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Healthcare Workplace Violence

The Problem

In the not-so-distant past, workers feared a disgruntled coworker, or former coworker, “going postal.” Today, mass shootings perpetrated by people seemingly unassociated with the target environment appear to be more commonplace.

Hospitals seem to be targeted by patients, former patients, or family members of patients—not necessarily staff. In July 2015, a man walked past an unstaffed reception desk in a Florida hospital, into a patient’s room, and shot a patient and a nurse. Both died. A few months later, a recently discharged hospital patient in Chambersburg, PA threatened a staff member with a knife. He then threatened a police officer with the knife and was shot and killed. The following month, police responded to an active shooter call at a Dublin, GA hospital. Gunfire was exchanged and eventually the suspect was apprehended. However, a deputy sheriff was shot in the leg. In January 2016, a patient calmly walked into Brigham and Women’s Hospital, asked to see a specific surgeon, then shot him outside an exam room. Moments later, the gunman was discovered dead in an exam room.

Recent statistics put some perspective on the pervasiveness of this issue:

- Citing historical data from 2011-2013, an article published in 2016 states that almost 75 percent of all workplace assaults happened in the healthcare setting.
- Seventy-eight percent of emergency department physicians nationwide report being the target of workplace violence in the past year.
- One hundred percent of emergency department nurses report verbal assault and 82.1 percent reported physical assault during the last year.
- Forty percent of psychiatrists report experiencing physical assault.
- The rate of workplace violence among psychiatric aides is 69 times higher than the national rate of workplace violence.
- Sixty-one percent of home healthcare workers report violence annually.
- Eighty percent of emergency medical workers will experience violence during their careers.¹

In recent years, healthcare workplace violence has been thrust to the forefront of many conversations; the Occupational Safety and Health Administration (OSHA) is considering a federal standard to help combat the issue.²

The International Association for Healthcare Security and Safety (IAHSS) publishes an annual report analyzing crime rates in hospitals. The *2016 Healthcare Crime Survey* gives some insight into the prevalence of certain crimes in hospitals throughout the U.S.³ The survey gathered information in ten different categories: murder, rape, robbery, aggravated assault, simple assault, disorderly conduct, burglary, larceny-theft, motor vehicle theft, and vandalism. Three hundred two hospitals provided usable responses for the survey.

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Responding hospitals reported an average of 37.9 crimes per 100 beds per year. The most frequent crimes were disorderly conduct (21.4 incidents per year) and simple assaults (8.1 incidents per year), accounting for nearly 80 percent of crimes in the responding hospitals.

What exactly is “workplace violence?”

OSHA defines workplace violence as “any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.”⁴ The National Institute of Occupational Safety and Health (NIOSH), a CDC research agency, defines workplace violence as “violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.”⁵

Risk management experts attribute increasing levels of healthcare workplace violence to the deinstitutionalization of psychiatric patients; increased substance abuse; gang violence; economic stress; frustration due to long waits in emergency departments; and the increase of emergency department use by police to hold unruly/intoxicated patients.

Organizational risk factors also play a part. These are the result of an organization’s culture: its work practices and policies and procedures.

What are the risk factors?

According to NIOSH’s “Occupational Violence” training course, clinical settings often are ones of heightened emotions. There are several categories of risk factors for healthcare workplace violence—clinical, environmental, organizational, and socio-economic.

Clinical risk factors include patients who are under the influence of alcohol and other drugs; are in pain; have a history of violence; have cognitive impairment; are in the forensic/criminal justice system; or have certain psychiatric or medical diagnoses. NIOSH also emphasizes that it is important to remember most violent patients are not mentally ill—nor are all mentally ill patients violent.⁶ Substance abuse is a major contributor to violence in all populations.

In addition to clinical risk factors, NIOSH identifies environmental risk factors—issues attributable to amenities, design, and physical layout of the workspace. Examples include:

- Areas where someone can avoid detection or gain access, such as: blind corners; unsecured rooms; unmonitored stairwells and entries; or poorly lit areas;
- Items that can become weapons such as unsecured furniture; decorative items; office fixtures; or office/medical supplies;
- Stressful conditions such as confusing signage; uncomfortable air temperatures; increased/disturbing noise levels; or poor weather conditions; and
- Factors that limit staff’s ability to appropriately respond to violent incidents such as a lack of alarms, security systems, or security devices.

Organizational risk factors also play a part. These are the result of an organization’s culture: its work practices and policies and procedures. They may include careless management and staff attitudes toward workplace violence; cumbersome or nonexistent policies for reporting and managing crises; inadequate security procedures and protocols; and low staffing levels; extended shifts; and overtime requests.

In addition to substance abuse, other social and economic risk factors may lead to increased healthcare workplace violence. Those include, but aren’t limited to, institutions in areas of: high poverty concentration; diminished economic opportunities; low community participation; high levels of family disruption; socially disorganized neighborhoods; and social, educational, or health policies that help maintain economic and/or social inequalities.

