



# Effective Violence Prevention Strategies

AWHONN Kentucky

2019 Annual Fall Symposium

**Roy Williams III, MBA, CHPA**

National Healthcare Program Manager

PalAmerican Security

**Zero**  
Tolerance of  
Workplace  
Violence

# Presented by

Roy Williams III MBA, CHPA is the President-Elect for the [International Association for Healthcare Security & Safety](#) (IAHSS) and will serve as President in 2020. Roy is currently the National Healthcare Program Manager for PalAmerican Security, Inc., focusing on compliance and training for the Security Departments deployed in the healthcare facilities across the United States that have partnered with PalAmerican. Prior to joining PalAmerican Security, Roy was the Regional Director of Security & Emergency Management for Baptist Health Louisville & La Grange Hospitals.

- 23+ years of healthcare security, safety, emergency management, and municipal law enforcement experience
- Bachelor of Science in Education from Western Kentucky University, a Master's in Business Administration from Columbia Southern University, and is a Certified Healthcare Protection Administrator (CHPA).



# Greetings from the Board of Directors



IAHSS is the only organization solely dedicated to professionals involved in managing and directing security and safety programs in healthcare facilities





# Collaboration to influence....



**American Hospital Association®**



**CHES SCISS**



**NATIONAL FIRE PROTECTION ASSOCIATION**

The leading information and knowledge resource on fire, electrical and related hazards



# Workplace Violence

*“The way to prevent and mitigate loss of life and injury is through individual training.”*



It is the other  
persons perception  
that counts...

# What keeps us up at night?

## Healthcare workers face significant risks of job-related violence



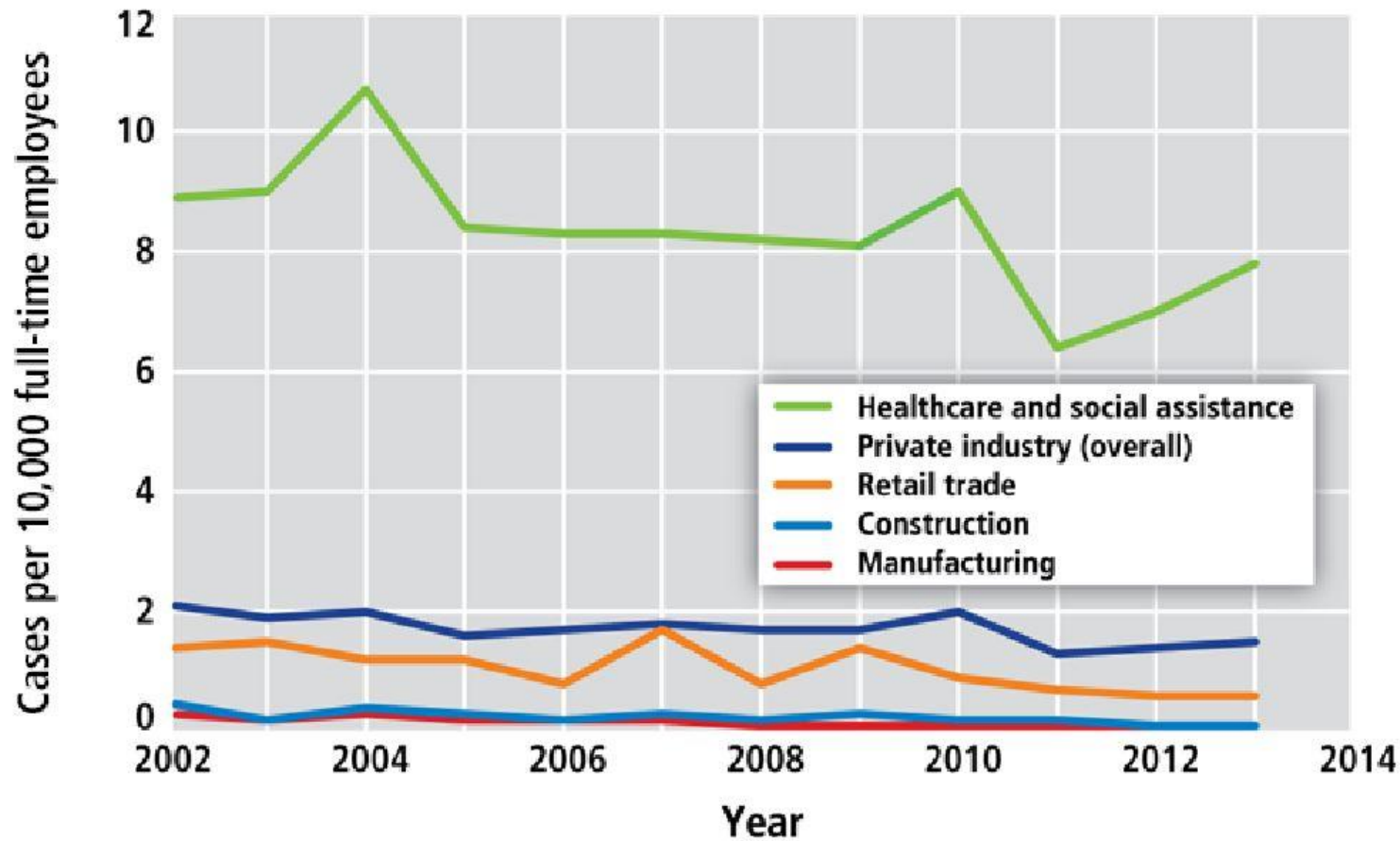
While under **20%** of  
all workplace injuries  
happen to healthcare  
workers...



Healthcare workers  
suffer **50%** of all  
assaults.

