Health Care Workplace Violence

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Health Care Workplace Violence

Assaults against health care providers are not new. The Bureau of Labor Statistics indicated in 1993 that health care and social service workers had the highest number of assault injuries. Approximately two-thirds of the non-fatal assaults occurred at nursing homes, hospitals and establishments providing residential care and other social services.

Risk Factors Facing Health Care and Social Service Workers

- Availability of drugs or money at hospitals, clinics and pharmacies make them potential targets for robbery.
- Unrestricted movement of the public in clinics and hospitals.
- Long waits in emergency rooms and clinics can lead to frustration.
- Distraught family members.
- Low staffing levels during activities such as meal time, visiting time and patient transport.
- Isolated work with clients during examinations, treatment or routine care.
- Solo work in remote locations without back-up or means of obtaining assistance.
- Lack of training in the recognition and managing of escalating hostile and aggressive behavior.
- Poorly lit parking areas.

Key Elements of an Effective Violence Prevention Program

- Development of a successful Workplace Violence Prevention Program begins with the values and mission of the organization. Senior management commitment is important, as supervisors and staff generally adopt their goals and values. Incorporate the organization's values, mission and goals into a written Workplace Violence Prevention Program.
- Conduct a self-assessment of the existing Workplace Violence Prevention Program.
- Review accidents for the last 2 4 years to identify any specific trends in location, job classification, time of day, and workstation settings that have resulted in incidents (or near-incidents) of violent behavior.
- Develop a continuous improvement Workplace Violence Prevention Program for the year based on the results of the self-assessment and accident history. Select one or two key elements to target, and review the results quarterly. At the end of the year conduct another self-assessment and develop a plan for the following year. Communicate the findings and objectives to the entire organization.

Written Program

The written program should offer clear goals and objectives for preventing workplace violence suitable to the organization and specific to each location. At the very minimum, the Workplace Violence Prevention Written Program should include the following points:

- A clear policy that establishes zero-tolerance for workplace violence, verbal and non-verbal threats and related actions.
- No reprisals will be taken against an employee who reports or experiences workplace violence.
- Prompt reporting of all incidents or near misses.
- Keep records of all incidents to provide a means to review, assess the risks, and make corrections.
- Outline a comprehensive plan for maintaining security in the workplace.
- Assign responsibility and authority for the program to management and staff.
- Communicate the policy to the entire organization on a routine basis, through new employee orientation, training sessions and supervisor meetings.

Workplace Security Analysis

- As a means of continuous improvement, conduct periodic inspections of the workplace and evaluate employee tasks to identify hazards, sanctions, operations, and situations that could lead to violence.
- Review any incidents in an effort to identify characteristics of assailants and victims. Also review the account of what happened before and during the incident, and the relevant details of the situation and the outcome.
- Identify high-risk factors such as types of clients, physical risk factors of the building, isolated locations/job activities, lighting problems, lack of phones and other communication devices, areas of easy unsecured access, and areas with previous security problems.
- Review the effectiveness of the existing security measures in place.

Hazard Prevention and Control

For the individual:

- Respond promptly with a caring, friendly attitude towards the patient or family members.
- Remove jewelry such as necklaces, watches or earrings, as they may become weapons. Do not wear restrictive clothing which may inhibit your ability to respond.

- Maintain a healthy lifestyle it provides the basis for your ability to respond quickly with stamina and strength, to ensure your own protection.
- Know the security procedures for all worksites.
- Have at least two ways of contacting the police.

For the workplace:

- Any time there is new construction, or any type of facility or workplace remodeling, review the plans with security and maintenance personnel for potential security hazards.
- Install and regularly maintain alarm systems or other security devices, such as panic buttons.
- Place curved mirrors at hallway intersection or concealed areas.
- Provide client or patient waiting rooms designed to maximize comfort and minimize stress.
- Limit access to staff counseling rooms and treatment rooms. Control access by locking doors.
- Provide employee "safe rooms" for use during emergencies.
- Provide lockable and secure bathrooms for staff members that are separate from patient/client and visitor facilities.
- Lock all unused doors to limit access (in accordance with local fire codes).
- Install bright, effective lighting indoors and outdoors.
- Replace burned out lights, broken windows and locks.
- Limit the number of pictures, vases, ashtrays or other items that can be used as weapons.
- Designate employee and visitor entrances.
- Replace hedges with low-profile landscaping.

Workplace practices:

- Do not leave scalpels or needles near patients.
- Remove personal belongings like matches, lighters, and keys from patients.
- Obtain the patient's history of violence, denote it on the chart, and alert the staff.
- Review workplace practices periodically for potential hazards, such as tools left behind by maintenance personnel that could be used as a weapon on the staff.
- Discourage the practice of carrying keys, pens, or other items on the person, as these could also be used as weapons.
- Report every violent incident, no matter how small.

Warning Signs

- Unusual or strange behavior noticed by co-workers.
- Co-worker has had a history of alcohol or drug abuse.
- Inappropriate comments about weapons, violent movies, and violence in general.
- Fixation on a person or a group "causing" the individual's problems.
- Threats of harm to self or others.
- Tendency to react with anger or intimidation.
- Social withdrawal or isolationist tendencies.

The Assault Cycle

- The assault cycle is a series of events that may occur over any period of time that begins with a trigger event and ends with recovery stage.
- The *trigger event* occurs when the perpetrator experiences some loss (real or perceived) such as the loss of a job or a loved one.
- The **escalation phase** occurs when the perpetrator exhibits physical or behavioral warning signs following a trigger event.
- The attack phase occurs when the stress that the perpetrator built up during the escalation phase is released. This is the time to call security and/or the police, as well as obtain help from staff members.
 - If you need to confront a perpetrator, use an assertive body position — feet hip-width apart, one foot in front of the other, and keep the perpetrator at arm's length.
- The **post-crisis phase** occurs when the perpetrator's feelings of frustration or anger have subsided. Care should be taken not to threaten the individual, as he/she may become violent again.

When to Use Restraints

- Use a team approach to restrain the patient.
- Explain the reason for the restraint to the patient prior to applying, and the conditions for removal.
- Restraints should be firm but not too tight, and checked often to ensure proper circulation. Check the patient every 15 minutes.
- Denote the reason for the restraints on the patient's chart.
- Release the restraints at least every two hours so the patient may move, but do so one extremity at a time.
- If chemical restraints are used, follow the guidelines established by your facility.
- Have on file the physician's order for restraint.

Following the Assault

Use a crisis intervention procedure, and:

- Move from the area where the assault occurred. Obtain medical evaluation if necessary.
- Seek crisis counseling.
- Follow the guidelines established by your company regarding returning to work.

Those Involved with Media Contact

- Do not release any details until consulting with the management staff, and police, if applicable.
- Be honest and to the point.
- If pressed for details, stress that the media will be informed when more information is available.