Workplace Violence Prevention

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Did You Know....?

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

WPV in Healthcare:

Growing Challenge
- Rate is 3x that of Private Sector
- **US States have limited and inconsistent legislation**
- WPV events are “**Grossly Underreported**” TJC April 17, 2018

High Risk to Employees
- ED, Home Health, Clinics, Float pool
- **Physically, Mentally and Emotionally exhausted**
- Turnover, Burnout, $$
- Fear and Distraction

High Risk to Patients
- Decrease in HCW mental health → medical mistakes

Nearly 1,500 events reported at SCL Health in 2018
Workplace Violence Position defined:

1. Workplace Violence is act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.

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

3. *We have zero tolerance for workplace violence;*

4. This includes BULLYING!!!
4 Types of WPV

Type 1 – Criminal Intent:
the perpetrator has no legitimate relationship to the business or its employees, and is usually committing a crime in conjunction with the violence (robbery, shoplifting, trespassing)

Type 2 – Patient/visitor:
the most common type in healthcare settings. Includes patients, their family members, and visitors, and occurs most frequently in emergency and psychiatric treatment settings, waiting rooms, and geriatric settings, but is not limited to these.

Type 3 – Worker-on-Worker: violence between coworkers is commonly referred to as lateral or horizontal violence. It includes bullying, and frequently manifests as verbal and emotional abuse…

Type 4 – Personal Relationship: the perpetrator has a relationship to the healthcare employee outside of work that spills over to the work environment.

Photos and text courtesy of NIOSH Workplace Violence Prevention Training for Nurses (2013)
Workplace Violence Prevention Program and Plan
Strategic Program, Plan & Vision

• Highly Structured Program
• Physical & Environmental Hazards Minimized
• Standardized Violence Assessment Tools in Place
• Standardized Violence Response Protocol in Place
• All Associates Trained

GOAL:
Drop in Severity
Increase in Appropriate De-Escalations
Root Causes Are Addressed: timely!
Increased Associate & Patient Satisfaction

DECREASE IN POTENTIAL HARM
WPV Prevention Program

Written program: Policy
- VVA/HVA
- Risk Assessment/Action Plan
- Legal

System Executive AND Program Committees
- All Care Sites: Clinical, Safety, Security, SME, Leaders, BH, Legal
- Data/Dashboard
- Specific Goals and Progressive

Program Components and Interventions
- Education and Training
- Huddle-Debriefs
- Alerts, Alarms, Codes
- Assessment Tools
- Code Caring, Spiritual Care
WPV Vulnerability Assessments

Regular assessments at every facility

- Physical and operational processes
- Findings formally reported to Site, WPVP Committee, ESC
- Prioritized; RA leads mitigation efforts
- Shared learnings and process improvements
Workplace Violence Prevention Message:

- **Do not place yourself/others in “harms’ way”**
  - Do not intervene alone: Get assistance
  - Do not physically block someone
  - Communicate immediately
  - Report all events: 2018-19 System Goal
  - Participate in a de-briefing huddle
    - Access our Code Caring (Employee Assistance Program)
• Patients aren’t responsible for their actions due to conditions affecting their mental state
• Violence is “part of the job”
• WPV should not be reported unless there is a physical injury
• Restraining violent individuals will reduce incidents of workplace violence
• Warning signs are never present with an escalated person
• Assualts may be viewed as evidence of poor job performance
DATA: WPV Reporting and Follow-Up

- Increase Data reporting for WPV
- Consistent Data review
- Require follow-up & train unit leaders

1. **Was** direct follow-up on this event initiated? [Y / N]
2. [If Yes] please identify **ALL** direct follow-up actions taken:

   - a. Direct conversation with associate affected
   - b. Behavior interventions/Care Plan initiated &/or updated
   - c. Code Caring
   - d. Education/Training activity relevant to the event
   - e. Team Swarm, Team Huddle or Team Debrief
   - f. Cause Analysis
   - g. Change in process, procedure or equipment – please specify
   - h. Other (please specify) [with text box]
De-Escalation Training, Tools & Techniques

Diffusing Volatile Situations
Preventing Anxiety Before it Happens: AIDET

- **Acknowledge**: “How do you do Mr. Smith…”
- **Introduce** yourself: “My name is… and I’m here to help you…”
- **Duration**: “This will only take about 10 minutes…”
- **Explanation**: “and is necessary in order to…”
- **Thank**: “Thank you; I’ll be back to check in on you. Is there anything you need right now?”

*EVERY PATIENT, EVERY TIME!*
Scoring  
• Each Behavior = 1 if Present

Action  
• ≥3 = Violence Early Warning System is Activated

Violence Early Warning System  
• Care plan created with pharmacy, family involvement, behavioral health, case management, etc.