Source: Bureau of Labor Statistics

# As it should...

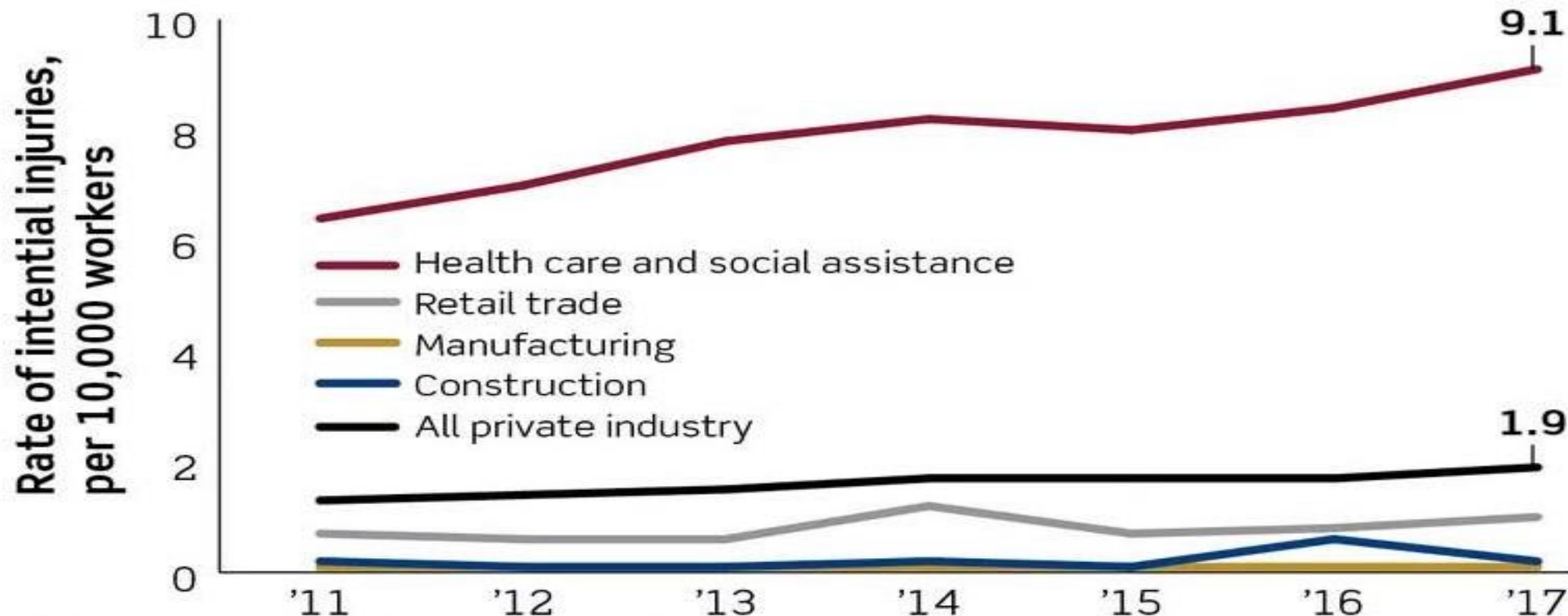


Data source: Bureau of Labor Statistics data for intentional injuries caused by humans, excluding self-inflicted injuries.



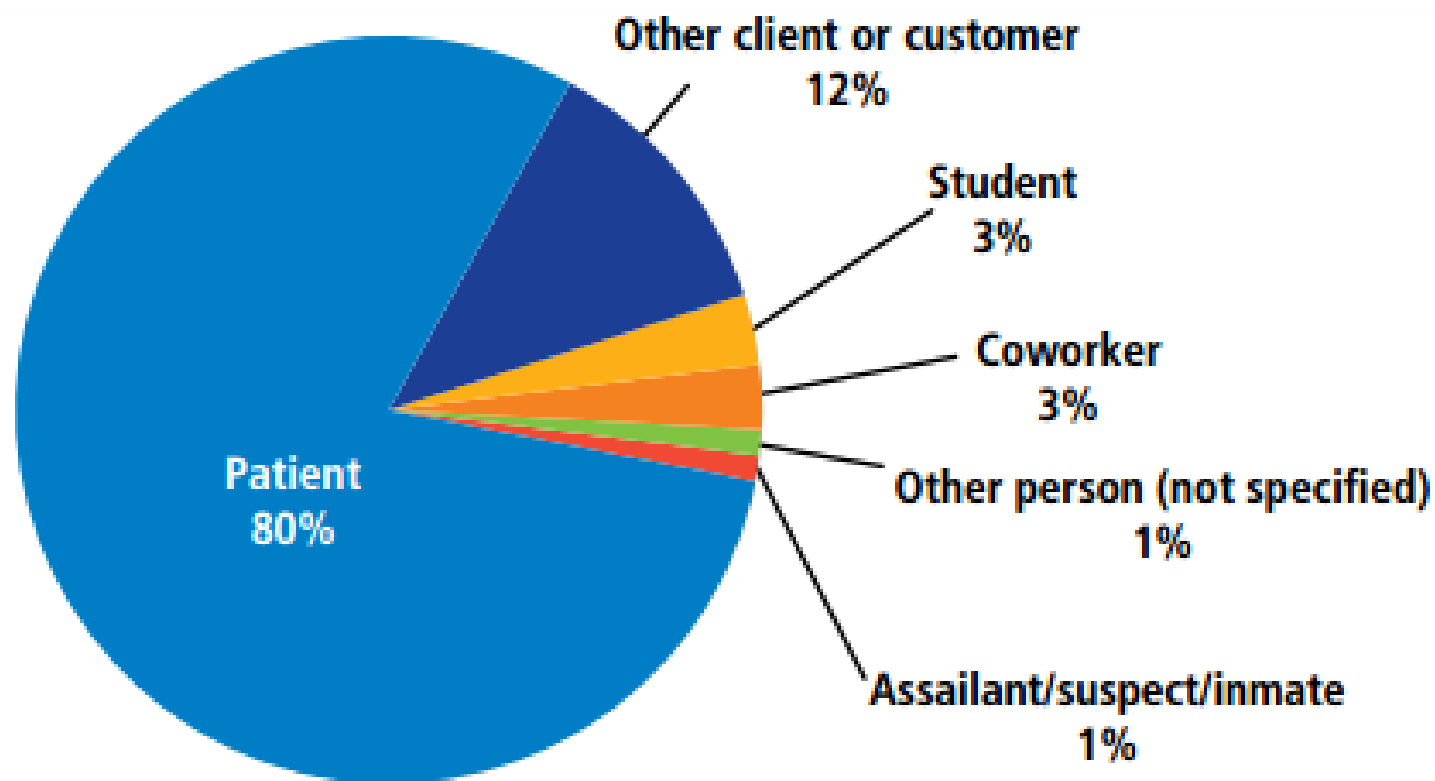
# Intentional worker injuries on the rise

Health care and social assistance workers experience intentional injuries by another person at far greater rates than the private industry overall. This includes only injuries involving days away from work.



