BIO: Erik Angle RN, MICN, MEP, NHDP Director of Training and Exercise Programs

- 30 years in the realm of Emergency Medical Services, is a former Emergency Medical Technician (EMT) and is currently Emergency Department Registered Nurse.
- Certified National Healthcare Disaster Professional (NHDP).
- Currently employed as the Emergency Preparedness Coordinator for the Sutter Roseville Medical Center and a former Trauma Program Director, EMS Coordinator and Workplace Violence Administrator.
- Trains staff of the Emergency Department, also the whole hospital group and EMS/First Responder personnel in the realm of Emergency Medical Systems, Trauma Management and Disaster Preparedness.
- Provides disaster drills/disaster exercises and with key community and federal partners and he is a certified Master Exercise Practitioner (MEP).
- Works closely with the EMS Agency and have created multiple policies for the Sierra Sacramento Valley (S-SV) EMS Agency used in the 10-county EMS Region.
- Published author and been a contributing author on two books on Emergency Preparedness.
- Subject Matter Expert in CMS and Joint Commission Emergency Preparedness Regulations and Requirements.

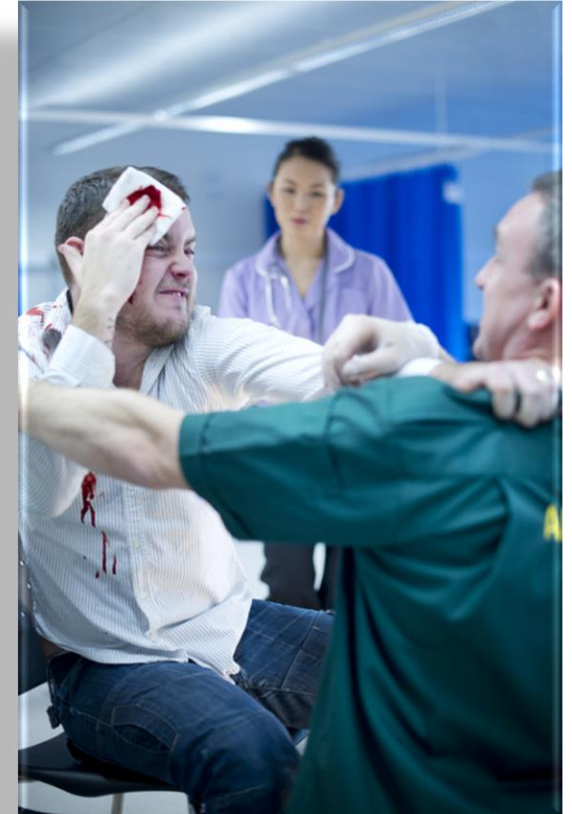Healthcare Workplace Violence: Crisis Response and Training

Course Training Objectives

- Review key workplace violence terminology

- Discuss types and risks of healthcare workplace violence

- Discuss the importance of De-Escalation Techniques

- Discuss the importance of Safety and Situational Awareness

- Discuss Predicting Factors Characteristics Aggression and Violence

Key Workplace Violence Terminology

- **Workplace violence** means any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. Workplace violence includes, but is not limited to, either of the following:
  - The threat or use of physical force against an employee by a patient or a 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 threat or use of a firearm or other dangerous weapon, regardless of whether the employee sustains an injury.

Key Workplace Violence Terminology

- **Threat:** A threat is an implied or direct expression of intent to inflict physical harm and/or actions that a reasonable person would perceive as a threat to physical safety or property.

- **Threatening Behavior:** Any verbal or non-verbal expression of an intention to inflict pain or injury or to cause annoyance or alarm. This includes throwing or kicking objects, threatening to harm people directly or indirectly and intimidating actions, blocking pathways, leering, stalking.

- **Disruptive Behavior:** Any incident in which the delivery of care or services is interrupted or impeded. This includes yelling, being hostile after reasonable request and demanding immediate and unreasonable action.

Key Workplace Violence Terminology

- **Violence:** Any physical force exerted to violate, damage or abuse another person and/or property or a perceived threat.

- **Assault:** Any intent to cause physical injury to another person, or actually causing physical injury, or causing physical injury by means of a deadly weapon or a dangerous instrument.

- **Harassment:** Any intent to harass, annoy, threaten or alarm another person.

Key Workplace Violence Terminology

- **Active Violence:** One or more subjects who participate in an active, ongoing attack with additional potential victim(s) in harm's way. Similar to "active shooter" but subject(s) utilizes a weapon other than a firearm. (e.g., knives, swords, machetes) Typically these incidents have four or more victims to be placed into this category type.

