



# Increase training around violence prevention after steep OSHA fine

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Make sure that you're training clinicians annually on best practices around workplace violence prevention. It's one of the key recommendations from the Occupational Safety and Health Administration (OSHA) following the death of a home health clinician in Connecticut in October.

The guidance came with the announcement May 1 that home health agency Elara Caring would face a \$163,627 penalty for "not developing and implementing adequate measures to protect employees from the ongoing serious hazard of workplace violence."

Joyce Grayson was killed during a home visit at a halfway house in Willimantic, Conn., on Oct. 28. The incident accelerated efforts already under way to create industry standards around workplace safety.

## Understand training essentials

Extending workplace safety training beyond an initial session is a trouble spot for many agencies, says Diane Link, owner of Link Healthcare Advantage in Littlestown, Pa.

"The workplace violence policies I have seen only require education on hire," she says. "Education should be an ongoing process."

According to Link, your annual reminders of workplace violence prevention should include:

- Situational awareness;
- De-escalation techniques;
- Considerations around visits in high-risk areas, including joint visits or escorts;
- Responding to actual verbal or physical threats; and
- The process and the importance of incident reporting.

OSHA notes that employees should also be trained when there is a change in policies and procedures and suggests routinely evaluating your training program to ensure that it is effective.

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Supervisors should also be trained on how to respond to reports of potential or actual workplace violence, Link says.

That would include training on incident reporting and investigations, like a root cause analysis. Supervisors should also be trained on an immediate response plan as well as employee assistance programs.

Managers must listen and take action when staff members complain about safety hazards, says Elizabeth Hogue, an attorney based in Washington, D.C.

A “zero tolerance” policy is essential, she says, but these policies can be neutralized by managers who discourage or ignore reports, she says.

“They must take reasonable precautions to prevent further injury or damage,” Hogue says. After employees register even a single complaint regarding dangers associated with the care of particular patients, employers must be on notice that further care may involve harm to workers.

## **Assess your current policies**

There were other OSHA recommendations that Link says are important to incorporate into your policies and procedures:

**Conduct a risk assessment.** Perform a risk assessment annually to consider the factors that put any health care employee at risk of violence, OSHA says.

This should include incident reports of workplace violence or near misses, as well as input from an employee safety survey, Links says.

**Write down policies.** Develop and implement a written policy that is responsive to the risk assessment, including policies, procedures and other controls used to protect against the hazard, OSHA notes.

**Update procedures.** Refresh home safety assessments to include potential workplace violence issues, such as high crime areas, homes with a history of abuse, poor lighting, etc., Link says.

**Designate prevention leaders.** OSHA recommends establishing an ongoing workplace safety committee, with at least 50% of the committee made up of non-management employees.

Link notes that an agency could also convene a QAPI committee to review risk assessments and incident reports and include minutes of meetings and updates to policy recommendations.

**Recordkeeping.** Incident reports should be reviewed with trends identified, Link says.

“This is a vital part of the program,” she says. “You don’t know what you don’t know.”

## **Weigh practical implications**

There were a few recommendations from OSHA that would require a heavy lift from agencies

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Other recommendations that require serious vetting:

**Tracking staff to confirm arrival and departure from a visit.** “With a staff of 10 nurses doing five visits a day, that is 100 calls that management would need to receive on a daily basis and that is just nursing,” Link notes.

**Providing mace or pepper spray to staff.** This is a controversial proposal that would mean implementing mandatory training on how to use the devices and the limitations of the device, Link says. “Most importantly, they need to be prepared to run after using it.”

**Completing data entry in the car.** OSHA argues that this allows the clinician to focus on their work and the tablet screen.

But Link notes this is also taking the clinician’s attention away from their surroundings, exposing them to a new set of risks as they sit in their car.

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More info: Read OSHA’s full statement on the citations at <https://tinyurl.com/yr4nzerf>. Find more workplace safety resources at <https://nahc.org/workplace-safety/>.

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