SOURCE: U.S. Bureau of Labor Statistics

# As it should...



*Data source: Bureau of Labor Statistics (BLS), 2013 data. These data cover three broad industry sectors: ambulatory healthcare services, hospitals, and nursing and residential care facilities. Source categories are defined by BLS.*

# The Costs of WPV

“Overall, we estimated that proactive and reactive violence response efforts cost U.S. hospitals and health systems approximately \$2.7B in 2016.”

- \$280M related to preparedness and prevention to address community violence,
- \$852M in unreimbursed medical care for victims
- \$1.1B in Security and training costs to prevent violence within hospitals
- \$429M in medical care, staffing, indemnity, and other costs as a result of violence against hospital employees.

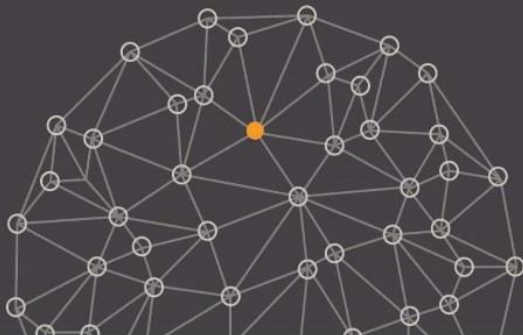


MILLIMAN RESEARCH REPORT™  
**Cost of community violence to  
hospitals and health systems**

Report for the American Hospital Association

July 28, 2017

Jill Van Den Bos, ASA, NAAA  
Nick Creten, FSA, NAAA  
Stoddard Davenport  
Mason Roberts, MBA



 Milliman

# Best Practices

- Train how to respond and require annual refresher
- Crisis intervention training to help recognize warning signs of potential violence
- Look at the workplace with a critical eye
  - lighting, escape routes, quickly requesting assistance



# Sentinel Event Alert

A complimentary publication of The Joint Commission

Issue 59, April 17, 2018

## Physical and verbal violence against health care workers

"I've been bitten, kicked, punched, pushed, pinched, shoved, scratched, and spat upon," says Lisa Tenney, RN, of the Maryland Emergency Nurses Association. "I have been bullied and called very ugly names. I've had my life, the life of my unborn child, and of my other family members threatened, requiring security escort to my car."<sup>1</sup>

Published for Joint Commission accredited organizations and interested health care professionals, *Sentinel Event Alert* identifies specific types of sentinel and adverse events and high risk conditions, describes their common underlying causes, and recommends steps to reduce risk and prevent future occurrences.

Accredited organizations should consider information in a *Sentinel Event Alert* when designing or redesigning processes and consider implementing relevant suggestions contained in the alert or reasonable alternatives.



[Log In](#) | [Request Guest Access](#)

[Contact Us](#) | [Careers](#) | [JCR Web Store](#) | [Press Room](#)

[Forgot password?](#) | [Log In Help](#)

Search

Go

[Accreditation](#)

[Certification](#)

[Standards](#)

[Measurement](#)

[Topics](#)

[About Us](#)

[Daily Update](#)

[Home](#) > [Topics](#) > [Workplace Violence Prevention](#)



Monday 11:14 CST, August 20, 2018

## Workplace Violence Prevention Resources for Health Care



### Sentinel Event Alert 59: Physical and verbal violence against health care workers



The focus of Sentinel Event Alert #59 is to help your organization recognize and acknowledge workplace violence directed against health care workers from patients and visitors, better prepare staff to handle violence, and more effectively address the aftermath. [Learn More](#)



[Download PDF](#)

### Podcasts

Take 5: Workplace Violence

By Joint Commission



[View More](#)

[External Resources](#)



# The Joint Commission

\*Multiple standards related to EM, EC, & LS

**EC.01.01.01; 04.01.01; 04.01.03; 04.01.05.** *etc.* identifies safety and security risks in the physical environment”

**LD.03.01.01\***

- Leaders create and maintain a culture of safety and quality using valid and reliable tools.
- Develop a code of conduct that defines acceptable behavior & behaviors that undermine a culture of safety.
- Create and implement a process for managing those behaviors.

*\*BIG way to get the attention of the C-Suite*



# Others relating to WPV

**PC.01.02.13** “Provision of Care, Treatment, and Services” (PC) chapter, which requires that patients receiving treatment for emotional or behavioral disorders receive an assessment that includes “maladaptive or other behaviors that create a risk to patients or others.”

**RI.01.06.03**, which requires that the patient has the right to be free from neglect, exploitation, and verbal, mental, physical and sexual abuse.

*For identified risks, EM.01.01.01 EP3*, elevate your response through EM planning/prioritizing risk

**EM.01.01.01 EP7**, coordinate with community Incident Command

**EM.02.02.05 EPs 1-10**, ensuring security & safety precautions

# What about surveyors

Life Safety Code and clinical surveyors discuss WPV and other security-related issues during the building tour, tracer activity and EC/EM sessions.

**EC.01.01.01 EP 4**, the organization is responsible for the security of everyone who enters the hospital.

**EC.02.01.01 EP 8**, the hospital is required to control access to and from security sensitive areas and identify mitigating factors that have been implemented.



