Workplace Violence in Healthcare: Training Program Considerations

Bryan Warren, MBA, CHPA, CPO-I
Patient Attacks Hospital Staff

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What Constitutes Workplace Violence

Workplace violence can be defined as “any behavior which creates a work environment that a reasonable person would find intimidating, threatening, violent, or abusive, regardless of whether the behavior may affect a person’s psychological or physical well being.” Types of incidents can include:

- Intimidation
- Verbal Abuse
- Threats /Harassment
- Stalking
- Assault and Battery

- Sexual Assault
- Hate Crimes
- Suicide
- Homicide
- Killing Sprees

NOTE: Active Shooter situations are the rarest form of workplace violence, and are typically the most deadly. This will be discussed in detail later in this program.
Common situations that healthcare professionals have to deal with contribute significantly to the potential for a violent response from patients and their family members. Such situations routinely include:

• Giving poor prognosis, imposing physical limitations or providing other “bad news” to emotionally unstable patients or those without sufficient coping mechanisms when such information is shared.

• Dealing with patients and clients that suffer from behavioral disorders or are under the influence of alcohol, medications or controlled substances.

• Denying narcotics or other controlled substance prescription demands or refusing to categorize a client’s diagnosis based upon their request due to disability claims, insurance reimbursement or other illegitimate purposes.

• Misplaced blame for financial situation resulting from charges incurred from medical treatment and/or related services (labs, X-ray, etc.).

• Refusal to follow medical advice which results in exacerbation of initial injury or condition resulting in additional issues mentioned above (physical limitations, medication needs, financial impacts, etc.).
Types of Workplace Violence:

According to the United State’s FBI’s National Center for the Analysis of Violent Crime, there are four broad categories of workplace violence:

- **Type 1** – Violent acts by criminals who have no other connection with the workplace, but enter to commit a robbery or other crime
- **Type 2** – Violence directed at employees by customers, clients, patients, students, inmates or any others for whom an organization provides service
- **Type 3** – Violence against co-workers, supervisors or managers by a present or former employees
- **Type 4** – Violence committed in the workplace by someone who does not work there, but has a personal relationship with an employee (domestic violence)
A 2014 report from the US Dept. of Labor indicated in part, that “violence and other injuries by persons or animals accounted for 4% of the cases in the entire US private sector in 2013, with a rate of 4.2 cases per 10,000 full-time workers.

In the health care and social assistance sector, 13% of the injuries and illnesses were the result of violence and the rate increased for the second year in a row to 16.2 cases per 10,000 workers, up from 15.1 in 2012”.

The April 2015 OSHA 3148 update states, in part, that “…Between 2011 and 2013, workplace assaults ranged from 23,540 and 25,630 annually, with 70 to 74% occurring in healthcare and social service settings”.

US Dept. of Labor and OSHA 3148
In early 2016, OSHA 3826, “Workplace Violence in Healthcare – Understanding the Challenge” was released to supplement previous OSHA documents on the subject. Among its findings:

• From 2002 to 2013, incidents of serious workplace violence (those requiring days off for the injured worker to recuperate) were four times more common in healthcare than in private industry on average.

• In 2013, the broad “healthcare and social assistance” sector had 7.8 cases of serious workplace violence per 10,000 full-time employees (see graph below). Other large sectors such as construction, manufacturing, and retail all had fewer than two cases per 10,000 full-time employees.
OSHA 3826 Injury Rate Data

Violent Injuries Resulting in Days Away from Work, by Industry, 2002-2013

OSHA 3826 Injury Rate Data

Healthcare Worker Injuries Resulting in Days Away from Work, by Source

- Patient: 80%
- Other client or customer: 12%
- Student: 3%
- Coworker: 3%
- Other person (not specified): 1%
- Assailant/suspect/inmate: 1%

Data source: Bureau of Labor Statistics (BLS), 2013 data. These data cover three broad industry sectors: ambulatory healthcare services, hospitals, and nursing and residential care facilities. Source categories are defined by BLS.
Increased Focus on WPV

• On July 6\textsuperscript{th}, 2015 OSHA officially announced a new and stricter enforcement policy for the healthcare industry, promising to crack down on the most common hazards in hospitals, nursing homes, and residential care facilities. The new federal enforcement policy, which OSHA expects states to adopt, as well, requires that OSHA inspections in these healthcare facilities focus on at least five major hazard areas, \textit{regardless of the original reason for the inspection} (WPV is one of these top five hazard areas).

