observed.

1. Date:_____   2. Specific Location: _____
   Day of Week:_____   _____
   Time: _____   _____
   Assailant: ❏ Female   ❏ Male   _____

3. Violence Directed Toward: ❏ Patient   ❏ Staff   ❏ Visitor   ❏ Other
   Assailant: ❏ Patient   ❏ Staff   ❏ Visitor   ❏ Other
   Assailant's Name: _____
   Assailant: ❏ Unarmed   ❏ Armed (weapon)

4. Predisposing Factors:
   ❏ Intoxication   ❏ Dissatisfied with Care/Waiting Time
   ❏ Grief Reaction   ❏ Prior History of Violence
   ❏ Gang Related
   ❏ Other *(Describe)*   _____

5. Description of Incident: 6. Injuries: 7. Extent of Injuries:_____
   ❏ Physical Abuse   ❏ Yes   _____
   ❏ Verbal Abuse   ❏ No   _____
   ❏ Other

8. Detailed Description of the Incident: _____
   _____
   _____

9. Did Any Person Leave the Area because of Incident?
   ❏ Yes   ❏ No   ❏ Unable to Determine

10. Present at Time of Incident:
    ❏ Police _____ Name of Department
    ❏ Hospital Security Officer

11. Needed to Call:
    ❏ Police _____ Name of Department
    ❏ Hospital Security

12. Termination of Incident:
    Incident Diffused   ❏ Yes   ❏ No
    Police Notified   ❏ Yes   ❏ No
    Assailant Arrested   ❏ Yes   ❏ No

13. Disposition of Assailant: 14. Restraints Used: ❏ Yes   ❏ No
    Stayed on Premises   ❏
    Escorted off Premises   ❏   Type: _____
    Left on Own   ❏
    Other   ❏ _____

15. Report Completed By:_____   Title: _____
    Witnesses: _____
    Supervisor Notified: _____   Time: _____

Please put additional comments, according to numbered section, on reverse side of form.

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Suggested Readings

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Appendix D
OSHA Assistance, Services, and Programs

How can OSHA help me?

OSHA can provide extensive help through a variety of programs, including assistance about safety and health programs, state plans, workplace consultations, voluntary protection programs, strategic partnerships, alliances, and training and education. An overall commitment to workplace safety and health can add value to your business, to your workplace, and to your life.

How does safety and health management system assistance help employers and employees?

Working in a safe and healthful environment can stimulate innovation and creativity and result in increased performance and higher productivity. The key to a safe and healthful work environment is a comprehensive safety and health management system.

OSHA has electronic compliance assistance tools, or eTools, on its website that "walk" users through the steps required to develop a comprehensive safety and health program. The eTools are posted at **www.osha.gov** and are based on guidelines that identify four general elements critical to a successful safety and health management system:

- Management leadership and employee involvement;

- Worksite analysis;

- Hazard prevention and control; and

- Safety and health training.

What are state programs?

The *Occupational Safety and Health Act of 1970* (*OSH Act*) encourages states to develop and operate their own job safety and health plans. OSHA approves and monitors these plans and funds up to 50 percent of each program's operating costs. State plans must provide standards and enforcement programs, as well as voluntary compliance activities, that are at least as effective as Federal OSHA's.

Currently, 26 states and territories have their own plans. Twenty-three cover both private and public (state and local government) employees and three states, Connecticut, New Jersey, and New York, cover only the public sector. For more information on state plans, visit OSHA's website at **www.osha.gov**.

What is consultation assistance?

Consultation assistance is available on request to employers who want help establishing and maintaining a safe and healthful workplace. Funded largely by OSHA, the service is provided at no cost to small employers and is delivered by state authorities through professional safety and health consultants.

What is the Safety and Health Achievement Recognition Program (SHARP)?

Under the consultation program, certain exemplary employers may request participation in OSHA's Safety and Health Achievement Recognition Program (SHARP). Eligibility for participation includes, but is not limited to, receiving a full-service, comprehensive consultation visit, correcting all identified hazards, and developing an effective safety and health program management program.

Employers accepted into SHARP may receive an exemption from programmed inspections (not complaint or accident investigation inspections) for 1 year initially, or 2 years upon renewal. For more information about consultation assistance, visit OSHA's website at **www.osha.gov**.

What are the Voluntary Protection Programs (VPPs)?

Voluntary Protection Programs are designed to recognize outstanding achievements by companies that have developed and implemented effective safety and health management programs. There are three levels of VPPs: Star, Merit, and Demonstration. All are designed to achieve the following goals:

- Recognize employers that have successfully developed and implemented effective and comprehensive safety and health management programs;
- Encourage these employers to continuously improve their safety and health management programs;
- Motivate other employers to achieve excellent safety and health results in the same outstanding way; and
- Establish a cooperative relationship between employers, employees, and OSHA.

VPP participation can bring many benefits to employers and employees, including fewer worker fatalities, injuries, and illnesses; lost-workday case rates generally 50 percent below industry averages; and lower workers' compensation and other injury- and illness-related costs. In addition, many VPP sites report improved employee motivation to work safely, leading to a better quality of life at work; positive community recognition and interaction; further improvement and revitalization of already-good safety and health programs; and a positive relationship with OSHA.

After a site applies for the program, OSHA reviews an employer's VPP application and conducts a VPP onsite evaluation to verify that the site's safety and health management programs are operating effectively. OSHA conducts onsite evaluations on a regular basis, annually for participants at the Demonstration level, every 18 months for Merit, and every 3 to 5 years for Star. Once a year, all participants must send a copy of their most recent annual internal evaluation to their OSHA regional office. This evaluation must include the worksite's record of injuries and illnesses for the past year.