# Have you...

- Conducted a Risk Assessment for WPV? If so, can staff speak to it?
  - ENA WPV Toolkit; ECRI; OSHA 3148 Guidelines for Preventing WPV for Healthcare & Social Services Workers
- Implemented an Active Shooter response plan, **and** tested with local law enforcement?
- Have regular meetings with local law enforcement?
- Implement training/orientation for law enforcement, especially regarding forensic patients in your facility?
- Discuss bullying?? *Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration, and Innovation*, TJC, 2012

# OSHA – Preventing WPV

1. Management Commitment & Employee Involvement
2. Detailed Worksite Analysis
3. Hazard Prevention & Control
4. Safety & Health Training
5. Recordkeeping & Program Evaluation

# Management Commitment/Employee Involvement

*A “Disruptive Behavior, Harassment, and Workplace Violence” policy*

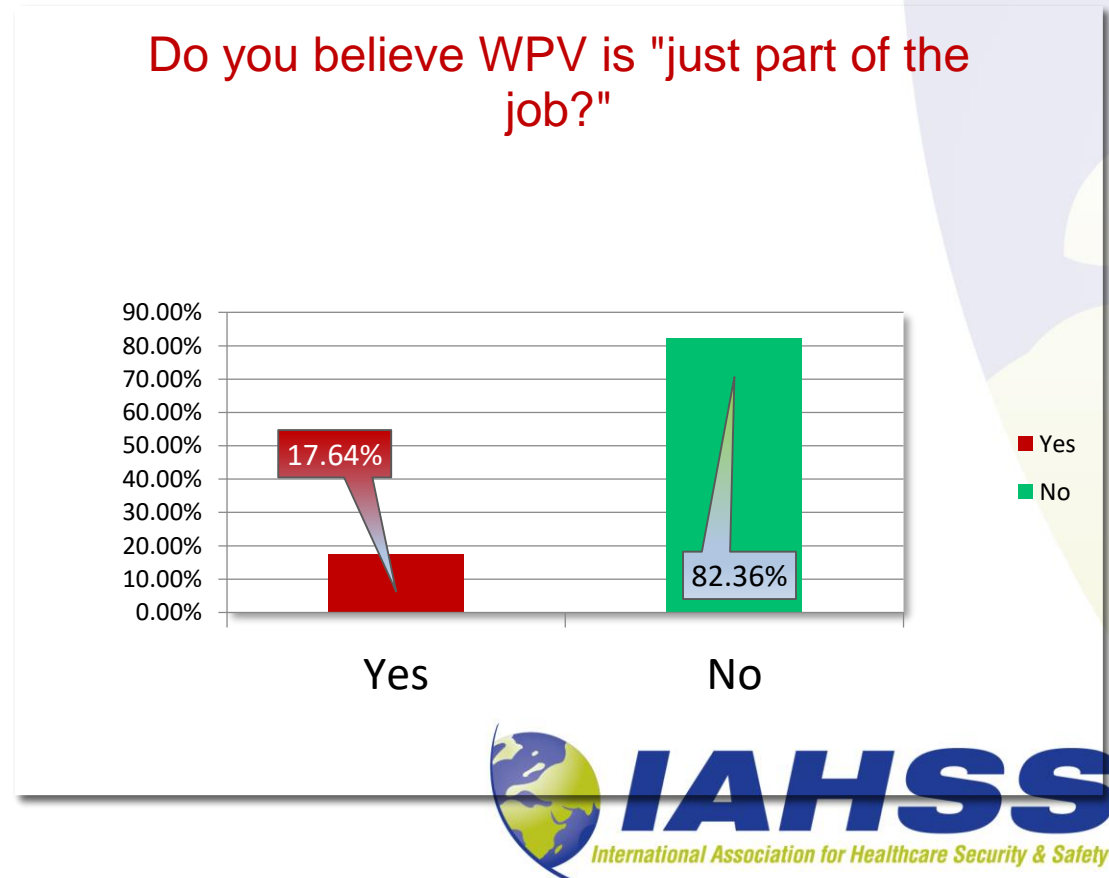
- Annually Reviewed & Updated?
- Includes “Zero Tolerance” language?
  - “committed to the creation of a culture and environment where employees may undertake their duties without fear of abuse or violence”

# Management Commitment/Employee Involvement

## WPV Staff Assessment survey

### How about Survey Monkey?

- Gauge current staff perception
- Form training & education plan
- Repeat after 6 months/year





# Management Commitment/Employee Involvement

## Safety & WPV Leadership Monthly meetings

- Culture of Patient & Employee Safety
- WPV
- Supporting our TEAMs

### Take a stand: No more violence to health care workers

#### Forms of violence to health care workers

- Blinding
- Kicking
- Punching
- Pushing
- Pinching
- Shoving
- Scratching
- Spitting
- Name calling
- Intimidating
- Threatening
- Yelling
- Harassing
- Stalking
- Beating
- Choking
- Stabbing
- Killing

#### Statistics on violence against health care workers

- 25 percent of nurses reported being physically assaulted by a patient or a patient's family member, and about half reported being bullied (AMA)
- Workers in health care settings are four times more likely to be victimized than workers in private industry (BIA and IAHSF)
- Health care workers have a 20 percent higher chance of being the victims of workplace violence than other workers (National Crime Victimization Survey)
- Violence-related injuries are four times more likely to cause health care workers to take time off from work than other kinds of injuries (BLS)

75 percent of nearly 25,000 workplace assaults reported annually occurred in health care and social service settings (OSHA)

#### Violence against health care workers is grossly underreported

Only 30 percent of nurses report incidents of violence



Only 26 percent of emergency department physicians report violent incidents



#### Health care workers

- think that violence is "part of the job"
- are sometimes uncertain what constitutes violence
- often believe their assailants are not responsible for their actions due to conditions affecting their mental state

#### Factors associated with perpetrators of violence



- Altered mental status or mental illness
- Patients in police custody
- Long wait times or crowding
- Being given "bad news" about a diagnosis
- Gang activity
- Domestic disputes among patients or visitors
- Presence of firearms or other weapons



What to do when violence occurs



Report it! Notify leadership, security and, if needed, law enforcement.

# Management Commitment/Employee Involvement

## Create Mandatory Staff Safety Meetings

- Chain of Command
  - Do all staff know this?
- Escalation of Communication
  - When do staff and to whom?
- Review Allegations of Abuse
  - Empower staff to speak up – Just Culture
- WPV
  - What are the updates? Can staff speak to them?

