Preventing the Unthinkable: Workplace Violence in Healthcare

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“At least 14 people killed in shooting in San Bernardino; suspect identified” (CNN Headline 12/3/15)





“The Math of Mass shootings” (The Washington Post, February 26, 2015)

Reviewed 125 events of mass shooting

All but 3 of the 128 shooters were male; almost all acted alone

820 victims across all races, religions, and socioeconomic backgrounds

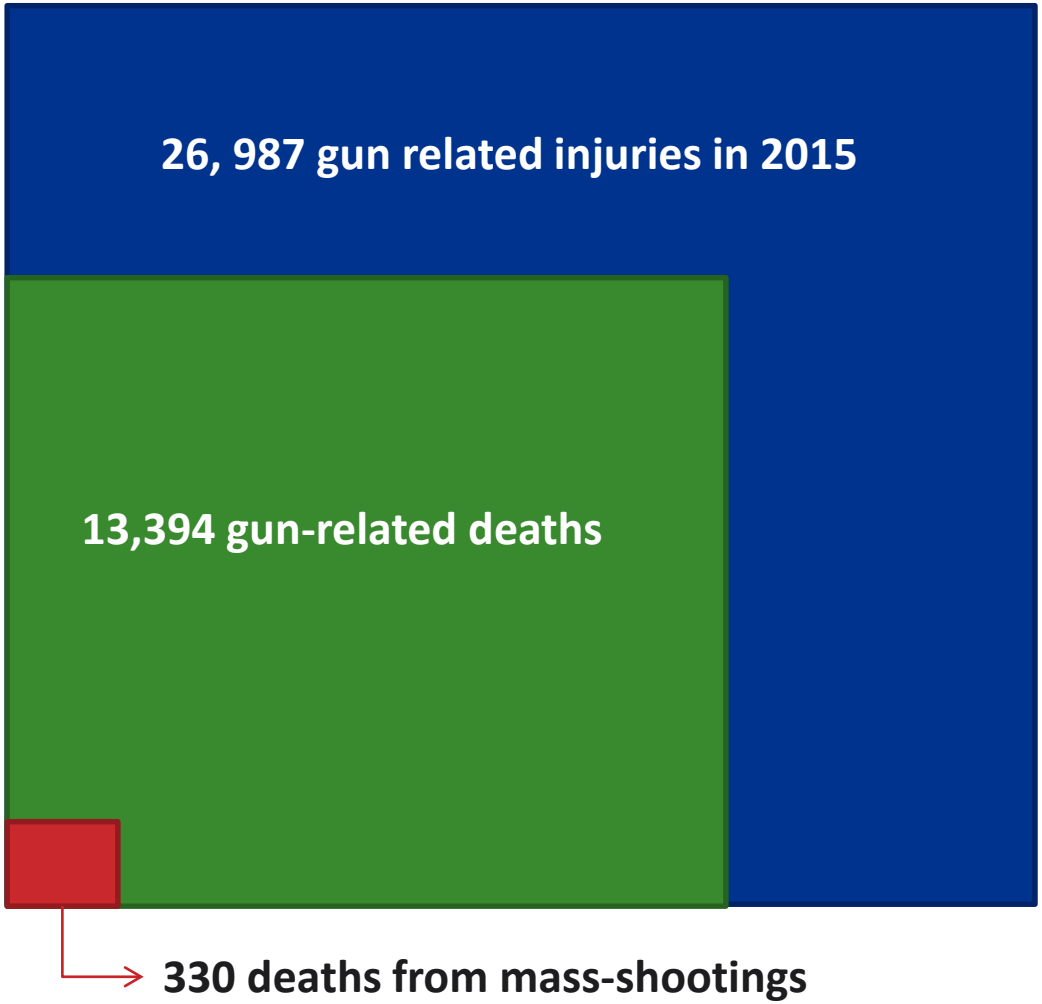
An average of 7 deaths per event

242 guns used; almost all legally obtained

Shooters carried an average of 3 weapons per shooting

Source: https://www.washingtonpost.com/graphics/national/mass-shootings-in-america/

Mass Shootings Are Only A Small Percentage of Gun Deaths in 2015



https://www.washingtonpost.com/graphics/national/mass-shootings-in-america/ and http://www.gunviolencearchive.org