Taking Action: Recommendations and Requirements

In December 2015, OSHA published “[Preventing Workplace Violence: A Road Map for Healthcare Facilities](#).”⁷ It states the most effective way to reduce workplace violence is through a “comprehensive workplace violence prevention program that covers five core elements or ‘building blocks.’” One of the most important elements of the program is management commitment and employee participation. Without this key element, the remaining four elements would be extremely difficult to implement.

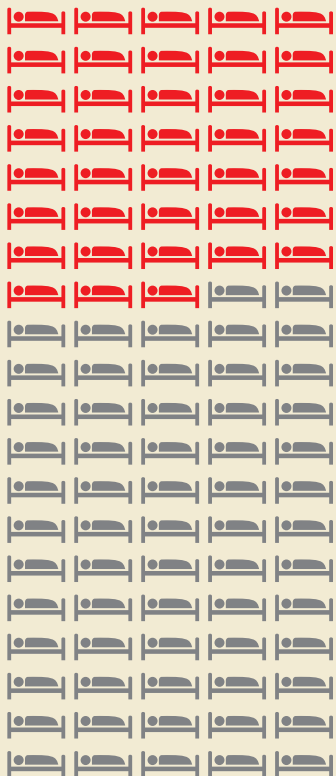
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2016 hospitals averaged

37.9

crimes

per 100 BEDS per year



83% occurred in patients' rooms

The OSHA building blocks of an effective workplace violence prevention program include:

1. Management commitment and employee participation;
2. Worksite analysis and hazard identification;
3. Hazard prevention and control;
4. Safety and health training; and
5. Recordkeeping and program evaluation.

It also includes a sample threat assessment checklist, a workplace violence prevention policy, a list of common warning signs, and an assessment outline.

The Joint Commission encourages accredited hospitals to assess their risk for violence, develop written plans, and implement security measures.⁸ It has also recently launched a workplace violence prevention portal to aid organizations in their attempt to minimize the occurrence of, and effect of, workplace violence.⁹

Risks may vary by facility and by department, underscoring the importance of individualized analysis.

#1 Organization/Employee Involvement

Following OSHA's map, obtaining and demonstrating management and staff commitment is the very first step in building an effective violence prevention plan for your organization. Here are three things you can do to get your plan off to a strong start:

1. Demonstrate leadership commitment for your violence prevention program by requiring all staff to be involved—even administrators at the highest level of the organization;
2. Show support through your own participation; and
3. Devote resources to violence prevention efforts.

#2 Worksite Analysis

Multiple sources suggest researching crime statistics in your facility's immediate area. A physical environment assessment may include monitoring facility entrances, parking ramps, and grounds. A walk-through may determine whether in-house emergency call numbers are posted and panic buttons are available at registration desks and nursing stations.

Additionally, determine if staff lounges are locked and layouts of patient rooms help prevent entrapment. Some facilities ensure bulletproof vests are readily available.

You can identify additional risks by conducting surveys with all shifts and in multiple situations. This allows you to determine whether employees are familiar with the facility's violence prevention program and their reporting responsibilities.

A number of federal and state agencies provide easy access to information and tools to assist in conducting assessments. OSHA's "Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers" ("Guidelines") lists steps to assess, monitor, and analyze violent events and to evaluate the effectiveness of your workplace violence program. It also includes engineering and administrative controls to help minimize violence. "Guidelines," sample checklists, and violence incident report forms are available at <https://www.osha.gov>.

#3 Hazard Reduction and Response

The next step is developing strategies and policies for preventing and managing the potential for violence. Consider implementing and/or revising:

- Education for administration and staff on recognizing the risk of violence;
- Definitions of "violence" and certain crimes;
- An easily accessible and efficient reporting and documentation system;
- Written policies and procedures and personnel responsibilities, including reporting of incidents;
 - ▶ Include descriptions of specific codes to call, who to notify in specific situations, and how to interact with law enforcement;

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- The facility's employee assistance program following a violent incident;
- Debriefings (within 24-72 hours of an incident); and
- Ongoing training programs with required staff attendance.

Additional security measures might include metal detectors; bag searches; cameras; appropriate lighting; video monitoring; security personnel; stationing security in high-risk locations; and nighttime escorts to parking lots.

#4 Training

Staff training may be one of your most effective tools in reducing violent incidents. Provide new employees with violence prevention training as part of orientation. We encourage training to be ongoing and include supervisors and security staff. Topics may include:

- Recognizing potentially violent situations and using de-escalation techniques;
- Strategies that help diffuse anger or aggression—projecting a calm and caring attitude, acknowledging the individual's feelings;
- Avoiding behavior that might be interpreted as aggressive (rapid movement, speaking loudly, giving orders, or getting too close);
- Taking patients to safe and quiet areas to calm emotions; and
- Moving disruptive patients away from the rest of the hospital population.