- **Active Shooter Incident:** One or more subjects who are actively engages in killing or attempting to kill people in confined or populated areas. In most cases, active shooters use firearm(s) and there is not pattern or method to their selection of victims. The overriding objective of an active shooter(s) is mass homicide. Typically, these incidents have four or more victims to be placed into this category type.

Types of Workplace Violence

Type 1 WPV: Criminal Intent

- Perpetrator has no legitimate relationship to the business or its employees and is usually committing a crime in conjunction with the violence (i.e., robbery, shoplifting, trespassing). Acts of terrorism also fall into this category.

NOTE: WPV Levels per National Institute of Occupational Safety and Health (NIOSH) and CalOSHA

Types of Workplace Violence

Type 2 WPV: Customer/Patient

- When the violent person has a legitimate relationship with the business (i.e., customer, client, patient, or inmate) and becomes violent while being served by the business. Most common type of WPV in healthcare

NOTE: WPV Levels per National Institute of Occupational Safety and Health (NIOSH) and CalOSHA

Types of Workplace Violence

Type 3 WPV: Worker-on-Worker

- When perpetrator of the violence is an employee or past employee of the business who attacks or threatens other employee(s) or past employee(s) in the workplace. Between coworkers is commonly referred to as lateral or horizontal violence.

NOTE: WPV Levels per National Institute of Occupational Safety and Health (NIOSH) and CalOSHA

Types of Workplace Violence

Type 4 WPV: Personal Relationship

- Perpetrator has a relationship to the facility personnel outside of work that spills over to the work environment. This category of violence includes victims of domestic violence who are assaulted or threatened while at work.

NOTE: WPV Levels per National Institute of Occupational Safety and Health (NIOSH) and CalOSHA

Why is WPV Training Needed?

- **WPV national statistics:**

  – Every year, more two million American workers report being victimized by workplace violence which costs employers more than $120 billion a year, according to recent estimates by The National Institute for Occupational Safety and Health (NIOSH).

  – According to the Bureau of Labor Statistics, 20,870 workers in the private industry experienced trauma from nonfatal workplace violence in 2019. Of those victims who experienced trauma from workplace violence:

    - 68% were female
    - 65% were aged 25 to 54
    - 70% worked in the healthcare and social assistance industry
    - 21% required 31 or more days away from work to recover, and 20% involved 3 to 5 days away from work

Why is WPV Training Needed?

WPV national statistics for healthcare:

- Healthcare workers 4 times more likely to have time away from work due to WPV vs. other injury types.

- 75% of all workplace violence incidents occur in the healthcare setting.

- 54.2% of nurses have experienced verbal abuse from patients and 29.9% experienced physical abuse.

- The National Crime Victimization Survey showed health care workers have a 20% higher chance of being the victim of workplace violence than other workers.

- The American College of Emergency Physicians reported that 70% of emergency physicians have reported acts of violence against them.

- American Hospital Association (AHA) found hospitals spent an estimated $1.1 billion in security and training to prevent violence within their facilities.
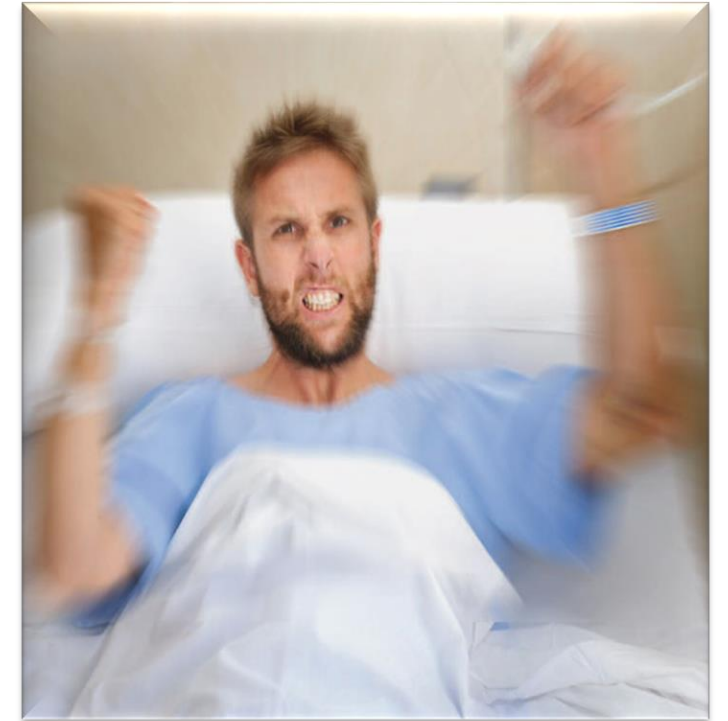
WPV: Regulations & Requirements

- General Duty Clause §5(a)(1) of the Occupational Safety and Health Act following incidents of workplace violence.

- Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 1195)

- Updated 2022 Joint Commission Standards related to Workplace Violence: EC.02.01.01, EC.04.01.01 EP 1 & EP 6, d HR.01.05.03 EP 29 and LD.03.01.01 EP 9

- Multiple states have specific laws related to workplace violence prevention and healthcare.

WPV: Regulations & Requirements

- All employers are responsible for adhering to OSHA's General Duty Clause that states that all employers, regardless of size, must provide a place of employment "free from recognized hazards that are causing or are likely to cause death or serious harm." Regarding WPV, here are some things all employers should do to help protect workers:
  – Have a written zero-tolerance policy towards WPV
  – Develop a WPV prevention program if not in place.
  – Provide WPV training emphasizing aspects of the plan, what risks to look for, what/how to report, and what to do during an actual incident.
  – Encourage reporting of concerns or specific WPV incidences. Make reporting easy and, potentially, confidential.
  – Consider using outside expertise to provide threat assessment training and physical security upgrades as needed.

WPV: Regulations & Requirements

- **Zero-tolerance WPV policy elements may include:**
  - Environmental hazards that are identified and methods to address
  - Establish a code of conduct that defines and manages disruptive or inappropriate behavior by all staff
  - Develop an identification system for potential violence, response to threats or violent events, and constructive support procedures after the event.
  - Threats of violence must be acknowledged and addressed by management.

WPV: Regulations & Requirements

- **After Action Report/Debrief:**
  - Debriefings should occur with a focus not only on the mental health of the personnel involved, but also on incident investigation and create a report on corrective actions. This debrief may include:
    - **Objective observation:** Establish how actions were truly implemented during response, not how they ideally should have happened according to existing plans and procedures.
    - **Analysis of gaps and contributing factors:** Identify gaps between planning and practice; analyze what worked, what did not work, and why.
    - **Identification of areas for improvement:** Determine actions to strengthen or improve performance and determine how to follow-up.

WPV: Risk Factors

- **Patient, Client Setting-Related Risk factors:**
  - Working directly with people who have a history of violence, abuse drugs or alcohol
  - Working directly with people who have a history acute and chronically mentally ill patients and Altered Mental Status
  - Working alone in a patient room or homes
  - Environmental consideration/design of the workplace
  - High patient volume / high crime neighborhoods
  - Lack of means of emergency communication
  - Prevalence of firearms, knives and other weapons (including improvised weapons) among patients and their families and friends
  - Working in neighborhoods with high crime rates/aggressive transient population.

WPV: Risk Factors

- **Organizational Risk Factors:**
  - Lack of facility policies and staff training for recognizing and managing escalating hostile and assaultive behaviors from patients, clients, visitors, or staff
  - Working when understaffed—especially during mealtimes and visiting hours
  - Working during periods of overall organizational based change (i.e., strikes, downsizing)
  - Inadequate security or delay in security response on site;
  - Staff perception that violence is tolerated and "just part of the job" and the victims will not be able to report the incident to police and/or press charges.
  - Poorly designed work areas without means of egress/escape

WPV: Risk Factors

- **Individual Risk Factors:**
  - History of cognitive disability
  - Psychiatric diagnoses and/or medical diagnoses that may affect or impair judgement. disability (i.e. autism spectrum, Alzheimer's)
  - History of drug/alcohol abuse and withdrawal
  - Traumatic Brain Injury (TBI)
  - Metabolic imbalance
  - Past medical history, beliefs, PTSD

WPV: Characteristics of Aggression

Most violent behavior is preceded by warning signs. The following clues are indicators of possible violence:

