

Threat of Violence



Presented by:

Norris Yarbrough and Roger Barnes

Tulane University



Objectives:

- Identify forms of violence occurring in hospital and emergency departments
- Identify ways to reduce and prevent violence
- Developing an effective workplace violence reduction program



Why be concerned?

- ◆ #2 leading cause of workplace death in the nation and in Louisiana
- ◆ In 2010, the Bureau of Labor Statistics (BLS) data reported healthcare and social assistance workers were the victims of approximately 11,370 assaults by persons; a greater than 13% increase over the number of such assaults reported in 2009.
 - ◆ Almost 19% (i.e., 2,130) of these assaults occurred in nursing and residential care facilities alone
- ◆ Health care and social service workers are almost 4xs more likely than the average private sector worker to be injured as a result of an assault.



Why be concerned?

- ◆ The rate of workplace violence-related nonfatal occupational injuries and illnesses involving days away from work for health care and social assistance workers was 15.1 per 10,000 full-time workers in 2012. For private industry overall, the rate was 4.0.
- ◆ In 2013, healthcare workers reported an estimated 9,200 workplace violence incidents requiring time away from work to recover, with the majority of these perpetrated by patients or their family members
- ◆ #1 leading cause of workplace death for women.
- ◆ Nearly 2 million American workers report having been victims of workplace violence each year.
- ◆ Incidents have tripled in last decade.



What is workplace violence?

- ▶ Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.
- ▶ Ranges from threats and verbal abuse to physical assaults and even homicide. It can affect and involve employees, clients, customers and visitors.



What is workplace violence?

- *Harassment*-The act of someone creating a hostile work environment through unwelcome words, actions or physical contact not resulting in physical harm
- *Threat*- An expression of an intent to cause harm
- *Physical Attack* -Aggression resulting in a physical assault with or without the use of a weapon.



2014 Louisiana Laws
Revised Statutes
TITLE 14 - Criminal Law

RS 14:34.8 - Battery of emergency room personnel,
emergency services personnel, or a healthcare professional



- ▶ § 34.8. Battery of emergency room personnel, emergency services personnel, or a healthcare professional
- ▶ A.(1) Battery of emergency room personnel, emergency services personnel, or a healthcare professional is battery committed without the consent of the victim when the offender has reasonable grounds to believe that the victim is emergency room personnel, emergency services personnel, or a healthcare professional acting in the performance of his employment duties.



2014 Louisiana Laws
Revised Statutes
TITLE 14 - Criminal Law

RS 14:34.8 - Battery of emergency room personnel, emergency services personnel, or a healthcare professional

- ▶ C.(1) Whoever commits the crime of battery of emergency room personnel, emergency services personnel, or a healthcare professional shall be fined not more than one thousand dollars and imprisoned for not less than fifteen days nor more than six months. At least forty-eight hours of the sentence imposed shall be without benefit of suspension of sentence.
- ▶ (2) If the battery produces an injury that requires medical attention, the offender shall be fined not more than five thousand dollars and imprisoned with or without hard labor for not less than one year nor more than five years. At least five days of the sentence imposed shall be without benefit of suspension of sentence.





Typical Violent Employee Profile

- *3 main types of persons who may be involved in workplace violence:*
 - individual with history of violent behavior
 - individuals who have developed into problem employees beginning w/small behavioral problems
 - employees demonstrating behavioral signs indicating early stages of being psychologically challenged





Profile of Violent Employees (Descriptive not Predictive)

- ➔ White male
- ➔ Ages 30 - 50
- ➔ No prior history of violence
- ➔ Lengthy history of job problems
- ➔ Attack is premeditated and well planned



Predicting a Threat of Violence

- ▶ Verbal threats
- ▶ History of violence
- ▶ Own “gut level” reaction
- ▶ Verbal threats often precede acted-out violence, so pay attention to this kind of threat: “Threats of Violence increase the likelihood for violent acts.”
- ▶ Different Types of Threats
 - ▶ Veiled threats
 - ▶ Manipulative threats
 - ▶ Pure threats



Veiled Threats

- ▶ Most common type of threat
- ▶ Vague about what is meant, but causes a fear response in others.

“You haven’t seen the last of me”



Manipulative Threats

- ▶ Induces fear to gain desired result

“If I get passed by on promotions this time... You’re going to pay - just wait and see!”



Pure Threats

- ▶ Most Serious type of threat
- ▶ Expression of violent intent and rage and contains no apparent secondary gain.

“All I can think about is coming back with my gun and taking out my supervisor.”





Reporting a Threat

- ▶ Employee hearing a threat should report it to his/her supervisor.
- ▶ Supervisor should report it to who???
- ▶ May report directly to Safety and Security ???
- ▶ Who assesses and determines if the Threat of Violence Team should be notified.
- ▶ Is there a Threat Of Violence Team



EXISTING GUIDELINES

- ▶ With the exception of laws regarding workplace violence in a few states health care organizations are not required to have highly specific prevention strategies in place.
- ▶ OSHA has provided guidelines to reduce the risk of workplace violence in health care settings. However, these guidelines are voluntary, so administrators, managers, and policymakers may be unfamiliar with them.