#5 Record Keeping and Program Evaluation

Always document your violence prevention efforts—whether to defend an employee's or the hospital's actions, or in response to an OSHA investigation. Thorough documentation also will assist in evaluating the effectiveness of your violence prevention program.

When Violence Occurs

Additional training may be necessary for employees in high-risk areas—including emergency departments, ICUs, behavioral health, and operating rooms. Training may include proper use of restraints, physical techniques to subdue violent individuals, and administering medical care once the individual is subdued.

The Emergency Nurses Association's November 2011 "Emergency Department Violence Surveillance Study" indicated the overall frequency of physical violence and verbal abuse for an ED nurse. Of the 7,169 nurses who participated in the study, 54 percent reported experiencing physical or verbal abuse during the previous seven days.

Nurses were most often involved in triaging a patient, performing an invasive procedure, or restraining/subduing a patient when the violence occurred. Patients were the main perpetrators in all incidents; over 83 percent of the incidents occurred in patients' rooms.

Further, this study indicates physical violence rates increase as population density increases (9.1 percent in rural vs. 14.1 percent in large urban areas). The odds of physical violence occurring were higher for younger nurses; male nurses were more likely to experience physical violence than females. Also, the use of panic buttons/silent alarms correlated with less physical violence. And, decreased odds for physical violence and verbal abuse were associated with enclosed nursing stations, locked or coded ED entries, security signs, and well-lit areas.¹⁰

**For "Guidelines,"
sample checklists,
and violence incident
report forms, visit
<https://www.osha.gov>.**

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Risk management experts recommend the following should a healthcare workplace violence incident occur:

- Avoid confrontation and retreat to a safe place if possible;
- Do not approach or attempt to disarm an individual with a weapon;
- Summon security or a behavioral response team, or call 911;
- Remain calm—refrain from agitating or threatening a violent person; and
- Isolate the individual—protect patients, lock doors, and direct traffic away from the area, evacuating if possible.

Post-Incident Analysis

In its “Occupational Violence” course, NIOSH suggests, as the adage goes, “in the middle of difficulty lies opportunity.” Or rather, in the aftermath, a focus on identifying vulnerabilities, protocols, and procedures that succeeded may prevent incidents in the future—particularly if procedures which fell short are corrected. NIOSH suggests such an analysis include:

- What the team as a whole did well; what can be improved upon; and what the team can learn from the incident about prevention, without blaming the patient;
- The role of hospital management and security;
- De-escalation tactics and crisis intervention methods used;
- The power dynamics from both the patient and the staff/nurses’ perspective; and
- Nurses’ and/or staff’s perceptions of hospital management and security.

Communicating with Media and Law Enforcement

ProAssurance Risk Resource Advisors suggest hospitals develop policies and procedures for communicating with the media and law enforcement. Designate a hospital spokesperson, provide ongoing training, and make sure all staff know how to:

- Direct interview requests, subpoenas, and/or search warrants to designated staff (update contact information and backup numbers regularly);
- Preserve and maintain a chain of evidence—which may include illegal firearms or drugs and witness and victim statements; and
- Follow HIPAA privacy regulations.

Of Course, Document

Once the situation diffuses, staff should document what was seen, heard, and/or done. Documentation will be critical should the facility or an employee be named in a professional liability lawsuit.

Unfortunately, violence occurs all too often in healthcare, but still catches healthcare staff off guard because it’s so unpredictable. Implementing and adhering to a workplace violence program will assist you and your facility in preparing for these situations—and help prevent injury to you, your staff, your patients, and your patients’ families. 🍀

Key Considerations

Staff education	<ul style="list-style-type: none"> • Emphasize your facility’s zero-tolerance policy and provide employees with your workplace violence prevention policy. • Review general safety policies and ensure employees understand the facility’s definition(s) of violent behavior. Give specific examples. • Emphasize that incident reporting is required and explain why. • Walk staff through the incident reporting process and describe how the data has been used to reduce the risk of violence. It is best to have one centralized reporting process for your entire organization. This will help you compile, analyze, and take action on incidents. • Encourage suggestions to make reporting easier for staff.
High-risk areas	<ul style="list-style-type: none"> • Work closely with IT and security to identify both technological and non-technological solutions to help reduce incidents. Since most physical violence and verbal abuse occur in high-risk areas, consider providing reporting reminders to staff who work in these locations. • Monitor incident report data from high-risk areas to identify potential risks and/or situations that may need immediate attention.
After the violence	<ul style="list-style-type: none"> • Ensure employees are not punished in any way for reporting an incident. The employee’s emotional and physical health following a violent attack should be paramount. • Arrange for prompt medical treatment and psychological care if needed. • Contact your employee assistance program and/or other support programs if the employee needs further assistance. • Lastly, be sure to conduct a debriefing within 24-72 hours of the incident.

Continued from page 5

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