- **<u>Verbal Clues</u>**
  - Speaking loudly or yelling
  - Swearing/Threatening tone of voice
  - Unsolicited comments/talk of violence, weapons, etc.
- **<u>Non-verbal or Behavioral Clues</u>**
  - Pacing/restlessness
  - Unusually subdued personality
  - Arms held tight across chest
  - Clenched fists and/or rapid, heavy breathing
  - Quick movements/easily startled
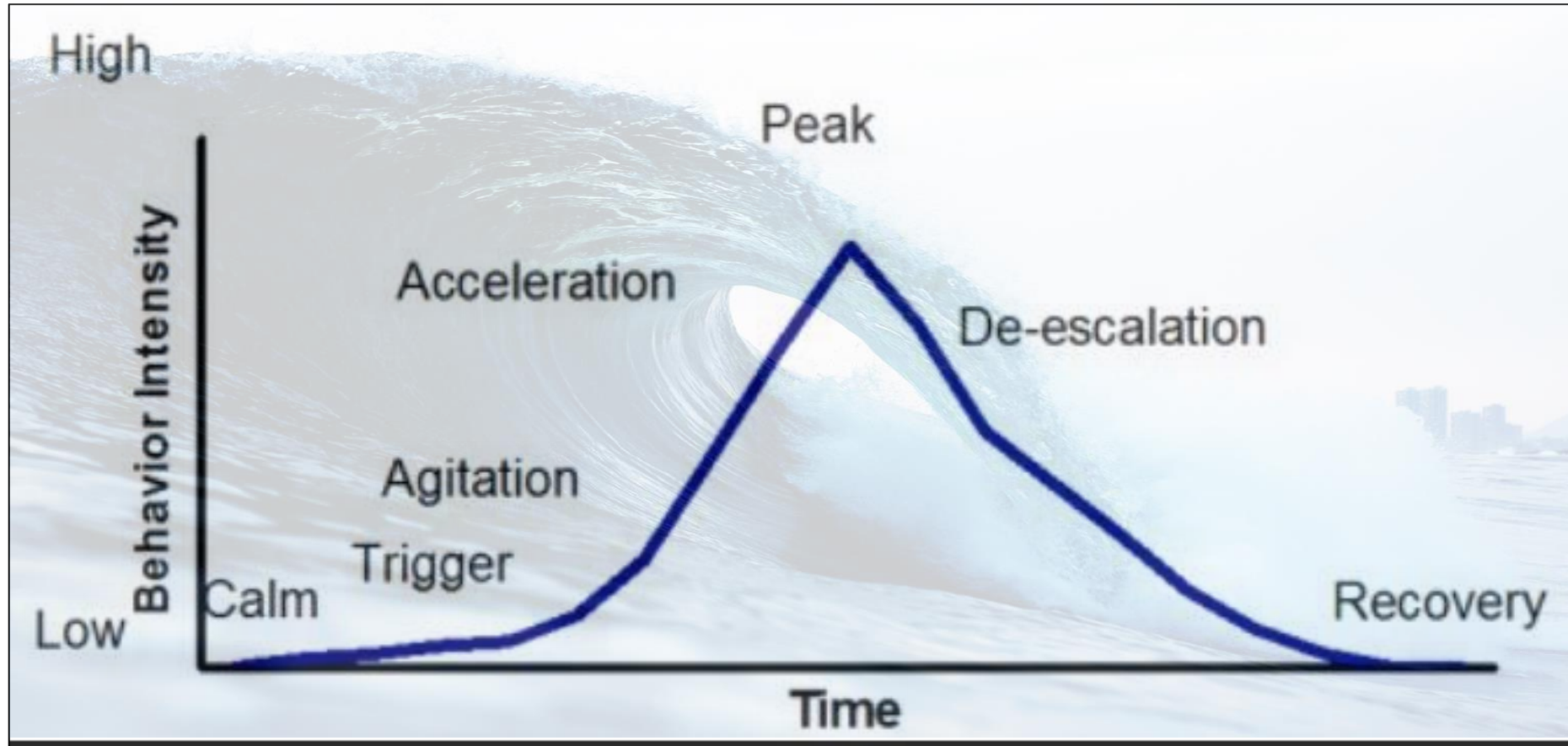 - "Angry" texting

WPV: Characteristics of Aggression

- **Disgruntled employee indicators :**

    – New or increased use of alcohol, drugs

    – Signs of depression or withdrawal

    – Unexplained increase in absenteeism

    – Decreased productivity or inconsistent work patterns

    – Increased severe mood swings & noticeably unstable or emotional responses

    – Explosive outbursts of anger or rage without provocation

    – Increase in unsolicited comments about violence, firearms and other dangerous weapons or violent crimes

    – Behavior that may suggest paranoia (i.e., "everybody is against me" or "this place would fail without me")

Healthcare Workplace Violence: Crisis Response and Training

WPV : Recognition of Escalating Behavior

Healthcare Workplace Violence: Crisis Response and Training

WPV : Recognition of Escalating Behavior

- **Agitation:** When an individual begins to escalate after being triggered, there is typically a change in their normal behavior. Here are some standard traits that one might exhibit:
  - Looks confused or disoriented
  - Face, lips eyebrows twitching
  - Can't sit still – leg shaking, toe tapping
  - Staring at staff for attention, "wild-eyed"
  - No eye contact, acting withdrawn
  - Wringing of the hands
  - Shaky voice, shallow breathing
  - Uncollected thoughts