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## Broset Checklist for Escalating Behavior – RN

1. Complete once per shift and with any changes in escalating behavior for High Risk/Alert Patients.
2. Initiate a VEWS for scores of 3 or greater (See Algorithm)

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Confusion</th>
<th>Irritable</th>
<th>Boisterous</th>
<th>Verbally Threatening</th>
<th>Physically Threatening</th>
<th>Attacking Objects</th>
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<table>
<thead>
<tr>
<th>Total Score</th>
<th>RN Initials</th>
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**SCORING THE CHECKLIST**

To score each of the behaviors:
- If present it equals 1 point
- If absent it equals 0 points

<table>
<thead>
<tr>
<th>Score</th>
<th>Risk of Violence</th>
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<tbody>
<tr>
<td>0</td>
<td>Small risk</td>
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<tr>
<td>1–2</td>
<td>Moderate risk</td>
</tr>
<tr>
<td>3–6</td>
<td>Very high risk</td>
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**Confusion:**
Appears obviously confused and disoriented—different from baseline confusion. May be unaware of time, place or person.

**Irritable:**
Easily annoyed or angered. Unable to tolerate the presence of others.

**Boisterous:**
Behavior is overly “loud” or noisy. May slam doors, shouts out when talking etc.

**Verbally Threatening:**
Verbal outbursts more than just a raised voice. Definite intent to intimidate or threaten another person. May include verbal attacks, abuse, name-calling or verbally neutral comments uttered in a snarling aggressive manner.

**Physically Threatening:**
Where there is definite intent to physically threaten another person. May take aggressive stance, grab another person’s clothing, raise an arm or a leg, making of a fist or a head-butting directed at another.

**Attacking Objects:**
An attack directed at an object and not an individual. Indiscriminate throwing of an object, banging or smashing windows, kicking, banging or head-butting an object or the smashing of furniture.

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<table>
<thead>
<tr>
<th>RN Initials</th>
<th>RN Signature</th>
<th>Date</th>
<th>Time</th>
<th>RN Initials</th>
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[SCL Health]
De-Escalation: LEAPS Tool

- **Listen**: Full eye contact. *Active* Listening with the intent to understand– Don’t interrupt
- **Empathize**: Be kind but neutral: don’t judge, make excuses, or place blame. Connect with the person
- **Ask/Explain**: Please explain….?
- **Paraphrase**: Verify your understanding. Facts only: don’t guess
- **Summarize**: Agree to a response or solution: don’t make false promises
NON-VERBAL
Body Language and Position

- Hands: Open and Visible
  - Use supportive body language-no gestures, finger pointing etc.
- Position: Keep the exit to your back
- Keep items (used as weapons) away from the person
- Room: Lights on, door/curtain open
- “Commit To Sit” If safe to do so
- Appropriate eye contact
- Stay out of the strike zone
- Allow time for the person to reach a decision
Care Team Communication

- High Risk Behavior Patient - Blue Gown and Socks
- Blue flags on above doors
- Blue Gown patient magnets
- Handoff
- Documentation in Epic
- Daily Huddle
- Policies/procedures

Needs to be consistent:
EVERY SHIFT / EVERY PATIENT / EVERY TIME!
Safety Attendant Program

- Safety Attendant (SA) Training
- Cart
  - Instructions
  - Suicide Precautions
  - Secured Visitor drawer
  - Forms: Patient and Associate Safety Guideline
- Patient Evaluation Form
- Hand off
- PPE
Safety Attendant (sitter)

Nurse/Safety Attendant to Nurse/Safety Attendant Hand off:
Complete SAFETY CHECK-LIST
Complete at each shift change and prior to breaks. The expectation is that this hand off is completed every shift and reviewed with on-coming safety attendant. Date____, Shift______.

Nursing Team members 1st names/roles:
___________________________________

Safety Attendant Leaving: ____________
Safety Attendant Arriving: ____________
Primary Nurse Name___________________
contact #________unit desk#__________
PRINT ALL NAMES & CREDENTIALS
Communicating High Risk using EPIC

- Patient or Visitor row
  - Choosing any selection other than “Patient not High Risk Behavior alert” will add a High Risk Behavior Alert Patient or Visitor banner.
**Restrainment Safety Guideline: Checklist**