# Detailed Worksite Analysis

## ECRI WPV Assessment Checklist

- Administrative
- Records Review
- Physical Walk-through
- Security Officers
- Relationship with LEO
- Emergency Department
- Parking Lots
- Behavioral Health/CMU
- Nursery/L&D/Mother Baby
- Domestic Abuse, Stalkers, & Violent Healthcare Workers
- Hiring, Disciplining, Termination of Employees
- Training
- Post-Violent Incident Procedures



ECRI WPV Toolkit Checklist – [www.iahss.org](http://www.iahss.org)  
WWW (What, Who, When) Plan

What	Y/N/NI/NA	When	Update
<b>Administration</b>			
1. Has the facility adopted a zero-tolerance policy regarding violence?			
1.1. Is management's commitment to the zero-tolerance policy demonstrated by follow-through on all potential or actual violent incidents?			



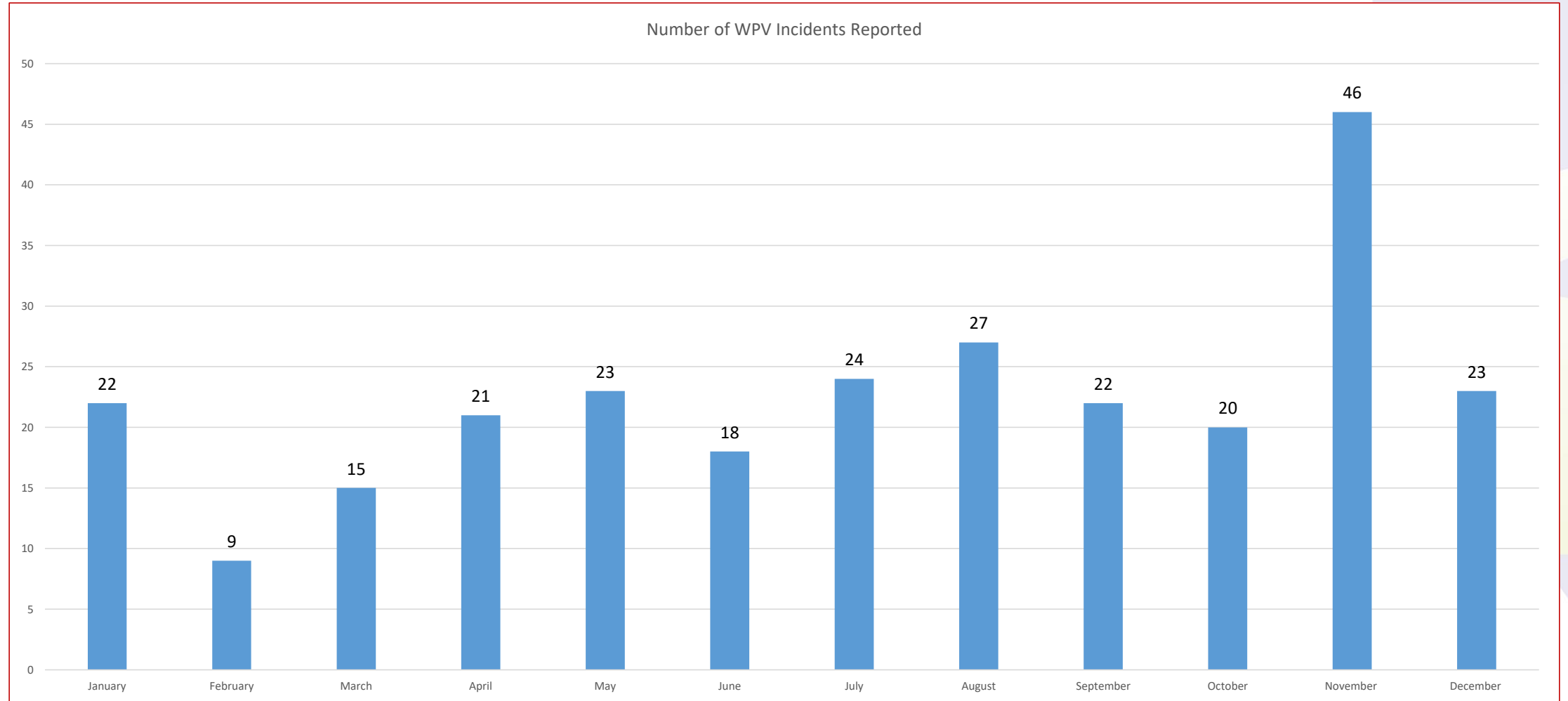
# Detailed Worksite Analysis

## Threat Assessment Team

- Multidisciplinary group; meets monthly & “as needed”
- Based on Staff feedback
  - Expanded to include front-line staff
  - Representatives from the departments that have had events to obtain additional concerns & suggestions
- Review Incident Reports
- Includes reports to members of the Team