Healthcare Workplace Violence: Crisis Response and Training

WPV : Recognition of Escalating Behavior

- **Acceleration:** As this continues to escalate, the behavior begins to degrade. The individuals begin to lose their rationality and self control. This is often displayed by verbal or physical acts of aggression. Here are some standard traits that one might exhibit in the stage:
    - Staring or finger pointing
    - Yelling and refusing to follow your directions
    - Stomping on the floor or kicking an object
    - Pounding their fist on a table or wall
    - Showing angry facial expressions
    - Challenging your authority
    - Becoming defensive and demanding

WPV : Recognition of Escalating Behavior

- **Aggression Peaks: This is the *crisis stage.*** At this point, there is potentially a total loss of physical control. An individual has become a **physical threat** to themselves and others. During this phase, an individual may act out in the following ways:
  - Threatening attack/physical harm
  - Physically motioning in a violent or threatening way, raising fists
  - Threatening harm with objects, throwing items, pushing or knocking things over.
  - Dropping their body center and lowering their body for an attack

Healthcare Workplace Violence: Crisis Response and Training

WPV : Recognition of Escalating Behavior

- **De-Escalation/Post Aggressive Phase:** Once the incident has peaked and begins to subside, the aggressive individual enters this phase. During this stage:
  - Individual may begin to feel regret and embarrassment of their actions
  - Anger and aggressive behavior can be re-triggered and to again escalate to crisis point. This is because the person is still partly aroused, and the feelings that accompany this phase are likely to leave the person feeling vulnerable and confused.
  - Help the individual to explore alternative behaviors to avoid future episodes.
  - Reach an agreement with the individual regarding what they can do differently the next time they feel aggressive.

WPV Preventive Safety Measures: Workplace Design

- Note exits and emergency phone numbers in your work area
- Position furniture so personnel will not be trapped and have open egress to escape dangerous situations
- Have adequate lighting interior and exterior locations
- In high crime area, physical barriers (e.g., fencing, pass-through windows) to protect personnel
- Situational awareness of physical environment:
  - **Interior:** Room contents that could be used as weapons (i.e., heavy or sharp objects)
  - **Exterior:** Potential hiding locations (i.e., bushes, vacant parking lots/ramps, poorly lit areas)
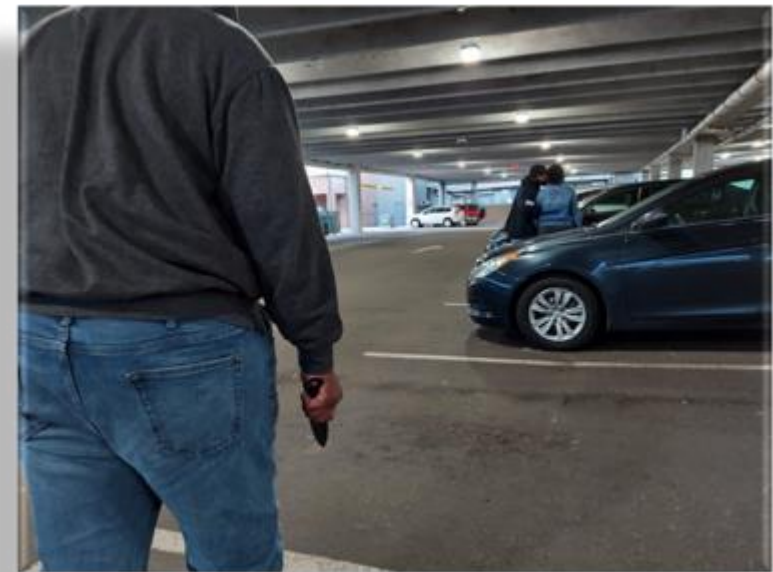
WPV Preventive Safety Measures: Administrative Practices

- If cash onsite, keep to minimum
- Required WPV training and response procedures, including risk assessments and post-incident analysis/corrective actions
- Reinforce use of a partner (i.e., "buddy system") if risk to personal safety
- Designated communications in place for emergency contacts
- Chain of command or HR reporting procedures for inappropriate or violent behavior

WPV Preventive Safety Measures: Personal Measures

- Keep valuables with you or secured. Do not leave in open view

- Identify any individuals that should not be in your location

- Do not remain alone or late. If do, remember the "buddy system"

- Report any unusual items or situations, such as:

  - Vehicle(s) is parked in an odd location,

  - Package/luggage is unattended,

  - Window/door is open that is usually closed

  - Person wearing bulky/unseasonable clothes attempting to hide something

  - Questions at a level beyond curiosity about specific employee names, a building's purpose, operations, security procedures and/or personnel shift changes, etc.