<table>
<thead>
<tr>
<th>An RN or medical provider is the TEAM LEADER and will maintain a clear view to counter/identify problems or possible injury to patient and/or associates. Re-direct associates and visitors.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum of 6 associates are present for application of restraints</td>
</tr>
<tr>
<td>All associates need to remove any items from their person that the patient could use as a weapon (badges, stethoscope, items in pockets, jewelry, etc.)</td>
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<tr>
<td>Associates apply PPE (as needed) (Gowns, Masks, Shield/Goggles, Gloves)</td>
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<tr>
<td>Restrainers and Holders will be assigned limb and supplied specific limb restraint</td>
</tr>
<tr>
<td>Leader will be supplied spit guard</td>
</tr>
<tr>
<td>Safely, if able, remove items from inside of room that could be used as a weapon</td>
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<tr>
<td>Only the leader talks to the patient; leader directs all conversation: only one person should talk at a time</td>
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</tbody>
</table>
Do’s and Don’ts

Respect Personal Space

Be Empathetic

Offer Choices

Explain Procedures, Interventions

Don’t Be Disrespectful In Voice or Body Language

Do Not Startle

Do Not Corner, Block or Obstruct
Post Combative Behavior Team Huddle

Associate Name:___________________________________  Unit:___________
Date: _____________________ Time: _________________________

Members Participating in Team Huddle (Name and Title): Type of event:

Type of equipment: ________________________________

Events that led to injury (please explain):

What could have been done to prevent injury?

Action Plans: ______________________________________

Was the charge nurse, supervisor or manager notified? YES or NO
Was an occurrence filed in RL6? YES or NO

Did follow-up in Occupational Health/Emergency Department EAP occur?
Specify all that apply:

If no to any of the previous questions, please complete prior to end of your shift
WPVP Curriculum: Education & Training

Training Modules

Level 1: Awareness and refresher
Level 2: ED and Bedside de-escalation

SIMULATION!!

Level 3: Specialized: Sitter, Patient Handling, Restraints, TBI-AMS

Level 4: Security

– Train the Trainer Programs have been provided by the System as guidance to prevent WPV threats.

WPVP Components

WPVP plan

PEARL Reporting

• Increase in WPV
• Good Catches

WPVP Training Team

• Training includes interactive simulation

Education / Reporting

• Increased/effective training system-wide
• Increased reporting makes for early intervention and better trending to reduce WPV exposures
Escalating Behavior Continuum

- **Calm**: Coping, Rational
- **Anxious**: Worried, Frustrated
- **Agitated**: Distraught, Defensive
- **Threatening**: Irrational, Violent

**AIDET**  **LEAPS**  **PRE-HUDDLE**  **SECURITY ASSIST**

- **Act to Prevent Escalation**
- **Pre-Huddle / Attempt De-Escalation**
- **SEEK ASSISTANCE**
Green Zone: Preventing Escalated Behavior

- **Behavior / Signs**
  - All patients are experiencing inherent loss or lack of:
    - Trust
    - Dignity
    - Autonomy
    - Control
    - Love and Connection

- **Patient may appear calm yet have internal distress**
Green Zone: Preventing Escalated Behavior

- **Interventions**
  - **Verbal**
    - AIDET – every patient, every time
    - Keep patient updated; explain delays
    - Communicate Care Plan
    - Establish trust
    - Provide choices
    - Provide reassurance
    - Explore physical complaints
    - Tone, volume, cadence
  - **Non-Verbal**
    - Body language
    - Commit to sit
    - Eye contact

**Calm**
Coping, Rational

**Act to Prevent**
Escalation
Yellow Zone: Managing Anxious Behavior

• Behavior / Signs
  – Rapid heart rate and respirations, sweating
  – Staring or rapid eye/head movement
  – Repeating words or gestures / perseverating
  – Voice high-pitched or wavering
  – Pacing
  – Crying
  – Small nervous habits-finger or foot tapping
Yellow Zone: Managing Anxious Behavior

- Interventions
  - Verbal
    - LEAPS / 8 Magic Words
    - Ask “What Can I Do For You Right Now?”
    - Ask permission prior to touching patient
  - Non-Verbal
    - Maintain eye contact as appropriate
  - Consider / Offer Medications

Anxious
Worried, Frustrated

Pre-Huddle
Attempt De-Escalation
Case Study: ANXIOUS

Male in ED with 4 broken ribs. First two IV attempts were unsuccessful and he had to wait an hour for the “experienced” ICU nurse to come and try her “luck” with the IV. Third IV attempt occurred within 10 minutes of her arrival, and was successful.

He is scheduled to go to radiology for a chest MRI soon. Patient has a history of claustrophobia.

He asks the nurse multiple times when they are coming to get him.

He nervously keeps “messing with” his IV dressing and O2 tubing.