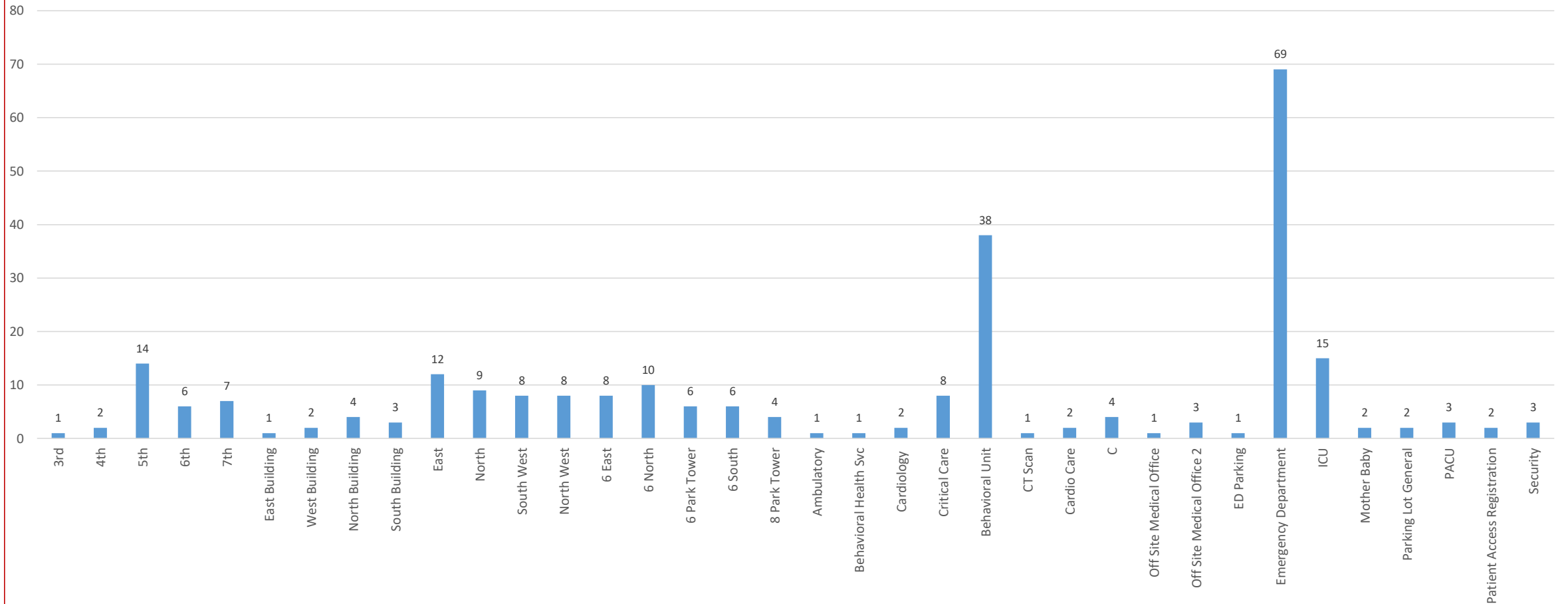


# Detailed Worksite Analysis

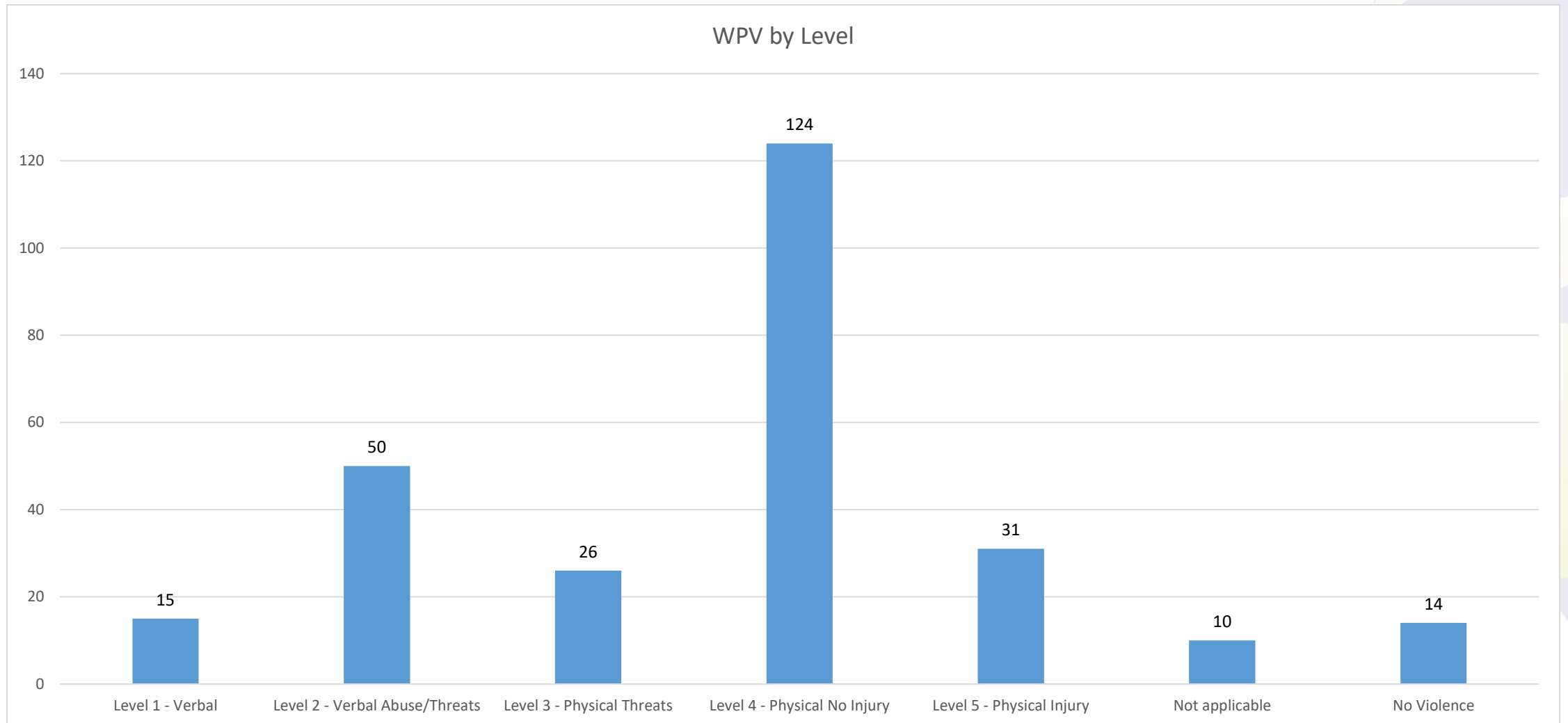


# Detailed Worksite Analysis

WPV by Location



# Detailed Worksite Analysis



# Detailed Worksite Analysis

- **Keep SaFe** hotline (x**5773**)
- “**KPSF**” x5773
- For reporting non-emergent concerns
- Anonymous, if preferred
- Available for immediate review and escalation, if needed
- Discussed during monthly TAT meeting

