

Nursing Homes: Struck-by-persons Injuries



143 Workers were seriously injured when struck, bitten, and kicked by residents/patients in the years 2000-2004, resulting in 20,796 days off work.



The injuries from these incidents were so serious, the workers had to take time off from work or in some cases were permanently disabled. These serious injuries are costly and affect your industrial insurance premiums. They contribute to the reason for the base rate of \$0.84 per hour per employee paid by nursing home employers in 2006. If your company has a higher than average number of injuries (claims), your “experience rating” could increase by as much as 25% in one year to \$1.03 per hour per employee.

Stated in another way, if you had 10 full-time nursing home employees and had an average number of injuries (claims), you would pay about \$16,800 in premiums in 2006. If your experience rating increased by 25% because you had higher than average injuries, you would pay almost \$3,900 more or about \$20,700 in premiums in 2006.

Causes of injuries

Workers are struck or assaulted more commonly during times of increased activity and interaction with residents, such as at meal times, when providing assistance in activities of daily living (ADL), and when transferring or transporting residents.

Inadequate staffing and a lack of workers trained in recognizing, understanding, and managing escalating hostile and aggressive behavior contribute toward a greater risk for injuries to occur. Short staffing results in workers providing care alone when additional help is necessary. A lack of staff training and policies for preventing and managing potentially volatile situations can result in abusive behaviors and assaults against caregivers.



Ways to prevent injuries

- Schedule adequate staffing during times of increased activity and interaction with residents or patients to prevent putting caregivers at greater risk for injury by forcing them to work alone.
- Train caregivers to recognize agitation and hostility, anticipate and manage assaults, resolve conflicts, and maintain hazard awareness. Provide training on risk factors that cause or contribute to assaults.
- Establish a system—such as chart tags, log books, or verbal census reports—to identify patients and clients with assaultive behavior problems.
- Do a quick assessment, asking a few questions, to try to determine the status of a resident before beginning providing assistance, transferring, etc.
- Establish a workplace violence prevention policy and procedures, including reporting and recordkeeping; emergency signaling and alarms, such as beepers or panic buttons, and monitoring systems; and emergency response plans. Ensure that properly trained staff is available to restrain patients or clients, if necessary.

For more information see: Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers at www.osha.gov/Publications/OSHA3148/osh3148.html

