

Part 2: OSHA Guidelines Help Abate Violence in Hospitals



9 Far-Ranging Violence-Prevention Strategies

On Sept. 11, 2011, the Occupational Safety and Health Administration (OSHA) issued its first-ever directive on how its compliance officers should investigate incidents of workplace violence — particularly in high-risk industries such as healthcare.

The directive includes an extensive list of strategies or “abatement methods” to “materially reduce or eliminate the hazard of workplace violence.” In the directive, OSHA

notes that employers may use “any one or combination” of the methods. This white paper examines some of the new OSHA directives and how different hospitals are applying them to stay compliant.



1. Implement a workplace violence hazard assessment and security analysis.

In performing an assessment, OSHA recommends hospitals review local crime rate statistics and survey employees about their perceptions of risk. All disciplines within the hospital must be included in this survey process.

This is precisely what the University of Wisconsin Hospitals and Clinics (UWHC) system did. “After having two employees injured in the ED in 2007, we put together a

multidisciplinary team of physicians, nurses, and security to look at our current security processes and what we could do to improve safety,” says Tami Morin, an emergency department clinical nurse manager at UWHC told *Minority Nurse*. “We looked at past videos of incidents that had occurred and examined what we could do to prevent situations from escalating to the point of violence.”

2. Create a policy statement regarding potential violence in the workplace and assign oversight and prevention responsibilities.



After a patient shot a nurse at Danbury Hospital (now Western Connecticut Healthcare), OSHA cited the hospital for violence-prevention deficiencies. Among its corrective measures, the hospital posted a policy on its Intranet home page that outlined responsibilities from the CEO on

down. This and other measures — like adding more security officers and requiring visitors to register at the information desk when entering the hospital — led to a 75 percent drop in reported incidents. Plus, nine out of 10 conflicts are now resolved at the bedside through discussion.

3. Implement and maintain a zero-tolerance response to violence.

Nurses working in emergency departments at hospitals that had zero-tolerance policies experienced fewer incidents of physical or verbal violence, according to a survey by the Emergency Nurses Association (ENA).

Hospitals with no reporting policy had an 18.3 percent physical violence rate, hospitals with a non-zero tolerance reporting policy had a 13.7 percent physical violence rate, and the lowest rate was in settings with a zero-tolerance reporting policy (9.1 percent). Such policies typically include a requirement that assaults be reported to police and reviewed by hospital committees.

“Zero tolerance policies are showing great promise for reducing the incidence of violence, and we would like to

see more hospitals implement these policies in order to safeguard patients’ safety and health, as well as that of the people who care for them,” says AnnMarie Papa, ENA president. “We need hospitals and hospital administrators to take steps now to increase the safety of their emergency departments so that patients can receive the care they need.”



4. Require employees to report all assaults or threats to a supervisor or manager.



Of the nurses who said they had not experienced any physical violence or verbal abuse in the previous seven days, more than nine in ten (91.8 percent) worked in facilities with reporting policies. However a recent study in the *Annals of Epidemiology* found that more than half of hospital workers in California and New Jersey didn’t bother to tell their supervisors they

had been assaulted, partly because “workers often accept these events as part of their job.”

One issue is that hospital violence has become so common that staff sometimes lose perspective on what constitutes inappropriate behavior. “One of the most effective ways to educate staff is to take two or three examples of what

a patient or family member said to a nurse and take that out of the hospital setting,” says Joseph Aron, safety officer and security investigation for Providence Hospital & Medical Centers in Southfield, MI. “If someone approached a nurse on the street or the front porch of their house and said, ‘If my mother dies, I’ll kill you,’ that’s when they realize how highly inappropriate it is.” Ultimately, the danger is complacency. “A nurse will say, ‘I’ve been threatened a hundred times and nothing has ever happened.’ But I tell them, ‘It only has to happen once.’ ”

Having staff report seemingly “minor” incidents can head off larger ones. “There are usually warning signs to a violent act,” Aron says. “There are very few times a violent act happens spontaneously. When we go back and investigate an incident of violence, we usually find that prior warnings weren’t given the proper attention. If the staff reports a menacing comment and we address the situation properly, we can mitigate the threat.”

“There are very few times a violent act happens spontaneously. A person might have told a nurse, ‘If my mother dies, I’ll kill you.’ If the nurse reports that comment, and we address the situation properly, we can mitigate the threat.”

5. Develop a workplace violence training program that includes a written outline or lesson plan.

“That’s the key going into the future,” says Ben Scaglione, a New York-based security consultant told the Orlando Sentinel. “At many hospitals, this kind of training has been limited to security and the emergency-room staff. But everyone in the hospital should go through it.”

For example, Vanderbilt University Medical Center officials provide day-long training sessions for emergency department workers that teach verbal de-escalation techniques, which are words and verbal cues that defuse a heated situation. The classes also include physical self-defense tactics.