# Hazard Prevention & Control

## Opportunity Assessment: Threat of Violence on Campus

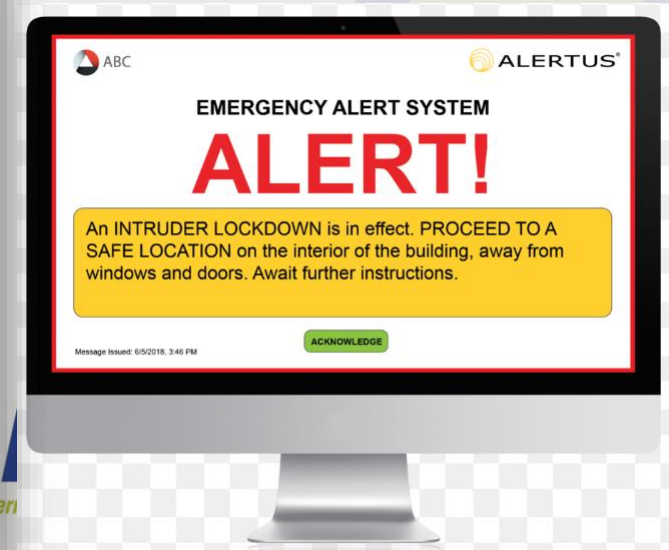
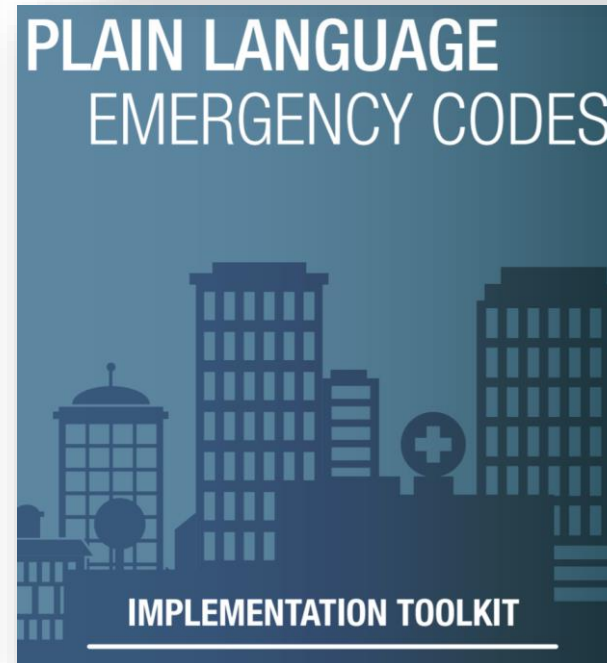
- Communications
  - Remember Chain of Command discussions?
- External Door Access
- Policies & Procedures to Review
- Current Action Steps & Next Steps





Are we  
changing  
staff  
perception?

# Hazard Prevention & Control





# Safety & Health Training

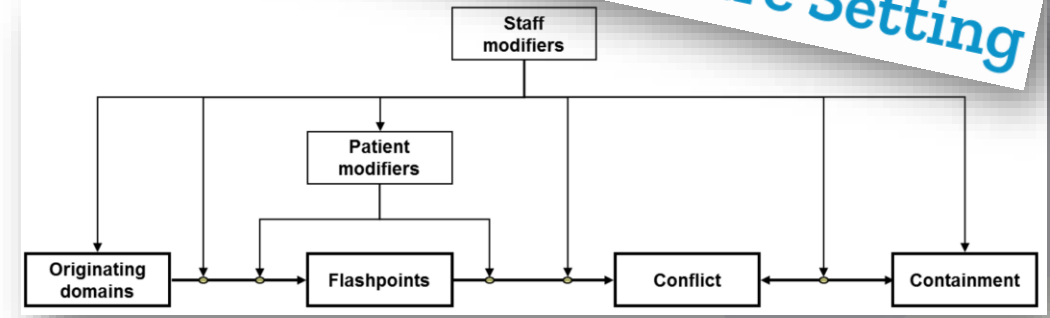
## How We De-Escalate Aggressive Individuals in Our Healthcare Setting

### Quick Safety

#### De-escalation in health care

##### Issue:

The need for using de-escalation techniques in health care settings increases. De-escalation techniques are used to prevent and manage violence and aggression in health care settings.<sup>1</sup> The Commission on the Causes and Prevention of Violence has noted a rise in workplace violence, with the greatest increase in health care settings.<sup>2</sup> A three-year study in the United States found that 25 percent of nurses reported being assaulted by patients or the patient's family.<sup>3</sup> Historically, higher rates of health care violence are reported to occur in the emergency department (ED), geriatric and psychiatric settings.<sup>2</sup>



### N A P P I T R A I N I N G

Non-Abusive Psychological and Physical Intervention

## Key Elements of a Violence Prevention Program



### Verbal de-escalation for clinical practice safety

The right tools—and support from your organization—will protect you and your patients.