  - Report any threats (e.g., letters, social media, verbal) immediately

Healthcare Workplace Violence: Crisis Response and Training

WPV Preventive Safety Measures: Personal Measures

- If you notice signs of potential violence in a fellow employee, report this to the appropriate person in the chain of command.

- Report aggressive behavior of any sort, include customers

- Immediately report any incidents of sexual harassment.

- Know your company's emergency plan.

- Recognize the risk. Never turn your back on aggressive or combative individuals

- Consider using the **RAIN Acronym** to stay safe:
  - **R**ecognize
  - **A**void
  - **I**solate
  - **N**otify

Healthcare Workplace Violence: Crisis Response and Training

WPV Preventive Safety Measures: Personal Measures

- Dress for safety by removing anything from your person that can be used as a weapon or grabbed by someone.

  – Long hair should be tucked away so that it can't be grabbed

  – Avoid items around the neck (i.e., necklaces, ties or lanyards) that can be a strangulation hazard

  – Items commonly in pockets that can be used as weapons (i.e., pens, pencils, etc.) should be removed

  – Avoid large easily grabbed earrings

  – Overly tight clothing can restrict movement in high-risk situations

 – Glasses, keys, or name tags dangling from cord or chains can also be hazardous

WPV Personal Safety Measures: De-Escalation

- **Be aware of your *Body Language*:**
  - **Posture:** Equal but not threatening. Don't touch people you've never met – if you know them, at least ask for consent. Keep your hands relaxed and open palms up and open.
  - **Hands:** Ensure that you are not using inappropriate postures (i.e., hands on hips, clenched fists) and keep hands out of pockets
  - **Appropriate eye contact:** Not same across cultures, sometimes can help humanize and make people less likely to hurt you.
  - **Allow an exit:** Try not to block someone's exit (but ALWAYS be sure that YOU have an exit!)
  - **Avoid pointing or shaking fingers:** No one likes that and can be considered offensive in some cultures.

WPV Personal Safety Measures: De-Escalation

- **Be aware of your *Facial Expressions*:**
  - **Maintain a Neutral Face**: Neutral face harder to engage with. Not hostile, not beaming.
  - **Avoid Rolling your eyes**: Shows disbelief
  - **Avoid Angry eyes:** Appears defensive and aggressive or challenging
  - **Avoid Frustration**: Appears uncaring and unsupportive
  - **Avoid Inattention**: Appears uncaring and unsupportive
  - **Avoid Smirking**: Appears to be making fun of a possible serious situation.
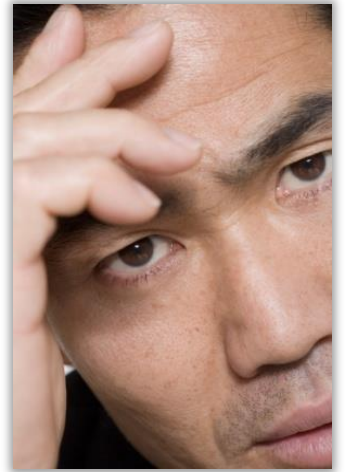
# WPV Personal Safety Measures: De-Escalation

- **Be aware of your *Verbal Response*:**
  - **Volume**: Talk low and slow. Never scream. Gentle and firm tones.
  - **Professionalism**: Remain professional *AT ALL TIMES*. Even if the anger is directed at you, do not allow yourself to get angry, and do not take the situation personally.
  - **Tone:** Lower your tone of voice and speak more slowly in hopes the individual will mirror your behavior. Base your request of behavioral change on a reason, such as for safety's sake, or explain its purpose as a healthcare issue
  - **Crisis Communication:** If assault is likely, consider using simplistic crisis communication such as; using the individual's name plus five (5) words: "Put the chair down, Bob!"