• This is the second time in two months that OSHA had warned the healthcare industry of its intent to increase enforcement of workplace violence related issues, citing in part “some of the highest rates of injury and illness” for these workplaces when compared with industries tracked nationwide. This includes “57,680 work related injuries and illnesses” in U.S. hospitals, a rate “almost twice as high as the rate for private industry as a whole”.

In December 2015, OSHA issued a series of citations to Brigham and Women's Hospital in Boston, Massachusetts related to workplace violence issues. For the sixth time in 2015 alone, they refer to their “General Duty” clause (5A-1)* as the reason for the citations. Their recommendations (fourteen in total) included:

- Ensure that security staffing is adequate in all areas to respond to incidents while security stations remain staffed
- Ensure all staff are aware of appropriate policies / procedures regarding WPV and their role in such events
- Create safety plans along with security for patients that have demonstrated behaviors of concern in the past
- Ensure that existing countermeasures are working properly
- Conduct periodic comprehensive reviews of high risk areas
- Develop a violence reporting program and tracking method

* OSHA General Duty Clause, Section 5(a)(1), requires employers to provide their workers with a workplace free from recognized hazards that are causing or likely to cause death or serious physical harm.
In July of 2017, the American Hospital Association (AHA) issued a groundbreaking report that compiled the actual costs of workplace violence to healthcare providers as well as to communities. Some of their findings include:

- It estimated that proactive and reactive violence response efforts cost U.S. hospitals and health systems approx. $2.7 billion in 2016

- It also estimated national in-facility violence costs of $428.5 million, including $234.2 million for staff turnover, $42.3 million in medical care and indemnity (compensation for lost wages made to employees who were injured on the job) for employee victims of violence, and $90.7 million in disability and absenteeism costs

- The report also indicated an annual cost of $17,500 per hospital on workplace violence prevention plan development
Legislative Changes - California Bill 1299

• In September of 2014, the Governor of California signed into law Senate Bill 1299, which required the state’s Occupational Safety and Health Standards Board to adopt standards requiring certain hospitals to implement a workplace violence prevention plan as part of their injury and illness prevention plans.

• The workplace violence prevention plan is aimed at protecting healthcare workers and other facility personnel from aggressive and violent behavior. As of April 1, 2017, healthcare providers in California are now required to establish, implement, and maintain an effective workplace violence prevention plan.

• Starting in January 2017, and annually thereafter, Cal/OSHA is required to post a report containing specific information related to hospital WPV events.
North Carolina House Bill 560

In December of 2015, NC House Bill 560 was signed into law. Below is a brief excerpt of this new statute and its effects on healthcare workers in our state.

"§ 14-34.6. Assault or affray on a firefighter, an emergency medical technician, medical responder, and hospital personnel.

(a) A person is guilty of a Class I felony if the person commits an assault or affray causing physical injury on any of the following persons who are discharging or attempting to discharge their official duties:

(1) An emergency medical technician or other emergency health care provider.

(2) A medical responder.

(3) Hospital personnel and licensed healthcare providers who are providing or attempting to provide health care services to a patient in a hospital.

(4) A firefighter

(5) Hospital security personnel (this section added in 2017)
WPV Training for Healthcare Workers
First Steps: Behavior Identification Training

Many times in order not to injure him/herself, an angry person will attempt to ‘win’ a confrontation or verbal dispute through the use of words and/or aggressive and intimidating body language and gestures. Some external changes to watch for include:

• A flushed face

• Hand waving and finger pointing

• Clenched fists

• Direct, prolonged eye contact

• Deep and rapid breathing

• Person moves into your personal space (closer than three feet in the United States, but this can vary based upon cultural norms)
Personal Space in the U.S.

Adapted from Figure 7–3: Personal Space Categories for Those in the United States
Verbal Aggression

At this stage, the aggressor is testing you. Some strategies for handling verbal aggression and intimidation at this point include:

• Let them vent.

• Be assertive in your verbal communication.

• Use their name frequently when addressing them.

• Try and remain composed, use a firm but steady, even-toned voice. Set and enforce reasonable limits (“Please move away from the desk and sit down.”).

