

Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R.1195)

Our nation's caregivers – including nurses, social workers, and many others who dedicate their lives to caring for those in need – suffer workplace violence injuries at far higher rates than any other profession. Last year, the Bureau of Labor Statistics (BLS) reported that health care and social service workers were nearly **five times as likely** to suffer a serious workplace violence injury than workers in other sectors.

Public employees, such as caregivers in state and local government health care and social service work, suffer particularly high rates of workplace violence. In 2017, state government health care and social service workers were almost **nine times more likely** to be injured by an assault than private-sector health care workers. Workplace violence often causes both physical and emotional harm. Victims of these incidents often suffer career-ending post-traumatic stress disorders that take away their livelihoods and weaken an already stretched health care workforce.

The Problem: *The Occupational Safety and Health Administration (OSHA) has the authority and responsibility to protect America's caregivers from workplace violence, but it has not been given the basic tools to fulfill its mission. Unless Congress takes action, it will be years, if not decades before this challenge is adequately addressed.*

- There is currently no OSHA standard that requires employers to implement violence prevention plans that would help reduce workplace violence injuries among health care and social service workers. The lack of an enforceable standard means that OSHA, the federal agency created to protect workers' safety, has few meaningful tools to protect health care workers from the threat of workplace violence.
- Unless Congress intervenes, it is highly unlikely there will be any action taken to protect health care workers in the next decade. The Government Accountability Office estimated, conservatively, that it takes OSHA **at least 7 years to issue a standard**. Two of the most significant OSHA standards issued in recent history – crystalline silica and beryllium -- which cause irreversible lung disease—each took OSHA **20 years to finalize**.
- The Trump administration relegated this standard to the back burner and made no progress on it in 4 years while nurses report that workplace violence in health care has gotten worse during the COVID-19 pandemic.

The Solution: *The Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 1195) would provide health and social service workers the protection they deserve by:*

- Compelling OSHA to issue an interim final standard in one year and a final standard within 42 months requiring employers within the health care and social service sectors to develop and implement a workplace violence prevention plan.
- Identifying risks, specify solutions, and require training, reporting, and incident investigations. It would also provide protections from retaliation for reporting violent incidents.
- Protecting public sector health care and social service workers in the 24 states not covered by OSHA protections.

Common Questions & Answers

- Q: *Doesn't OSHA already have workplace violence prevention guidelines in place?*

A: OSHA has had workplace violence guidelines for health care and social service workers since 1996 and they were updated with industry input in 2015. Unfortunately, these are *voluntary* guidelines, not a mandatory, enforceable standard. The only option OSHA has to enforce workplace violence best practices is to use the burdensome General Duty Clause, which is under constant legal challenge.

- Q: *Won't this sort of regulation cost health care facilities too much money?*

A: H.R. 1195 requires OSHA to issue an interim enforceable standard within one year, and provides the agency with 42 months to develop and implement an enforceable standard.

The CBO's most recent [cost estimate](#) shows that after OSHA finalizes rulemaking, the cost of implementation across the entire U.S. private health care sector would be \$1.8 billion for the first two years, and \$750 million annually thereafter. That equates to \$9,000 per year for the first two years, and \$3,750 per year thereafter, for each health care facility to enact preventative measures to protect their employees from violent assaults.

The CBO has also acknowledged that their cost estimate **does not include** the projected cost savings to health care facilities as a result of reduced occupational injuries, a consequent reduction in absenteeism, and reduced employee turnover. Preventing even a handful of injuries would likely result in a net benefit for health care institutions.

- Q: *Why is an interim standard being adopted? Shouldn't there be public comment?*

A: Health care and social service workers have suffered fatalities and an increasing number of workplace violence injuries for decades. They need protection now, not in years or decades. The Interim Final Standard will ensure protection in the short term based on 25 years of experience with OSHA's voluntary guidelines.

H.R. 1195 guarantees that **there will be a 30-day public comment period** as OSHA works to develop the Interim Final Standard. The final standard will go through the full regulatory process, including small business review panels and robust opportunity for public comment.

This rulemaking process within OSHA has been delayed for years. When the previous Administration took office in January 2017, they delayed all work on the workplace violence prevention rule that had been initiated under the Obama Administration in 2016. Meanwhile, workers continued to face violence at alarming rates. Health care and social service workers can't wait any longer.

Endorsing Organizations

- AFL-CIO
- American Industrial Hygiene Association
- Alliance for Retired Americans
- American Art Therapy Association
- American Association for Psychoanalysis in Clinical Social Work
- American College of Emergency Physicians
- American College of Occupational and Environmental Medicine
- American Counseling Association
- American Federation of Government Employees
- American Federation of State County and Municipal Employees
- American Federation of Teachers
- American Nurses Association
- American Psychiatric Association
- American Psychiatric Nurses Association
- American Public Health Association
- American Society of Safety Professionals
- Coalition of Labor Union Women of Southwestern P.A.
- Communications Workers of America
- Connecticut Association of Nurse Anesthetists
- ElevatingHOME
- Emergency Nurses Association
- International Association of Fire Fighters
- International Association of Forensic Nurses
- International Association of Machinists and Aerospace Workers
- Massachusetts Nurses Association
- Michigan Nurses Association
- Midstate Education and Service Foundation
- National Association of County Behavioral Health & Development Disability Directors
- National Association of Emergency Medical Technicians
- National Association of Rural Mental Health National Association of Social Workers
- National Council for Occupational Safety and Health
- National Nurses United New York Nurses Association
- Philadelphia Area Project on Occupational Safety and Health Public Citizen
- Rhode Island Committee on Occupational Safety and Health
- School Social Work Association of America
- Service Employees International Union
- Smart Transportation
- International Brotherhood of Teamsters
- United Auto Workers
- United Steelworkers
- Worksafe