*Risk Factors? Perceptions? Triggers? What can we do?*
Orange Zone: Managing Agitated Behavior

• Behavior / Signs
  – Defensive
  – Challenging / demanding
  – Raised voice
  – Vague threats
  – Difficult to re-direct
  – Sensitive to feeling shamed and disrespected
Orange Zone: Managing Agitated Behavior

• Interventions
  – Verbal
    • Be firm but respectful
    • Identify and acknowledge feelings
    • Speak calmly at an average volume
    • “Let me see if I understand you correctly”
    • Provide choices & reasonable time to decide
  – Non-Verbal
    • Trust your intuition
    • “Tap out” a colleague
    • Remove items that could be weapons
  – Consider / offer medications
  – Call security for assistance
Case Study: AGITATED

52 year old patient who had a heart arrhythmia in recovery post left total knee surgery yesterday. He was admitted to telemetry for monitoring.

Today, the Physical Therapist enters his room for his first PT session. She walks in carrying a walker and a gait belt. She enthusiastically states, “Time to get up!”.

Patient awakens, slams hand on bedside table, swings fist at therapist and starts yelling “I will get up when I am ready!” He continues stating that nobody cares about his pain and they treat you like a 90 year old around here!

Risk Factors? Perceptions? Triggers? What can we do?
Red Zone: Managing Threatening Behavior

• Behavior / Signs
  – Danger toward self / others
    – Can be perceived or expressed
  – Verbally and/or physically violent
  – Not able to be redirected
  – Diminished reasoning capacity
  – Clenching fists / jaw
  – Intent to intimidate
  – Excessive glaring, staring, posturing
  – Openly hostile
  – Shouting / swearing

SEEK ASSISTANCE
Red Zone: Managing Threatening Behavior

Interventions
- **Verbal**
  - Yell for help
  - **Call security assist to the scene or out of listening range of the person**
  - Activate pre-huddle plan and assign roles
  - Do not argue - remain calm; lower your voice
- **Non-Verbal**
  - Know your exit strategy; remain at a safe distance
  - Do not negotiate
  - Remove audience
  - Do not intervene alone
  - Consider restraints
  - Remove objects that could be weapons
  - Consider / offer PRN medication

Threatening
Irrational, Violent

SEEK ASSISTANCE
Case Study: THREATENING

CNA needs to bed bath a 60 year old male patient admitted for alcohol withdrawal. Upon entering the room, CNA finds the patient standing and holding the sharps container he pulled off of the wall. At that moment he throws it to the ground shattering it. There are sharps and blood all over the floor, and the patient precedes to grab a syringe from the pile.

*Risk Factors? Perceptions? Triggers? What can we do?*
Special Considerations: De-escalation with the Cognitively Impaired

Dementia
– Low lighting
– One person talk at a time

Intoxication
– Repeat Questions, Repeat Questions…

TBI
– Do not give too much information
– Limit external stimuli, bundle care
– Periods of activity with periods of rest

Altered Mental Status
– Dehydration, Urinary Tract Infections
Family / Visitor / Social Related Risk Factors for Escalation

Use Resources: Be proactive and Problem Solve:

• Verbalizing problems/complaints, arguments
• Asking for or demanding help
• Under the influence of drugs or alcohol
• Interfering with care
• Anticipating bad news
• They may be waiting for a prolonged time
• Exhausted
• Other Needs (food, water, hot/cold…)

DO NOT TIP (Take It Personally)
Phone: Inappropriateness/Responses

• Verbal
  – Name calling
  – Swearing/Cussing
  – Excessive shouting
  – Threats

• Background
  – Pounding on phone or other objects
  – Signs/sounds of self-harm

• Response
  – Politely say: we want to help you then ask them to stop…If continued: suggest a hand-off to someone

• Threats
  – All Threats should be taken seriously and reported to your supervisor
Caring for Our Associates: Resources and Follow Up

• Post-event follow up is a critical part of WPV prevention

• Follow-up Actions:
  – Post Huddle / Debrief
  – Report
  – Code Caring / EAP
  – Training
  – Implement changes to equipment or processes
  – Root Cause Analysis / Apparent Cause Analysis
Break Away Techniques:

- Team Control Position
- When Violence Becomes Physical
  - Get Away if Possible; Alert others and Activate Code

Escapes from Grabs and Holds:
- Slap/punch/kick response
- Wrist
- Hair
- Choke
- Bite
- Other
Simulations
Preventing Workplace Violence is EVERYONE’S Responsibility

• Treat everyone with Honor, Dignity and Respect

• Use the tools you learned: work out a solution

• Practice de-escalation and break-away techniques

• NEVER, EVER Put Yourself/Others in Harm’s Way
RESULTS

WPV EVENT REPORTING SYSTEM GOAL:
- Increase Reporting >35%
- 2018 YTD: >137%

Training: Trained >60%

Workers’ Compensation: Decrease 32%

WPV OSHA: Decreased Events by 30%

OSHA Rate: >16K Employees; 8 Hospitals
- RATE: 2018 = 2.94
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