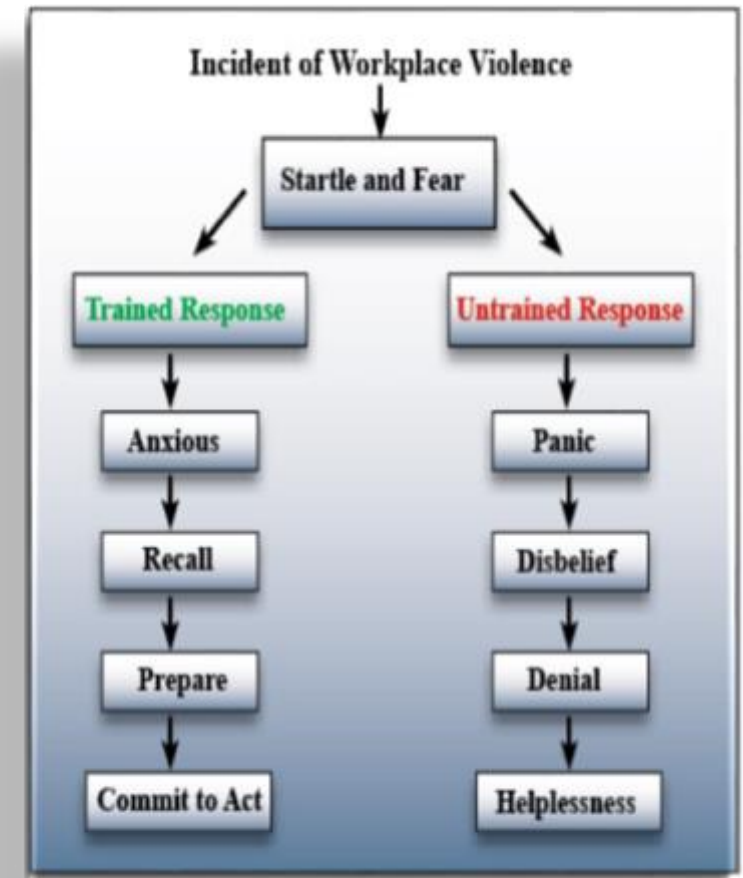# WPV Personal Safety Measures: De-Escalation

- **Be aware of their *Personal Space*:**
  - If possible, *stand **1.5 to 4 feet** away* from a person which is escalating or has a history of aggression. This will appear non-threatening, shows respect and will help keep you a safe distance to evade if the individual should become physically aggressive or violent.
  - Allowing personal space tends to *decrease a person's anxiety* and can help you *prevent acting-out/aggressive behavior.*
  - This also allows you a *distance and time to get away*
  - If you must enter someone's personal space to provide care, explain your actions so the person feels less intimidated, confused and/or frightened.

PERSONAL SPACE
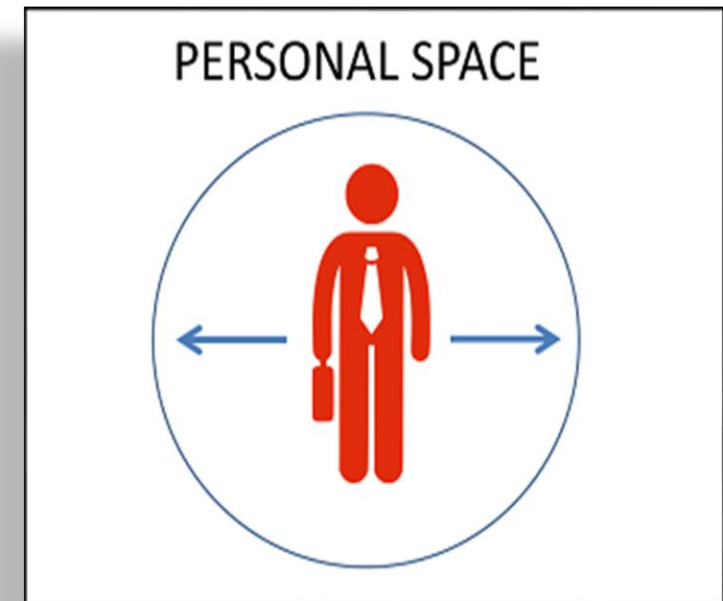
WPV Safety Measures: Active Shooter Incident

- Preparedness is a key cornerstone of response.

- The incident may end prior to the arrival of law enforcement demonstrates the need for workers to take responsibility for their own safety, in part, by developing a **Survival Mindset**, which involves being ready (both mentally and physically) for the worst-case scenario:

- Awareness: Understand that workplace violence can impact anyone, in any work setting, and across all levels of employment.

- Preparation: Entails employees becoming stakeholders in their own safety and security. In particular, they must change how they view their work environment and shift to a what-if way of thinking.

- Practice and rehearse: Practice the actions you may take in an incident of Workplace Violence that may occur with or without weapons.

