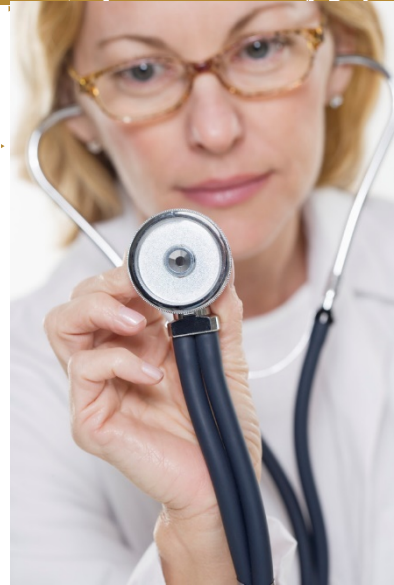


WORKPLACE VIOLENCE PREVENTION IN HEALTH CARE FACILITIES



Objectives

- Definition of workplace violence
- Examples of workplace violence
- Who is at risk
- Effects of workplace violence
- Risk factors
- Prevention strategies



Workplace Violence- Definition

- Workplace violence: any physical assault, threatening behavior, or verbal abuse occurring in the work setting.
- Workplace: any location either permanent or temporary where an employee performs any work-related duty.

Workplace Includes

- The buildings and the surrounding areas, including parking lots, field locations, patients' homes, and traveling to and from work assignments.



Facts and Figures

- In a 2020 meta analysis, One in five healthcare workers will experience violence perpetrated by visitors and patients
- In 2009, 10% of workplace assaults victims were health care professionals in the United States
- Healthcare workers accounted for 73 percent of all nonfatal workplace injuries and illnesses due to violence in 2018


Facts and Figures

- The Centers for Disease Control and Prevention (CDC) has noted a rise in workplace violence, with the greatest increases of violence occurring against nurses and nursing assistants
- A three-year study in the *American Journal of Nursing* noted that 25 percent of nurses reported being assaulted by patients or the patient's family members
- Statistically, higher rates of health care violence are reported to occur in the emergency department (ED), geriatric and psychiatric settings

Examples

- Verbal threats to inflict bodily harm; including vague or covert threats.
- Attempting to cause physical harm; striking, pushing and other aggressive physical acts against another person.
- Verbal harassment: abusive offensive language, gestures, or other discourteous conduct towards supervisors, fellow employees, patients, family members or the public.
- Disorderly conduct: such as shouting, throwing or pushing objects, punching walls, and slamming doors.

Who might be involved?

- Strangers
 - Customers, patients, family members of patients
 - Co-workers or prior employees
 - Acquaintances of patient
 - Family members or acquaintances of employees
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Who is at risk?

- In general, anyone who works in a hospital or health care setting (nursing home, assisted living, health clinic, etc.)
- Specifically, nurses and aides with the most direct contact with patients, during:
 - Meal time
 - Visiting hours
 - Patient transportation
 - Administering care, including bathing

Where is occurs?



- Waiting rooms
- Emergency rooms
- Psychiatric wards
- Patient rooms
- Geriatric units
- Outside facility (parking lots)



Risk Factors

- Working with volatile people (e.g., those who are under the influence of alcohol/drugs, have a history of violence or are diagnosed as psychotic)
- Working when understaffed or working alone
- Transporting patients
- Long waits for service
- Overcrowded waiting rooms
- Poorly-lit areas (parking lots, corridors)
- Inadequate security
- Unrestricted movement of the public

Violence Prevention

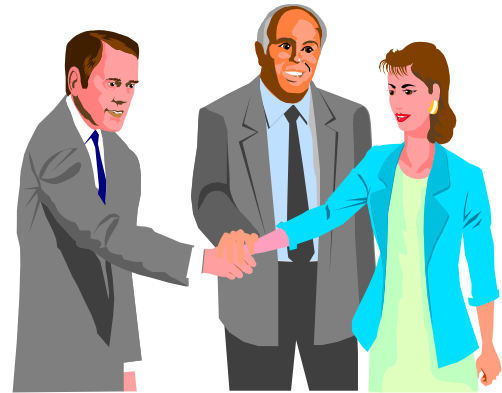
- Develop a comprehensive prevention program that includes:
 - Zero tolerance policy
 - Management commitment/enforcement
 - Employee Involvement
 - Worksite analysis
 - Hazard identification and prevention
 - Training
 - Accurate and timely reporting

Management Commitment

- Complementary and essential.
- Provides the motivating force to deal effectively with workplace violence.
- Create and disseminate a clear policy of zero tolerance for workplace violence.
- Ensure no reprisals are taken against employees who report incidents.
- Encourage employees to promptly report incidents and suggest ways to reduce or eliminate risks.
- Organizational concern for employee emotional and physical safety and health.
- Equal commitment to worker safety and health and patient/client safety.