By Julia Mason Jubb, DNP, RN, CNE, and Cathryn J. Baack, PhD, APRN, FNP-C

## "Universal Behavioral Precautions" Techniques of Verbal De-escalation





# Safety & Health Training

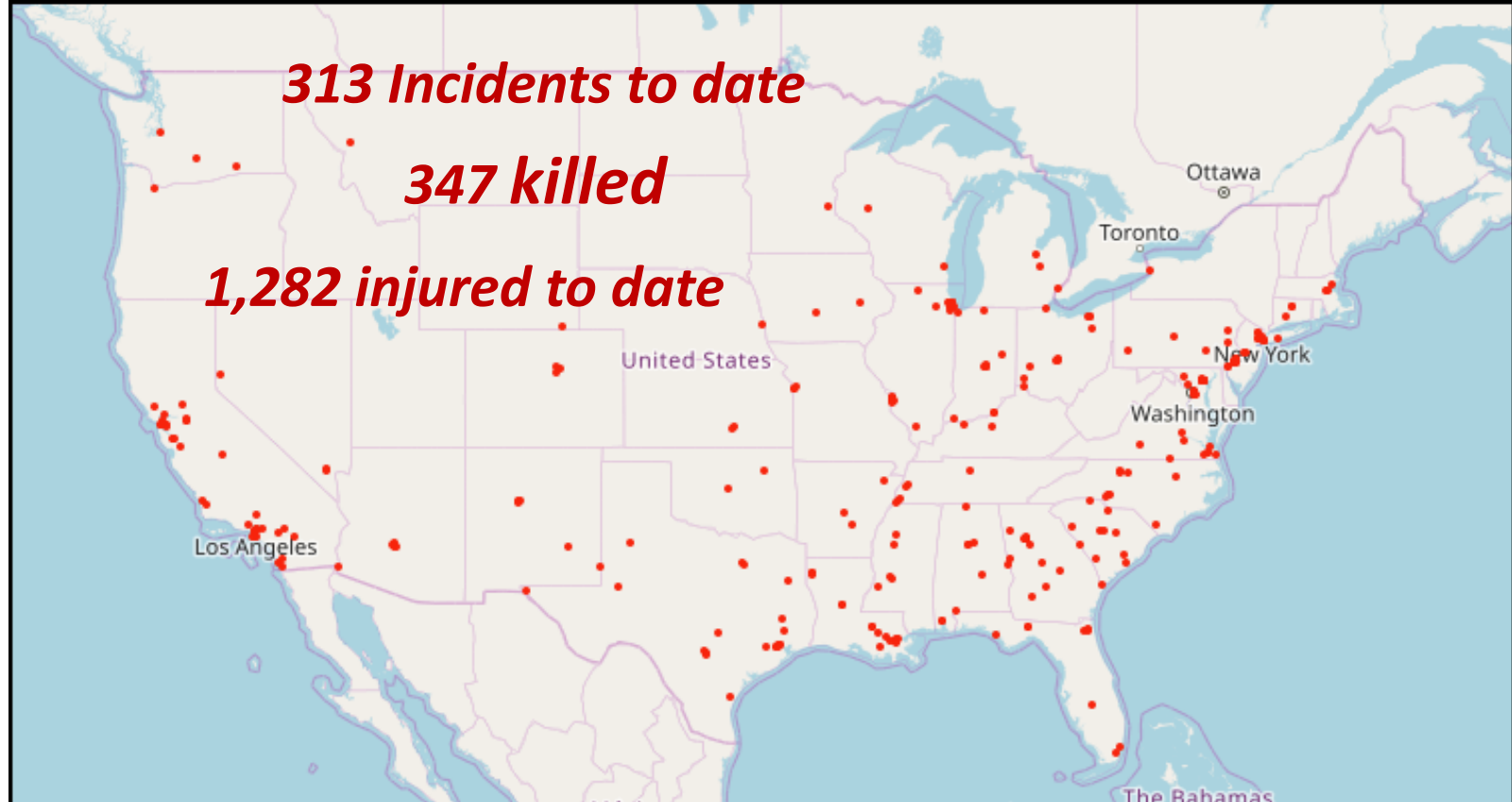
**ACTIVE SHOOTER  
TRAINING**

**Let's get**



**GUN VIOLENCE Archive**

**MASS SHOOTINGS IN 2019**



**313 Incidents to date**

**347 killed**

**1,282 injured to date**

**January 1 - September 26, 2019**

**gunviolencearchive.org**

# Safety & Health Training

*“Would you get NORA  
for me, please??”*

*“Would you ask NORA  
to stop by (location)  
and see me??”*

- **NORA** – (**N**eed **O**fficers **R**ight **A**way)
- Code word/simple phrase to summon assistance right away
- If it is used, this means “/ *need help!*” and to contact Security immediately





# Recordkeeping & Program Evaluation

- Encourage Employee reporting
  - *“Reporting is Supporting”*
- Training records
- Workplace Walkthrough – Safe Rooms, etc.
- Risk Assessments – documented/ongoing
- Documentation of mitigation measures
- Regular review of Incident Reports – tracking/trending

# Recordkeeping & Program Evaluation

- Employee surveys – effectiveness of control measures instituted
- Post-incident Debriefing & ongoing Support
- Quality of ongoing support provided
- Collaboration with Law Enforcement, SME's, etc.



0:00 / 0:30



**IAHSS**

*International Association for Healthcare Security & Safety*

# Who are we collaborating with?



# Who are we collaborating with?

## Law Enforcement

- Develop relationships
- Assessing Risk from different perspectives
- Planning for physical and operational environment that supports mitigation
- Working, training, improving together



# Why are we collaborating?

## Law Enforcement

- Support with behavioral and prisoner patients
- Disruptive patients, visitors or staff
- Crimes in progress
- Investigations and intelligence sharing
- Educational and training programs
- Large scale events and disasters including drills and exercises.
- Dignitary and VIP visits
- Proactive crime prevention efforts
- Request for release of HCF-defined sensitive information.

# Applying the same approach internally

- 1. Identifying your risks and who you rely on for response to those risks – could be internal resources and/or external (police, fire, corrections, emergency medical services, etc.)**

# Applying the same approach internally

- 2.** Developing a training program that addresses those risks and includes the identified responders. Training could involve in-person, on-line, hands on, SOP based, exercises, etc., and should be focused on responses specific to the health care environment.

# Applying the same approach internally

- 3. Define your expectations and understand those of the external responder. Knowing where each other are coming from makes future steps more manageable.**

# Applying the same approach internally

- 4. Determine how you can support each other, such as teaching responders about infectious diseases and asking them about awareness trainings.**

# Applying the same approach internally

- 5. Collaborate whenever the opportunity presents itself, with the exercises or training programs, for example.**



# Applying the same approach internally

## **6.** Recognize the relationship and keep it active.

# Applying this presentation at your facility



## Summary - Your Programs and Practices

- Do you perform an HVA? Risk Mitigation in design?
- Do you address lock-down, safe-room, alternate access / egress when renovating or building?
- Do you do risk assessments regularly?
- Do you use multidisciplinary teams – internal and external members?
- Do you educate through trainings, drills, exercises and corrective actions?
- Are you ready to evacuate, shelter in place or lockdown?
- Have you planned for recovery and counseling?



# Thank You!

**ANY  
QUESTIONS?**