• If possible, redirect their anger to by using the substitution technique (e.g., “I can’t solve this problem, but let me check with Mr. Jones.”). Your subsequent call to ‘Mr. Jones’ can then actually a call for assistance.
L.E.A.P.S.

L = Listen to what they are saying

E = Empathize with their point of view

A = Ask reflective questions

P = Paraphrase what you heard

S = Summarize
“Fight or Flight” and its Effects

- Pupils: Dilate / “Tunnel Vision”
- Blood Vessels: Blood Flow Shifts to Large Muscles
- Heart: Heart Rate Increase, Cardiac Output Up
- Trachea - Lungs: Respirations Increase, Oxygen Consumption
- Stomach / Bowel: Digestion Stops / Bladder and Bowel Openings Contract
- Liver: Glucose / Fat Released
- Adrenal Gland: Epinephrine / Norepinephrine Dump
- Immune Cells: Immune Response Increases / Blood Clots More Readily
- Muscles: Muscle Tension Increase
Physical Violence Precursors

Knowing the “Fight or Flight” warning signs and pre-planning are critical factors in dealing with potentially violent subjects. Warning signs of potentially violent behavior can include:

- Rapid, Deep Breathing
- Clenched Teeth or Fists
- Rapid Pacing, or Other Nervous Physical Movements
- Total Lack of Response to Verbal Commands
- A Defensive/Offensive Stance
- Searching for an Exit, or a “Weapon of Opportunity”
- Direct Physical or Verbal Threats
NC Hospital Volunteer
De-escalating Behaviors

There are several non-verbal and verbal principles involved in de-escalating a situation when confronted with a potentially violent subject:

- Project a Calm and Confident Demeanor
- Treat the Other Person with Respect
- Determine the Level of Resistance
- Control the Encounter
- Assume Proper Positioning
- Use Proper Techniques When Speaking & Listening
- Exit the Area and Get Help If Safe to Do So
Defensive Stance

• Reactionary Gap of 4’ or More (Social Space)

• Hands Up & Out

• Feet Shoulder Width Apart

• Knees Slightly Bent

• Attention on the Other Persons Movements (Especially the Hands)
Use of a Code Word or Phrase

If you need to summon assistance right away when physical warning signs present themselves consider the use of a code word or phrase that only you and your teammates know the meaning of. If it is used, this means “I need help” and to contact either local police or security right away and have them respond immediately to the site.

• The code word or phrase should be simple and easy to remember
• It should not be something that can be confused for another issue
• All staff should learn this code word as part of their initial orientation to the work environment and it should be reinforced periodically at staff meetings and other educational and information sharing sessions
• The name “NORA” (Need Officers Right Away) is a good example
Workplace Violence Video
WPV Video Quiz

- What warning signs did the potentially violent subject display?

- What proactive steps could affected teammates have taken to mitigate the potential for workplace violence?

- In the 1-on-1 session with the HR representative, what actions placed the employee at risk?

- What would you have done differently???
Specialty Unit Training Considerations
Home Health Care Security Checklist

• When visiting a new client, always do the following:
  – Verify the address and research multiple routes to and from the person’s home
  – Inform someone of your plans, itinerary, and what time you expect to be done
  – Have a contact plan in case contingencies arise
    • If you have not made contact by a certain time
    • You should also arrange a “password” that will indicate to the person calling that you need immediate assistance.

• Always arrive early and become familiar with the neighborhood
  – Look for dead end streets, construction areas, or anything that might prevent you from easy exit.

• Prior to exiting vehicle:
  – Note any unusual or suspicious activity in the area
  – Look for indications of large animals (such as dogs) around the home you are visiting.

• While in the area, check your portable phone to make certain you can receive and transmit a signal if necessary
  – Also, consider pre-dialing 911 on your phone prior to entering the home, so that in case of a dangerous situation you only need to hit the “Send” button to make the call
Home Health Care Security Checklist (cont.)

• Always back into a drive when possible and avoid parking where you could easily be blocked in by another vehicle
  – If necessary, park along the curb rather than in the driveway (utilizing the personal safety techniques for vehicles mentioned earlier).

• Once Inside:
  – Look for exits to the home, and keep these in mind in case you need to leave in a hurry.