“We are teaching the nurses that if they see one of their coworkers huffing and puffing and getting short, they need to say, ‘You seem to be having a rough day. Take 15 minutes and go and collect yourself, and I’ll take care of your next patient.’”



“How do you defend yourself from someone who is fragile — a patient with Alzheimer’s and osteoporosis, or a mentally retarded person, or maybe a child with autism?” asks Mike Malone, a Vanderbilt paramedic who does the training informed the *Sentinel*. “You have to defend yourself without hurting the other person.”

In addition, ENA President Papa suggests that nurses borrow techniques from firefighters or paramedics when confronted with a

potentially violent situation. “The first thing that they do, before they do anything, is they assess the scene for safety and they assure that things seem safe before they go in,” she says. “We, in health care, need to take a page out of that book and learn how to assure that a scene is safe.”

Some hospitals take a broader view of training, especially when it comes to violence against coworkers. “We have a very engaged nursing leadership who are looking at things like bullying, so we can head problems off before they become a violent act,” says Sue Gronbach, director of worklife services for the West Region of the St. John Providence Health System. Social media sites, where supervisors and their charges interact online, have made this more difficult to control.

Four months ago, the organization launched a program of relationship-based care, where nurses are educated about the importance of nutrition and other practices to reduce their own level of stress. The hospital has added a Renewal Room, where nurses can get tea and de-stress for a moment.

“Workplace violence can be defined in many ways,” says Lynn Chiesa, administrative director of medical-surgical nursing at St. John Providence Health System. “We emphasize that to have a healthy work environment, you need to take care of yourself and your team.” Unit practice counsels on each floor strategize ways to create a more harmonious and less stressful environment, which reduces violence and promotes a higher level of care.

This can be accomplished through seemingly small things. “The nurses make sure that the other nurses take breaks,” she says. “We are teaching the nurses that if they see one of their coworkers huffing and puffing and getting short, they need to say, ‘You seem to be having a rough day. Take 15 minutes and go and collect yourself, and I’ll take care of your next patient.’”

6. Provide management support during emergencies. Respond promptly to all complaints.

“If a healthcare worker is concerned for their own or another’s safety, we have a defined process that allows us to address the situation or concern quickly” says Lisa Ward, Director of Clinical Safety Risk Management for St John Providence Health System, Providence Hospitals. The defined protocols allow the security staff to promptly address the concern and collaborate with the healthcare team to take appropriate steps to mitigate and/or calm the situation. “Leadership, commitment, and support for the safety of

patients, associates, physicians, volunteers, and visitors is paramount in our day-to-day operations,” Ward says. “It’s important for our caregivers to feel supported in the challenges they may encounter in the workplace and that they can count on the support of their leadership team. It’s not unusual for several members of our leadership team to gather and help address emergency issues as they are occurring. This support speaks volumes to our associates and exemplifies our values.”

7. Set up a trained response team to respond to emergencies.

"In the directive, there is a pitch for a threat response team, but it's not as emphasized as it should be because it has the highest value in reducing violence," Aron says. The OSHA directive says a response team should provide immediate care to the victim, reestablish work areas and processes, and hold debriefing sessions with victims and coworkers. Employee assistance programs, human resource professionals, and local mental health and emergency service personnel should be contacted for input in developing these strategies.

At Providence, a multi-disciplinary team not only provides input, but a member from different departments — including security and HR — is part of the team that responds to every incident. "Security doesn't come in and investigate, and then the Human Relations department comes in later," Gronbach says, "We all come into the situation at the same time."

This is crucial, she says, given the complexity of violent acts.

For example, economic problems — such as a spouse or family member who has lost a job — can increase stress in the workplace. "If we investigate an incident and find out that an associate who acted out is in an abusive situation, that doesn't change what happened, but we support them in a different way," she says. "In that case, we wouldn't simply write them up. That's the worst thing you can do."



8. Prepare contingency plans to treat clients who are "acting out" or making verbal or physical attacks or threats.

At Western Connecticut Healthcare, when a patient begins to exhibit unruly behavior, providers at the bedside may request a security consultation to determine whether the patient poses a threat. If officers identify danger, they can

perform a safety assessment, which entails a detailed search of personal effects for any weapons or dangerous items. The ED attending physician can request a call to the police by asking for a consultation with "Dr. Blueman."

9. Establish liaisons with local police and state prosecutors.

Aron found that one of the most effective ways to develop and maintain a strong relationship with the police is to train with them, so he invites them to practice active training drills within his facilities. "The police are happy to drill by themselves in an empty warehouse, but they love using a

working hospital," he says. "This is a great way to build relationships, because it's not just discussions between the Chief of Police and the Director of Security, but active exercises with street staff and security officers drilling side by side."

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