

Presentation Title	Place in Schedule
<p>Assessing Impact of Legislation to Provide Training & Prevent Workplace Violence among Home Healthcare Aides</p>	<p>Concurrent Session <i>Day 3 – Thursday</i> <i>May 10th, 2018</i> <i>4:15 – 5:30pm</i></p>
Description of Presentation	Presenter Name(s) And Credentials
<p>Authors: Marilyn Lou Ridenour MPH, Scott Hendricks MS , Daniel Hartley EdD, and James Blando PhD Statement of the problem: In September 2011, the enactment of the New Jersey Violence Prevention in Health Care Facilities Act required acute care, psychiatric and nursing home facilities to develop workplace violence prevention programs and were required to be fully compliant with the legislation by June 6, 2012. Home healthcare aides are covered by this regulation if their agency is part of an acute care hospital. Between 3% and 45% of home health workers reported being threatened or being physically assaulted by clients, family member, and neighbors. The objective of this analysis is to describe home healthcare aide participation in violence-based training, wellness classes, and their experience with workplace violence. Methods: A survey was developed by the investigators to ask home healthcare aides in New Jersey if their employer offered violence-based safety training and wellness classes. Respondents were also queried about the types of physical and non-physical violence they had experienced while working as a home healthcare aide. They were also asked about participation in employee sponsored wellness classes related to smoking cessation, diet and nutrition, physical activity, and stress management. A random sample of 4,000 home healthcare aides were invited to complete the survey from the State of New Jersey Division of Consumer Affairs database of 46,787 home healthcare aides. Cochran-Mantel-Hanszel was used to assess associations between variables. Results: In 2013, a mail survey was completed by 513 (17%) home healthcare aides in the state of New Jersey. Consistent with home healthcare aide employment, 94% of the respondents were female. Sixtyone</p>	<p>Marilyn Lou Ridenour, BSN, MBA, MPH <i>CDC/NIOSH</i></p>

percent of the respondents received training about violence-based safety in their workplace.

Respondents whose agency was part of a hospital received a higher proportion of violence-based safety training (82%) than home healthcare aides whose agency was not part of a hospital (67%) ($p=0.0313$).

Thirty-four percent of the home healthcare aides experienced at least one violent act from either a patient or a member of the patient's family in the previous year. When the perpetrator was a patient or family member, the respondents experienced verbal abuse the most (26%), then physical assault (16%), and exposure to bodily fluids (13%). Generally, home healthcare aides whose agency was part of a hospital had better access to wellness programs than home healthcare aides whose agency was not part of a hospital, but respondent participation did not differ whether their agency was or was not part of a hospital.

Conclusions: Home healthcare aides whose agency was part of a hospital were more likely to receive violence-based safety training. Considering over one-third of the home healthcare aides experienced violence, workplace violence prevention training is important for this occupation.