EXISTING GUIDELINES

Occupational Safety and Health Act of 1970

“To assure safe and healthful working conditions for working men and women; by authorizing enforcement of the standards developed under the Act; by assisting and encouraging the States in their efforts to assure safe and healthful working conditions; by providing for research, information, education, and training in the field of occupational safety and health...”



EXISTING GUIDELINES

- ▶ The Joint Commission has vague policy requirements regarding workplace violence, and these are open to interpretation.²
 - ▶ The Joint Commission's Environment of Care standards require health care facilities to address and maintain a written plan describing how an institution provides for the security of patients, staff and visitors. Institutions are also required to conduct risk assessments to determine the potential for violence, provide strategies for preventing instances of violence, and establish a response plan that is enacted when an incident occurs. The Rights and Responsibilities of the Individual standard RI.01.06.03 provides for the patient's right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse



STATES WITH EXISTING GUIDELINES



International Comparison- Canada

- ▶ One-third of all workplace violent incidents involved a victim who was working in social assistance or health care services such as hospitals, nursing or residential care facilities.
- ▶ A [2009 Statistics Canada](#) study found half of nurses working in geriatric and long-term care facilities reported being physically assaulted within the previous 12 months.
- ▶ The rate for those in palliative care, mental health, critical care and emergency rooms ranged from 42 to 47 per cent.



International Comparison- Canada

- ▶ Canada's focus on workplace violence prevention programs/strategies places a high importance on management commitment that is communicated in a comprehensive written policy.
- ▶ Most Canadian jurisdictions have a "general duty provision" in their Occupational Health & Safety legislation, which requires employers to take all reasonable precautions to protect the health and safety of employees
- ▶ Topic for Discussion: Belief that If emotional abuse is tolerated in a work setting (e.g. if co-workers verbally abuse each other), outsiders to the organization (like patients) are more likely—even if they would not normally behave violently elsewhere—to become increasingly aggressive and violent.



International Comparison- Australia

- ▶ Australian Medical Association found violence was significantly more likely to be directed towards female GPs, less experienced GPs and GPs working in areas of social disadvantage, mental health problems and drug and alcohol problems. Younger GPs and GPs providing after hours care were also at greater risk.
- ▶ The authors concluded that formal education programs in preventing and managing violence would be appropriate for GPs and doctors-in-training.
- ▶ Associate Professor Marcus Kennedy, Director of Emergency Services at the Royal Melbourne Hospital, says violence in emergency departments (EDs) has reached a level that requires concerted action and a shift in attitude - to eradicate a socially and professionally unacceptable peril.



International Comparison- Australia

- ▶ In some EDs, violence is a daily occurrence, with nursing staff reporting several episodes each week. He says violence in emergency departments is often under-reported — in a setting of care victims are likely to excuse the behavior and lack the time required to complete reports on violent incidents.
- ▶ Policies and procedures to reduce the risks of occupational violence
 - ▶ Range of organization and administrative elements to help control the risks, includes a commitment to zero tolerance by CEO
 - ▶ Risk identification process that incorporates regular violence vulnerability audits, comprehensive reporting systems, formal identification of high-risk sites, consideration of specific client groups and their characteristics (including symptoms, diagnoses and behaviors), the introduction of appropriate interventions, and post-event supports that are tailored to site-specific threats.



International Comparison- United Kingdom

- ▶ National Health Service in the UK has adopted a comprehensive zero-tolerance policy and implemented a range of strategies to reduce the incidence of violence for hospital, community and ambulance workers.
- ▶ National Health Service initiatives include formal warning procedures and the exclusion of serial perpetrators (the “yellow” and “red” warning card system).
- ▶ While mental health clients who have been violent have not generally been subject to these exclusion provisions, there have been recent calls for prosecution of all other patients who assault staff.



Building Your Plan

- ▶ Protecting patients, staff and public
- ▶ Increased numbers of private citizens arming themselves related to perceived threats of violence in their neighborhoods- how does this impact emergency rooms?
- ▶ How should emergency staff deal with potentially violent individuals?
- ▶ The key to successful intervention is a strong preventive orientation.
- ▶ Prevention of violence includes:
 - ▶ 1. Reducing exposure to violence (the “prevention” approach)
 - ▶ 2. Encouraging appropriate behavior when violence appears to be imminent (the “protection” approach)
 - ▶ 3. Diminishing the post-event impact of violence (the “treatment” approach).
- ▶ Security Measures
 - ▶ Emergency Action Plan
 - ▶ Key cards / badges
 - ▶ Methods of communication
 - ▶ Alarm systems



Building Your Plan Continued

- ▶ Who Has Input to Building your plan (Departmental or Facility Wide)
 - ▶ Designate a task force made up of:
 - ▶ Physician
 - ▶ Nursing
 - ▶ Security
 - ▶ Clerical
 - ▶ EMS
 - ▶ Local LE



Building Your Plan Continued

- ▶ State in clear terms your organization's view toward workplace violence and its commitment to the prevention of workplace violence.
 - ▶ Example: XYZ ED/Hospital is committed to providing a safe and secure workplace. To that end employees' have an obligation to behave appropriately on the job. XYZ, will take immediate and appropriate action on any employee's complaint regarding harassing, threatening, and violent behavior.
 - ▶ Examples from the group
- ▶ The statement should be in writing and distributed to employees at all levels.