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Recent Healthcare Headlines

"**Wounded Man Fires Gun** Twice at Va. Hospital" – February 12, 2016

"Man Dies of **Self-Inflicted Gunshot Wound** in Hospital" – January 28, 2016

"Hospital **Police Officer Shoots Patient** During Struggle" – January 13, 2016

"Elderly **Man Shoots Woman**, Self in Hospital" – January 7, 2016

Source: http://www.campussafetymagazine.com/topic/tag/Hospital_Shootings#

Statistics

According to the Bureau of Labor Statistics:

- 69 homicides in healthcare from 1996-2000
- 48% of all non-fatal injuries from assaults in the workplace occurred in the healthcare setting
- DOJ Data on non-fatal violent crime per 1,000 workers
  - All occupations 12.6
  - Physicians 16.2
  - Nurses 21.9
  - Mental Health Workers 68.2

Source: US Department of Labor, Occupational Safety & Health Administration. Data available on-line: https://www.osha.gov/Publications/OSHA3148/osha3148.html (Accessed 11/8/13)

Emergency Department Violence Statistics

The ED is one of the most dangerous work settings in healthcare for nurses because of violence from patients and/or visitors.

- 54% of ED RNs experienced verbal or physical abuse in a 7 day period (averaged worked hours = 36.9)
- Physical violence was reported by 12.1%

Work Place Violence ("WPV") Defined

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. It ranges from threats and verbal abuse to physical assaults and even homicide. It can affect and involve employees, clients, customers and visitors."

https://www.osha.gov/SLTC/workplaceviolence

WPV Defined

SB 1299 defines that your definition of workplace violence will include:

- The use of physical force against a hospital employee by a patient or other person accompanying a patient that results in or has a high likelihood of resulting in injury, psychological trauma or stress, regardless of whether the employee sustains an injury.
- An incident involving the use of a firearm or other dangerous weapon, regardless of whether the employee sustains an injury.

Causes of Workplace Violence

- Financial problems
- Workforce reduction
- Job-related stress or frustration
- Revenge for termination
- Declined for promotion
- Romantic interest in a co-worker
- Alcohol/drug abuse
- Domestic violence/marital or relationship problems
- Unstable emotional well being
- Clinical Concerns: disgruntled patients & visitors

Level One Violence

- Refuses to cooperate
- Spreads rumors and gossip to harm others
- Frequently argues with co-workers
- Is belligerent toward customers/clients/staff
- Uses excessive profanity
- Uses sexually explicit language
- Inappropriate reasoning, impaired judgment
- Negative change in behavior, performance, appearance, attendance
- Difficulty coping with major life change

Level Two Violence

- Argues increasingly with greater intensity
- Refuses to obey company policies and procedures
- Sabotages/damages equipment and/or steals property



- Verbalizes intent to harm others or self
- Persistent non-mutual displays of affection
- Views self as victimized by organization or management
- Makes suicidal threats/gestures

Level Three Violence

- Physical fights
- Talks openly about wanting to hurt others
- Threatens use of weapons to harm others
  - Refers to having weapons close at hand or shows weapon
- Attempts suicide/homicide
- Murder, rape, arson
- Computer sabotage
  - Creating a virus, data jacking, logic bombs, worms

Managing the Risk

- Conduct proactive assessments
- Develop policies and plans
- Routine threat assessment
- Provide staff training
- Conduct drills



Proactive Assessment

- Evaluate crime statistics in your community
- Review trends within your facility
- Assess your security department and structure
- Conduct physical security audits
- Evaluate Code Gray/assaultive patient responses
- Make security visible and coverage adequate
- Review key policies and procedures (weapons, securing belongings, psychiatric patients)
- Management of mental health patients

Policies and Plans

- Recognizing WPV
- Reporting/Respond
- Resources available to staff (CISD)
- Access control
- Education/Orientation



Threat Assessment

- Proactive, multi-disciplinary threat assessment teams
- Early intervention
  - With "suspect"/aggressor
    - Respectful meetings/open communication
    - De-escalation and clear expectations
    - Psychological support
    - Restricted/Limiting access
    - Law enforcement/Restraining orders
  - With potential "victim"
    - Security escorts
    - Alternate parking
    - Support
- External resources "on-call" as needed
  - Psychological experts
  - Security experts
  - Armed security

Staff Training

- Reporting/Responding
- De-Escalation
- Management of Assaultive Behavior
- Mental Health basics
- Respectful interactions!

Conduct Drills

- Active Shooter
- Code Gray (Assaultive Patient)
- De-escalation role playing

People respond in accordance to how you relate to them. If you approach them on the basis of violence, that's how they'll react. But if you say, 'We want peace, we want stability,' we can then do a lot of things that will contribute towards the progress of our society.

Nelson Mandela