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APhA

April 4, 2017

[Submitted electronically to http://www.regulations.gov]

Occupational Safety and Health Administration
U.S. Department of Labor
200 Constitution Ave., NW
Washington, D.C. 20210

Re: Request for Information and Stakeholder Meeting: Preventing Workplace Violence in Healthcare and Social Assistance [Docket No. OSHA-2016-0014]

Dear Sir/Madam:

APhA is pleased to submit these comments regarding Occupational Safety and Health Administration's (OSHA) request for information on the preventing workplace violence in healthcare and social assistance (hereinafter, the "RFI"). Founded in 1852 as the American Pharmaceutical Association, APhA represents more than 64,000 pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians, and others interested in improving medication use and advancing patient care. APhA members provide care in all practice settings, including community pharmacies, hospitals, long-term care facilities, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and the uniformed services.

APhA appreciates OSHA's efforts to gather information related to workplace violence in health care and social assistance prior to developing and requiring adherence to a standard. We thank OSHA for the opportunity to provide pharmacists' perspectives on type II workplace violence.[1] As with any standard or policy relevant to pharmacists, APhA emphasizes the need for pharmacists to be included in its development and implementation and must rely on the best available data and reflect evidence-based research. APhA recognizes the unique risks posed to health care and social assistance providers and the need for these individuals to interact with patients in a manner that is safe and optimizes care. APhA believes it is important for OSHA to remember when contemplating one standard that the risks posed to those working in health care and social assistance environments may vary significantly by setting and type of professional or job function.

[1] *See* Occupational Safety and Health Administration (2016). *Prevention of Workplace Violence in Healthcare and Social Assistance: Request for Information*, available at: https://www.federalregister.gov/documents/2016/12/07/2016-29197/prevention-of-workplace-violence-in-healthcare-and-social-assistance, last accessed March 2, 2017.

I. Pharmacists Role

As noted above, pharmacists provide care in all practice settings. Pharmacists' interactions with patients vary significantly by setting and by the responsibilities of the pharmacist. For example, in a hospital and health system inpatient setting, some pharmacists work with patients on patient floors or within care units and make rounds with medical staff while others' primary focus is reviewing, preparing and filling prescription orders.[2] Even if pharmacists have similar positions, the degree of patient interaction can vary by hospital/ health system.[3]

Alternatively, although community pharmacists' specific job functions vary, most positions generally spend a significant amount of time face to face and in close proximity to patients. In some cases, pharmacists may be responsible for patient services[4] and therefore, could be alone with patients in a private consultative area, likely making them at greater risk of type II violence. Also distinguishing the community pharmacy from other health care settings, such as clinics and office settings, is the fact that independent and chain community pharmacies often sell retail products, making them both a health care entity and a retail establishment. Community pharmacists tend to interact with a greater number of individuals—consumers and patients—many of whom are not in need of prescription medication. With regard to pharmacy personnel, the amount of interaction pharmacy technicians have with patients can vary by practice setting and job function while other personnel function like employees of a retail setting, with no specific health care-related duties.

It is important to be aware that Pharmacies and pharmacists may be targets for crime for many reasons. Those performing robberies or burglaries may be a client or customer, having received products and services from the pharmacy in which they committed a crime.[5] In addition, APhA's members indicated that pharmacists may experience workplace violence when patients are surprised at the cost of their medication, which may be due to changes in, medication prescribed, cost from manufacturer/ wholesaler, or insurance coverage. Thus, as OSHA considers requiring a standard to prevent workplace violence, such a standard will need to be flexible to account for variable settings, responsibilities and risks of those working in health care and social assistance. In addition, APhA recommends that OSHA consider exempting certain professionals and personnel if patient interaction is rare.

II. Scope of the RFI

OSHA released the RFI to decide whether to begin rulemaking on a standard aimed at preventing type II[6] workplace violence, meaning violence against the worker by the customer,

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[2] American Pharmacists Association, Hospital Pharmacy: Staff, available at: www.pharmacist.com/sites/default/files/files/Profile_15_hosp-staff_SDS_FINAL_090307.pdf, last accessed March 3, 2017.

[3] American Pharmacists Association, Hospital Pharmacy: Staff, available at: www.pharmacist.com/sites/default/files/files/Profile_15_hosp-staff_SDS_FINAL_090307.pdf, last accessed March 3, 2017.

[4] Schommer JC, Brown LM, Sogol EM. Career Pathway Evaluation Program 2007 Pharmacist Profile Survey. June 2007.

[5] O'Connor Shelly, T. (2014). Pharmacy Robbery and Burglary: The Offender Perspective, *Center for the Study of Crime and Justice. A*vailable at: http://www.rxpatrol.org/pdf/Pharmacy-Robbery-and-Burglary-The-Offender-Perspective.pdf, last accessed: March 3, 2017.

[6] 81 FR 88147, available at https://www.federalregister.gov/d/2016-29197/p-102, last accessed March 3, 2017, stating "Further, workplace violence can be classified into the following four categories, based on the relationship between the perpetrator and the victim/worker: Type I (criminal intent; the perpetrator has no legitimate relationship to the business), Type II

client or patient, in health care and social assistance workplaces. In the RFI, pharmacists and pharmacies are mentioned only in the overview section as health care practitioners and entities affected by workplace violence. It is APhA's interpretation that should a standard be required, the standard would apply to pharmacists, pharmacies and their personnel. However, APhA also notes that the rest of the RFI, including sections describing research, is silent on pharmacists and pharmacies. This lack of research calls into question whether pharmacists and pharmacies were thoughtfully included in the scope of the RFI, which we address in more detail below. APhA appreciates OSHA correctly recognizing pharmacists and pharmacies as health care practitioners and settings frequented by patients, similar to physicians and hospitals. Since pharmacies may also be retail settings, OSHA should clarify the standards that an entity must adhere to when more than one standard or set of guidelines may apply.