Sites participating in VPP are not scheduled for regular, programmed inspections. OSHA does, however, handle any employee complaints, serious accidents, or significant chemical releases that may occur at VPP sites according to routine enforcement procedures.

For more information, visit OSHA's website at **www.osha.gov**.

How can a partnership with OSHA improve worker safety and health?

OSHA has learned firsthand that voluntary, cooperative partnerships with employers, employees, and unions can be a useful alternative to traditional enforcement and an effective way to reduce worker deaths, injuries, and illnesses. This is especially true when a partnership leads to the development and implementation of a comprehensive workplace safety and health management program.

What is OSHA's Strategic Partnership Program (OSPP)?

OSHA Strategic Partnerships are agreements among labor, management, and government to improve workplace safety and health. These partnerships encourage, assist, and recognize the efforts of the partners to eliminate serious workplace hazards and achieve a high level of worker safety and health. Whereas OSHA's Consultation Program and VPP entail one-on-one relationships between OSHA and individual worksites, most strategic partnerships build cooperative relationships with groups of employers and employees.

There are two major types of OSPPs. Comprehensive partnerships focus on establishing comprehensive safety and health management systems at partnering worksites. Limited partnerships help identify and eliminate

hazards associated with worker deaths, injuries, and illnesses, or have goals other than establishing comprehensive worksite safety and health programs.

For more information about this program, visit the agency's website at **www.osha.gov**.

What occupational safety and health training does OSHA offer?

The OSHA Training Institute provides basic and advanced training and education in safety and health for federal and state compliance officers, state consultants, other federal agency personnel, and private sector employers, employees, and their representatives.

What is the OSHA Training Grant Program?

OSHA awards grants to nonprofit organizations to provide safety and health training and education to employers and workers in the workplace. Grants often focus on high-risk activities or hazards or may help nonprofit organizations in training, education, and outreach.

OSHA expects each grantee to develop a program that addresses a safety and health topic named by OSHA, recruit workers and employers for the training, and conduct the training. Grantees are also expected to follow up with students to find out how they applied the training in their workplaces.

For more information, contact OSHA Office of Training and Education, 2020 Arlington Heights Rd., Arlington Heights, IL 60005; or call (847) 297–4810.

What other assistance materials does OSHA have available?

OSHA has a variety of materials and tools on its website at **www.osha.gov**. These include eTools such as Expert Advisors and Electronic Compliance Assistance Tools, information on specific health and safety topics, regulations, directives, publications, videos, and other information for employers and employees.

OSHA also has an extensive publications program. For a list of free or sales items, visit OSHA's website at **www.osha.gov** or contact the OSHA Publications Office, U.S. Department of Labor, 200 Constitution Avenue, NW, N-3101, Washington, DC 20210. Telephone (202) 693–1888 or FAX to (202) 693–2498.

In addition, OSHA's CD-ROM includes standards, interpretations, directives, and more. It is available for sale from the U.S. Government Printing Office. To order, write to the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402, or phone (202) 512–1800.

What do I do in case of an emergency or to file a complaint?

To report an emergency, file a complaint, or seek OSHA advice, assistance, or products, call (800) 321–OSHA or contact your nearest OSHA regional, area, state plan, or consultation office. The teletypewriter (TTY) number is (877) 889–5627.

Employees can also file a complaint online and get more information on OSHA federal and state programs by visiting OSHA's website at **www.osha.gov**.

Appendix E
OSHA Regional Office Directory

OSHA Regional Offices

Region I

(CT,* MA, ME, NH, RI, VT*)
JFK Federal Building, Room E340
Boston, MA 02203
(617) 565–9860

Region II

(NJ,* NY,* PR,* VI*)
201 Varick Street, Room 670
New York, NY 10014
(212) 337–2378

Region III

(DE, DC, MD,* PA,* VA,* WV)
The Curtis Center
170 S. Independence Mall West
Suite 740 West
Philadelphia, PA 19106-3309
(215) 861–4900

Region IV

(AL, FL, GA, KY,* MS, NC,* SC,* TN*)
SNAF
61 Forsyth Street SW, Room 6T50
Atlanta, GA 30303
(404) 562–2300

Region V

(IL, IN,* MI,* MN,* OH, WI)
230 South Dearborn Street, Room 3244
Chicago, IL 60604
(312) 353–2220

Region VI

(AR, LA, NM,* OK, TX)
525 Griffin Street, Room 602
Dallas, TX 75202
(214) 767–4731 or 4736 x224

Region VII

(IA,* KS, MO, NE)
City Center Square
1100 Main Street, Suite 800
Kansas City, MO 64105
(816) 426–5861

Region VIII

(CO, MT, ND, SD, UT,* WY*)
1999 Broadway, Suite 1690
P.O. Box 46550
Denver, CO 80202-5716
(303) 844–1600

Region IX

(American Samoa, AZ,* CA,* HI, NV,*
Northern Mariana Islands)
71 Stevenson Street, Room 420
San Francisco, CA 94105
(415) 975–4310

Region X

(AK,* ID, OR,* WA*)
1111 Third Avenue, Suite 715
Seattle, WA 98101-3212
(206) 553–5930

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*These states and territories operate their own
OSHA-approved job safety and health programs.
The Connecticut, New Jersey, and New York plans
cover public employees only. States with approved
programs must have a standard that is identical to
or at least as effective as the federal standard.