• At any point during the visit, if you see anything that causes you to be fearful or suspicious, have an excuse preplanned so that you can leave:
  – Example: I left some paperwork in the car… I need to call the office to verify some information, etc.

• Set your limits of unwelcome behavior and stick to them
  – Once a client or person in the home crosses these limits, excuse yourself and exit the premises immediately for safety.
  – Record the exact address of where you are in case a situation arises that you need assistance; this would help the police to find it quickly.
During the Visit

• Be on the lookout for any obvious signs of criminal or illicit activities, such as weapons, drugs or precursor materials
  – Common items in bulk such as car batteries, acetone, etc.
  – Basically, if it looks like a homemade chemical lab, it probably is

• Ask the client who is currently at home and if they are expecting any visitors during the appointment
  – If they seem evasive when answering, be vigilant for unusual activity

• Pay attention to all potential exits in case you need to leave the residence quickly for any reason
  – Do not rely solely on the way you came in incase that way is blocked

• Position yourself so that you have a clear view of what is going on around you and so that at least one exit is accessible
  – If possible position yourself with your back to a wall or near a corner
  – Do not block yourself into a room or have obstacles between you and the only exit

• When ready to leave, take your keys out, look both ways and pay attention to any changes from when you arrived
Response to Suspicious Behaviors

- If you suspect illegal activity:
- Try not to alert others of your suspicions
- Leave the site at once and report it via 9-1-1 when safe to do so
- Do not touch any items
- Do not open any containers or boxes
- Don't partake of any food or beverages if offered (have an excuse prepared)

Handling chemicals and/or waste residue can burn your skin and eyes. Breathing the gases can cause respiratory damage and many items used in the manufacture of drugs and/or explosives are toxic and highly volatile.
Active Shooter Training Considerations
Procedures for Dealing with an Armed Subject

Unlike typical de-escalation methods mentioned earlier that may be attempted with a potentially violent subject, one should never attempt to disarm a subject if a weapon is seen or suspected. When possible, always retreat to safety and contact local Law Enforcement via the 911 system and give them the following information:

- Location of the incident, including the exact area where the armed subject was last seen
- Description of the subject, including their relative position in the area
- Information on what type of weapon they are armed with (knife, handgun, rifle, etc.)
- Your name, telephone number, and how many people are involved
What is an Active Shooter?

An active shooter is an individual actively engaged in or attempting to kill people in a populated area. In a 2014 study, the FBI identified 160 active shooter incidents in the United States between 2000 and 2013. Among the study results:

- An average of 11.4 incidents occurred annually with an increasing trend from 2000 to 2013 (an average of 6.4 occurred in the first 7 years studied and an average of 16.4 occurred in the last 7 years).
- Incidents occurred in 40 of 50 states and the District of Columbia.
- 70% of the incidents occurred in a commerce (46%) or education (24%) environment.
- 60% of the incidents ended before police arrived.
- In 63 incidents where duration of incident could be ascertained, 44 ended in 5 minutes or less, with 23 ending in 2 minutes or less.
- 64 (40%) incidents fell within the parameters of the federal definition of “mass killing” (3 or more killed in one incident).
Congressional Report on Mass Killings 7/15

Table 2. Mass Public Shootings: Five-Year Annual Averages

<table>
<thead>
<tr>
<th>Period</th>
<th>Incidents</th>
<th>Victims Killed</th>
<th>Victims Wounded</th>
<th>Total Casualties</th>
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<td>4.2</td>
<td>23.6</td>
<td>15.2</td>
<td>38.8</td>
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<tr>
<td>2004-2008</td>
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<tr>
<td>2009-2013</td>
<td>4.8</td>
<td>37.0</td>
<td>33.4</td>
<td>70.4</td>
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</tbody>
</table>
Recognizing Potential Active Shooters

• An active shooter in your workplace may be a current or former client, current or former employee, an acquaintance of a current or former client or employee, a family member of a current or former client or employee or a stranger (in order of likelihood).

• Intuitive teammates may notice characteristics of potentially violent behavior in an client or coworker.