III. Research Needs

Very little research regarding violence against pharmacists or in pharmacies has been conducted. Most of the available data is anecdotal in nature. Although crime in pharmacies has likely grown due to the surge in prescription drug abuse, a 2009 pilot study conducted by the National Institute for Occupational Safety and Health (NIOSH) and the Justice Research and Statistics Association (JRSA) sheds some light on violent incidents in community pharmacies. Of 1069 incidents included in the pilot study's sample, 42% (or 454 incidents) involved pharmacies or drug stores[7] and of those, 79 took place at the pharmacy counter.[8] Pharmacist and pharmacy staff were the primary victim in 5.5% of cases examined.[9]It is important to note that 82% of robberies at the pharmacy counter were armed (compared to 55% in other parts of the store) and that approximately 75% of pharmacy counter robberies involved demands for schedule II medications, as opposed to cash. The aforementioned statistics demonstrate that the pharmacy settings studied, which includes grocery and retail stores with a pharmacy, crime varies significantly depending on the location within the entity. Consequently, a standard focused solely on health care settings or one affecting only retail establishments may not sufficiently address the workplace violence experienced in pharmacies.

It is also unclear what level of contact with a patient or customer distinguishes type I violence from type II violence. Given that the standard discussed in the RFI is meant to apply to curb type II violence, APhA believes it is essential to better understand what distinguishes type I from type of violence before requiring such a standard. The previously cited research did not classify the type of violence (e.g., type II violence) that occurred in community pharmacies. In one study, 48 inmates convicted of theft of controlled substances from pharmacies and learned that 72% had visited the targeted pharmacy before the crime, mostly when filling their own

(customer/client/patient), Type III (worker-on-worker), and Type IV (personal relationship) (UIIPRC, 2001). Type II events occur most commonly in healthcare and social assistance and these events are the type addressed by this RFI."

[7] Centers for Disease Control and Prevention and National Institute for Occupational Safety and Health, (2008). *Prevention of Violence Against Pharmacists*, available at: http://www.asse.org/assets/1/7/Daniel_Hartley.pdf, last accessed: March 2, 2017. The presentation uses the terms "pharmacy" and "drug store" when examining violence against pharmacists and did not distinguish between settings.

[8] Centers for Disease Control and Prevention and National Institute for Occupational Safety and Health, (2008). *Prevention of Violence Against Pharmacists*, available at: http://www.asse.org/assets/1/7/Daniel_Hartley.pdf, last accessed: March 2, 2017. The presentation details findings from the research noted in "NIOSH Teams with SACS to Study Violence Against Pharmacy and Health Care Workers" noted above.

[9] Centers for Disease Control and Prevention and National Institute for Occupational Safety and Health, (2008). *Prevention of Violence Against Pharmacists*, available at: http://www.asse.org/assets/1/7/Daniel_Hartley.pdf, last accessed: March 2, 2017. The presentation details findings from the research noted in "NIOSH Teams with SACS to Study Violence Against Pharmacy and Health Care Workers" noted above.

prescriptions or accompanying someone else filling a prescription.[10] It is not clear if being a patient or customer distinguishes type I from type II violence or it is considered in combination with intent. APhA strongly encourages OSHA to perform additional research before implementing a standard for pharmacies because little is known about circumstances and amount of type II violence in pharmacies.

IV. Impact of a Standard

APhA agrees with OHSA's points in regards to the tangible and intangible costs of violence in the workplace, but also requests that OSHA provide additional information regarding the downstream impact of implementing a standard, such as those related to changes in patient outcomes or delivery of patient care services. Tangible costs associated with implementing a standard, such as structural changes, may not be feasible for all entities given their variable size and resources. Further, entities in higher crime areas may be at greater risk for violence but may not be able to afford such changes and therefore, be forced to close if standards require costly modifications. In addition, alterations may detract from care. For example, glass partitions may help protect a pharmacist from an armed robbery, however, it may detract from pharmacists' ability to communicate with patients. APhA believes that collaborative efforts between OSHA and pharmacists would help identify potential implications of a standard and lead to practicable solutions that balance workplace safety with patient care. Until such research is performed, APhA urges OSHA to delay development of a single standard.

Thank you for the opportunity to provide our input on workplace violence. APhA looks forward to continuing to work with OSHA as well as other stakeholders on the development and implementation of a standard for workplace violence. If you have any questions or require additional information, please contact Jenna Ventresca, JD, Associate Director of Health Policy, at jventresca@aphanet.org or by phone at (202) 558-2727.

Sincerely,

Thomas E. Menighan, BSPharm, MBA, ScD (Hon), FAPhA
Executive Vice President and CEO

cc: Stacie S. Maass, RPh, JD, Senior Vice President, Pharmacy Practice and Government Affairs

[10] O'Connor Shelley T (2014). *Pharmacy Robbery and Burglary: The Offender Perspective*, available at: http://www.in.gov/bitterpill/files/O'Conner%20Shelley_Pharmacy%20Robbery%20and%20Burglary_The%20Offender%20Perspective.pdf, last accessed: March 2, 2017.