Employee Involvement

- Understand and comply with the workplace violence prevention program and other safety and security measures
- Actively participate in sharing information or suggestions related to safety and security concerns
- Prompt and accurate reporting of violent incidents.



Worksite Analysis


- Step-by-step look at the workplace, to find existing or potential hazards for workplace violence.

Hazard Identification and Prevention

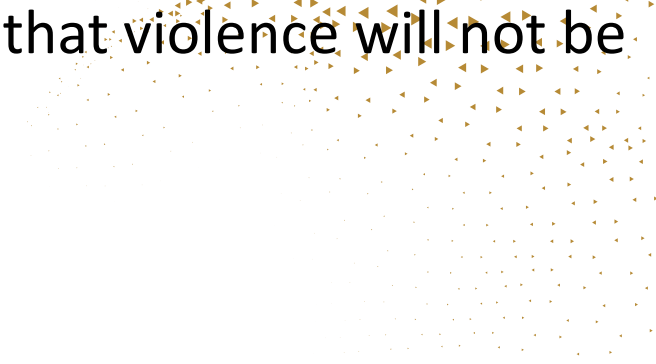
- Hazard identification and prevention through:
 - Engineering controls
 - Administrative Controls
 - Post incident response



Engineering Controls

- Alarm systems and other security devices
 - Metal detectors
 - Closed-circuit video recording for high-risk areas
 - Safe rooms for use during emergencies
 - Enclose work stations, install deep service counters or bullet-resistant glass in reception area, triage, admitting.
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Administrative Controls

- State clearly to patients/families, clients, and employees that violence will not be tolerated or permitted
 - Establish liaison with local police and state prosecutors
 - Require employees to report all assaults and threats
 - Set up trained response teams to respond to emergencies
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Post Incident Response

- Provide comprehensive treatment for victimized employees and employees who may be traumatized by witnessing a workplace violence incident.
- Trauma-crisis counselling
- Critical incident stress debriefing
- Employee assistance programs to assist victims

Employee Education

- Ensure that all staff are aware of potential security hazards and ways of protecting themselves
- Education for managers and supervisors
- Employees should understand concept of “Universal Precautions for Violence”, i.e., that violence should be expected but can be avoided or mitigated through preparation
- Employees should be instructed to limit physical interventions in workplace altercations unless designated emergency response team or security personnel are available



Strategies to De-Escalate Threatening Behavior

The following strategies may be helpful to de-escalate situations where an individual is exhibiting threatening or intimidating behaviour:

- Project calmness, move and speak slowly, quietly and confidently
- Encourage the person to talk; listen closely and patiently
- Maintain a relaxed but attentive posture
- Position yourself at an angle to the person rather than directly in front
- Arrange yourself so your access to emergency exits is not blocked
- Acknowledge the person's feelings
- Ask for small, specific favours such as asking the person to move to a quieter area, or to move outside
- Use delaying tactics to give the person time to calm down, such as offering a drink of water (in a paper cup)
- Point out choices, break big problems into smaller ones
- Avoid sudden movements and maintain 3-6 foot distance
- Call the police when it is safe to do so

Interventions for defusing aggression

The following interventions can be used to defuse an aggressive situation in both the ED and inpatient psychiatric setting:

- Utilize verbal communication techniques that are clear and calm. Staff attitudes must be non-confrontational in use of verbiage. Avoid using abbreviations or health care terms.
- Use non-threatening body language when approaching the patient.
- Approach the patient with respect, being supportive of their issues and problems.
- Use risk assessment tools for early detection and intervention.
- Staff attitudes, knowledge and skill in using de-escalation techniques must be practiced and discussed in an educational format.
- Respond to the patient's expressed problems or conditions. This will help create a sense of trust with the health care professional.
- Set clear limits for patients to follow.
- Implement environmental controls, such as minimizing lighting, noise and loud conversations.

In case you were unable to diffuse the situation

- Remove yourself from the situation
- Call security for help
- Report any violent situations to management

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