Building Your Plan Continued

- ▶ Your facility must precisely state the consequences of making threats or committing violent acts.
- ▶ Example:
- ▶ XYZ Hospital Threat of Violence/Duty to Warn Policy
 - ▶ Employees must report to their supervisors when they hear a direct or implied threat toward a patient, visitor, employee or XYZ property.
- ▶ General Provisions of Policy
 - ▶ Direct or implied threats or fraudulent reports of threats by employees are considered major violations of work rules.
 - ▶ May lead to immediate suspension pending outcome of an investigation.
 - ▶ Termination may result.



Building Your Plan Continued

- ▶ Define what you mean by ED/workplace violence in precise, concrete language. What actions or activities are covered under the scope of this plan.
 - ▶ Example: any act or threat of physical violence, harassment, intimidation, or other disruptive behavior that occurs at the XYZ Hospital Emergency Department which may cause physical or emotional harm is in violation of XYZ's workplace violence policy.
- ▶ Suggestions from the group



Building Your Plan Continued

- ▶ Make your plan broad in scope and apply to management, employee's, clients, independent contractors and anyone who has a relationship with your ED/Hospital.



Building Your Plan Continued

- ▶ Be sure you provide clear examples of unacceptable behavior and working conditions.
 - ▶ Employees repeatedly being confrontational with co-workers or patients.
 - ▶ Excessive tardiness or absences.
 - ▶ Patients refusing to comply with medical direction
 - ▶ Bullying or harassment
- ▶ Suggestions from the group



Building Your Plan Continued

- ▶ Outline the confidential process by which employees can report incidents and to whom.



Building Your Plan Continued

- ▶ Strategies For Managing Angry Employees
 - ▶ Demonstrate confidence
 - ▶ Establish ground rules
 - *Home court advantage
 - *Setting time limits
 - *Rules of conduct
 - ▶ Keep focused
 - ▶ Ask questions
 - ▶ Buy time



Building Your Plan Continued

- ▶ Encourage reporting of all incidents of violence.
 - ▶ Set up on line reporting
 - ▶ Anonymous



Building Your Plan Continued

- ▶ Assure no reprisals will be made against reporting employees.
- ▶ Make a commitment to monitor and regularly review the policy.
- ▶ State applicable regulatory requirements.



Building Your Plan Continued

- ▶ Outline the process by which preventive measures will be developed..ie: what is your hospitals disciplinary process.



Building Your Plan Continued

- ▶ Outline the procedures for investigating and resolving complaints.
 - ▶ Will you have a task force that investigates or will this be HR?



Building Your Plan Continued

- ▶ Describe how information about potential risks of violence will be communicated to employees.
 - ▶ Security news letters
 - ▶ Hospital daily activity reports



Building Your Plan Continued

- ▶ Develop a Behavioral Intervention Team
 - ▶ Meet weekly to review conduct violation reports and analyze for trends
 - ▶ Give authority to recommend EAP intervention
 - ▶ Have representation from:
 - ▶ HR
 - ▶ Employee Health
 - ▶ Security
 - ▶ Mental Health
 - ▶ Risk Management



Building Your Plan Continued

- ▶ Develop Threat of Violence Team
 - ▶ Meet A.S.A.P.
 - ▶ Consider the report, determine action, implement action or response decided upon.
 - ▶ Serve as advisory body to senior management on matters involving employee's reaction to traumatic events.
 - ▶ Human Resource - Hospital and Clinic
 - ▶ Risk Management
 - ▶ Senior Management
 - ▶ Marketing and Public Affairs
 - ▶ Psychiatry Department (Ph.D.)
 - ▶ Security



Building Your Plan

Job Hazard Analysis

- ▶ A job hazard analysis is an assessment that focuses on job tasks to identify hazards. Jobs with high assault rates due to workplace violence;
- ▶ Jobs that are new to an operation or have undergone procedural changes that may increase the potential for workplace violence; and
- ▶ Jobs that require written instructions, such as procedures for administering medicine, and steps required for transferring patients.
- ▶ After an incident or near miss, the analysis should focus on:
 - ▶ Analyzing those positions that were affected;
 - ▶ Identifying if existing procedures and operations were followed and if not, why not (in some instances, not following procedures could result in more effective protections);
 - ▶ Identifying if staff were adequately qualified and/or trained for the tasks required; and
 - ▶ Developing, if necessary, new procedures and operations to improve staff safety and security.



Building Your Plan Continued

- ▶ Make a commitment to fulfill the violence prevention training needs of different levels of personnel within the organization.



Building Your Plan Continued

- ▶ Make a commitment to provide support services to victims of violence.
 - ▶ What is your EAP policy. Include ties to it in your workplace violence policy
 - ▶ Offer a confidential Employee Assistance Program (EAP) to allow employees with personal problems to seek help



Building Your Plan Continued

- ▶ Other ideas from the group.
- ▶ Any questions or thoughts?