Incident of Workplace Violence
Startle and Fear

Trained Response → Anxious → Recall → Prepare → Commit to Act

Untrained Response → Panic → Disbelief → Denial → Helplessness

Healthcare Workplace Violence: Crisis Response and Training
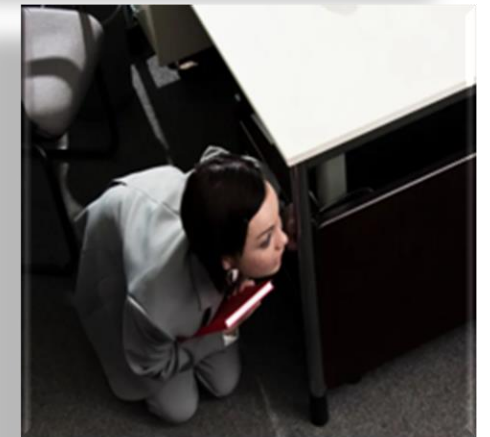
WPV Safety Measures: Active Shooter Incident

Key process for survival and response is using the **4-A's :**

- **A:** Accept that an emergency is occurring. This has to be done FAST, don't let your mind talk you out of it.
- **A:** Assess what to do next so that you can save yourself and others, which depends on your location.
- **A:** Actions! DON'T FREEZE, ACT! Can include *Run, Hide, Fight*
- **A:** Alert internal responders and law enforcement when safe to do so

WPV Safety Measures: Active Shooter Incident

- If shooter or armed attacker is **_IN YOUR IMMEDIATE AREA_** and it is safe to do so, **_RUN_** out of the danger area and move far away until you are in a safe location.

- Leave personal belongings behind but **TAKE YOUR MOBILE PHONE** if have it on you.

- **SILENCE** the ringer or alarms on your cell phone or other electronic communication devices.

- **_DO NOT_** activate the Fire Alarm as would lead to confusion and potentially bring in more targets

- Direct others to evacuate or not enter the area. **_DO NOT_** stay behind if others are not willing to go

WPV Safety Measures: Active Shooter Incident

- Hide in a safe and securable location (i.e. thick walls and few windows). Barricade doors if possible.

- Turn off lights, stay low, do not get up to look out windows and **STAY QUIET**.

- **SILENCE** the ringer or alarms on your cell phone or other electronic communication devices.

- Consider your environment and what can be used as a weapon or weapons in case needed.

- If safe to do so, treat injured victims and **STOP THE BLEED.** Victims can bleed out in 3-5 minutes and most victims with severe extremity bleeding can be saved.

Healthcare Workplace Violence: Crisis Response and Training

WPV Safety Measures: Active Shooter Incident

- If your life and others are at ***IMMEDIATE JEOPARDY***, staff members ***SHOULD*** decide to aggressively **FIGHT** and incapacitate shooter or armed attacker

- Coordinate efforts for maximum impact!

- Use objects in the direct environment as weapons! (i.e. laptops, hot coffee, letter openers, staplers, fire extinguishers)

- Commit to your actions like your life depends on it, ***BECAUSE IT DOES!***

Questions?

Workplace Violence Resources/Education

- **OSHA Workplace Violence:** https://www.osha.gov/workplace-violence/resources
- **Workplace Violence Prevention for Nurses:** https://www.cdc.gov/niosh/topics/violence/training_nurses.html
- **Workplace Violence Prevention Resources from Joint Commission:** https://www.jointcommission.org/resources/patient-safety-topics/workplace-violence-prevention/
- **NIOSH Workplace Violence:** https://www.cdc.gov/niosh/topics/violence/default.html
- FBI Workplace Violence Resource: https://www.fbi.gov/file-repository/stats-services-publications-workplace-violence-workplace-violence/view
- **Workplace Violence Prevention -Readiness and Response:** https://leb.fbi.gov/articles/featured-articles/workplace-violence-prevention-readiness-and-response
- **Toolkit for Mitigating Violence in the Workplace:** https://asprtracie.hhs.gov/technical-resources/resource/6630/toolkit-for-mitigating-violence-in-the-workplace

Connect Consulting Services' Company Vision

We create safer, disaster resilient organizations and communities through innovative approaches by building robust emergency management and business continuity, training and exercise programs

- Our team works with:
  - Special Districts
  - Hospitals and other healthcare providers
  - Local, state, and federal government agencies
  - Utilities
  - Non-profit community-based agencies

Want More Information & Webinars From Connect Consulting ?

- Need help developing your workplace violence action plan, emergency operations plan or business continuity plan?

- Want to know more how we can help your organization or agency? Book a call with us here to share with us how our products and services might help

- Join our monthly newsletter

Want More Information or Webinars?

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