• Alert someone if you believe a client or coworker or visitor exhibits potentially violent behavior.
Indicators for Managers and Co-Workers

- Excessive tardiness or absences
- Increased need for supervision
- Reduced productivity
- Inconsistency
- Strained workplace relationships
- Inability to concentrate
- Violations of safety procedures
- Changes in health or hygiene
- Unusual behavior
- Fascination with weapons
- Substance abuse
- Stress
- Excuses and blaming
- Depression
Ways to Prepare for an Active Shooter

Preparedness:

- Ensure that work areas have at least two evacuation routes and post them in conspicuous places throughout the facility.
- Educate teammates on proper procedures (Run / Hide / Fight)
- Train teammates about Safe Rooms and Cover and Concealment
- Encourage and support the use of Security and law enforcement to train for an active shooter scenario at your location.

Prevention:

- Foster a respectful workplace and adopt a “See Something, Say Something” culture.
- Be aware of indications of workplace violence and take remedial actions accordingly.
Create Your Own Active Shooter Training Video
No Cost & Low Cost Answers

The following are some no or low costs solutions that can be employed for Workplace Violence prevention. Some you may already be using, some you may not.

- Do your research and learn about the applicable existing statutes / laws as related to WPV and domestic violence resources
- There are many free reference materials (DHS, US Dept. of Labor, US Postal Service, FBI and many other websites)
- Creating your own WPV drills to test readiness and include video
- Partnering with your IS / IT depts. to create a security website
- Creating a Security Alert or Mass Notification process via existing internal networks
- Forging relationships with local Law Enforcement for educational programs and assistance should an incident occur
Free Training Resources

There are several existing training programs specific to healthcare that any organization can use to assist in enhancing their security culture.

• FEMA IS 906 – Workplace Security Awareness

This course provides guidance to individuals and organizations on how to improve the security in your workplace. No workplace—be it an office building, construction site, factory floor, or retail store—is immune from security threats.

https://training.fema.gov/is/courseoverview.aspx?code=IS-906

• FEMA IS 907 – Workplace Security Awareness

All employees can help prevent and prepare for potential active shooter situations. This course provides guidance to individuals, including managers and employees, so that they can prepare to respond to an active shooter situation.


The Suspicious Activity Reporting (SAR) Public Health and Health Care Partners Training was developed to assist public health and health care personnel in recognizing what kinds of suspicious behaviors are associated with pre-incident terrorism activities, understanding how and where to report suspicious activity, and protecting privacy, civil rights, and civil liberties when documenting information.

https://nsi.ncirc.gov/hsptregistration/health/
Suspicious Activity Reporting - SAR

Online SAR Training for Law Enforcement and Hometown Security Partners

- The NSI training strategy is a multifaceted approach designed to increase the effectiveness of state, local, tribal, and territorial law enforcement and public safety professionals and other frontline partners in identifying, reporting, evaluating, and sharing pre-incident terrorism indicators to prevent acts of terrorism. To increase the effectiveness of this multifaceted approach, the NSI has developed training programs for frontline officers and hometown security partners regarding documented and verified behaviors and indicators that, when viewed in the context of all known facts and circumstances, may indicate terrorism-related criminal activity. Both the SAR Line Officer Training and each sector-specific SAR Hometown Security Partners Training discuss how to report identified suspicious activity to the proper authorities while maintaining the protection of citizens' privacy, civil rights, and civil liberties.
What Else Can Be Done?

- Pre-employment screening
- Management trained to see early warning signs
- Management understanding of the “golden rule” of employee treatment
- Education programs to teach incident response
- Counseling services for employees and families
- Proper security measures for protection
- Workplace violence aftermath training
The Best Strategy To Prevent Workplace Violence Involves Developing The Right Corporate Culture, One That Supports:

- Respect
- Open Communication
- Effective Supervision
- Employee Involvement, Participation & Development

Ultimately……
Resources / References

• FBI Active Shooter Resource Page

• Department of Homeland Security Active Shooter Preparedness
  – http://www.dhs.gov/active-shooter-preparedness

• FEMA Workplace Violence and Active Shooter Training
  – http://emilms.fema.gov/IS907/AS01summary.htm

• 2014 FBI Study on Active Shooter Events


• 2016 OSHA #3148 – Workplace Violence Prevention for Healthcare Workers

• 2017 American Hospital Association “Cost of Workplace Violence”
  – http://www.aha.org/content/17/community-violence-report.pdf
Discussion