Emergency Department Violence: An Overview and Compilation of Resources

Developed by members of ACEPs Public Health and Injury Prevention Committee
April 2011

Definition of Workplace Violence

World Health Organization (WHO): Incidents where staff are abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well being or health.

OSHA/CDC/NIOSH: Violent acts (including physical assaults and threats of assault) directed toward persons at work or on duty. Violence includes overt and covert behaviors ranging in aggressiveness from verbal harassment to murder.

Magnitude of the Problem: Why Should We Care?

According to the Bureau of Labor Statistics, the health care and social assistance industries accounted for the majority, nearly 60%, of all nonfatal assaults and violent acts by persons in 2007.[1] Nearly three quarters of these were assaults by health care patients or residents of a health care facility. The most common victims of assault were nursing aides, orderlies, and attendants.[1] Physical violence rarely occurs without verbal abuse.[2] Verbal threats are the most common form of violent acts.[2] Pushing/grabbing and yelling/shouting were most prevalent types of violence. Eighty percent of cases occurred in the patient's room.[2] Most incidents occur at night between 11pm and 7am. Most frequently reported activities that emergency nurses were involved in when they experienced physical violence were triaging a patient, restraining or subduing a patient and performing an invasive procedure.[2]

Workplace violence decreases morale and productivity, and increases absenteeism and personnel turnover. The median number of days away from work from assault or violent act is four days. Most victims did not file a formal report. In the Emergency Department Violence Surveillance Study, approximately 50% stated that no action was taken against the perpetrator.[1]

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Risk Factors for Workplace Violence

Patient risk factors include those under the influence of drugs and alcohol, previous history of violence, psychiatric illnesses such as schizophrenia, gang membership, access to firearms, urban young male of lower socioeconomic status.

Environmental risk factors including long wait times, overcrowding, Uncomfortable waiting rooms, working understaffed, working alone, unrestricted movement of the public, poorly lit corridors and rooms, inadequate security, lack of staff training and policies for preventing and managing potentially violent patients and visitors.

Prevention Strategies

OSHA Violence Prevention Guidelines
The essential elements of a violence prevention program include:
1. Management commitment, and Employee involvement,
2. Worksite analysis,
3. Hazard prevention and control including alarm systems, training and posting of security, adequate staffing,
4. Safety and Health Training,
5. Recordkeeping and program evaluation.

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Recordkeeping and program evaluation includes the *OSHA 300* log of work-related deaths, illnesses and injuries that result in restricted work or days lost from work. The log can be helpful in identifying where hazards exist, who is getting hurt, and the work practices leading to injury and illness.

The National Institute for Occupational Safety and Health (NIOSH) offers a number of prevention strategies:

Environmental Designs
Develop emergency signaling, alarms, and monitoring systems; Install security devices, such as metal detectors; Install other security measures, such as escorts to the parking lots at night; Design waiting areas to accommodate and assist visitors and patients who may have a delay in services; Install enclosed nurses' stations; Install deep service counters or bullet-proof and shatter-proof glass enclosures in reception areas; Consider curved mirrors and adequate lighting.

Administrative Controls
Design staffing patterns to prevent personnel from working alone and to minimize patient waiting time; Restrict the movement of the public in hospitals by card-controlled access; Develop a system for alerting security personnel when violence is threatened such as panic/duress alarms, closed circuit video recording; Flag charts of high-risk patients.

Behavior Modification
Provide all workers with training in recognizing and managing assaults, resolving conflicts, and maintaining hazard awareness.[4]

Risk Assessment of a Potentially Violent Individual

NIOSH identifies the following signals that may be associated with impending violence: Verbally expressed anger and frustration, Body language, such as threatening gestures, Signs of drug or alcohol use, Presence of a weapon. Physical violence rarely occurs without verbal abuse.

The textbook, "Violence in the Emergency Department: Tools & Strategies to Create a Violence-Free ED" by Patricia Allen offers the STAMP tool which highlights high-risk behaviors such as staring and pacing (Exhibit 6.3, page 147)[5]

Approach to Dealing with a Potentially Violent Individual

Trust your feelings if you feel uncomfortable around a patient. Be vigilant. Don't isolate yourself. Have security around. Call security when you first become aware of a threat. Maintain safe distance. Keep an open path for existing. Present a calm, caring attitude. Don't match the threats. Don't give orders. Acknowledge the person's feelings. Avoid any behavior that may be interpreted as aggressive. Limit eye contact.

Strategies for Violence Prevention[5]

In "Violence in the Emergency Department: Tools & Strategies to Create a Violence-Free ED," ten strategies for violence prevention are identified (Exhibit 8.1, pages 222-223). These include a 12 question violence risk self assessment tool (Exhibit 8.2, pages 224-225), zero tolerance policy, installation of metal detectors and training staff in de-escalation and aggression management.

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1. Janocha JA, Smith RT. Workplace safety and health in the health care and social assistance industry, 2003-2007. Bureau of Labor Statistics. 2010. http://www.bls.gov/opub/cwc/sh20100825ar01p1.htm
2. Emergency Nurses Association. Emergency Department Violence Surveillance Study. August 2010. http://www.ena.org/IENR/Documents/ENAEVSSReportAugust2010.pdf
3. U.S. Department of Labor, Bureau of Labor Statistics. (2001). Survey of occupational injuries and illnesses, 2000.
4. NIOSH. Violence: Occupational Hazards in Hospitals. April 2002. http://www.cdc.gov/niosh/pdfs/2002-101.pdf
5. Patricia Allen. Violence in the Emergency Department: Tools & Strategies to Create a Violence-Free ED. Springer Publishing Company. 2009.

Summary of Resources

Organizations

1. Occupational Safety and Health Administration, www.osha.gov
   - Guidelines for preventing workplace violence for healthcare and social service workers. www.osha.gov/publications/OSHA3148/osha3148.html
   - Healthcare Wide Hazards: Workplace Violence (hospital e-tool) www.osha.gov/SLTC/etools/hopsital/hazards/workpalce violence/viol.html
   - Safety and health program management guidelines: Issuance of voluntary guidelines. Federal Register #59:3904-3916 www.osha/gov/pls/oshaweb/owadisp.show_document?p_table=FEDERAL_REGISTER&p_id =12909

2. Public Employees Federation
   www.pef.org/healthandsafety/resource_list_workplace_violence_prevention.htm
   on-line resource list for workplace violence
3. Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health
   www.cdc.gov/niosh
   Information on how to prevent workplace violence in the hospital
   www.cdc.gov/niosh/pdfs/2002-101.pdf

4. American Nursing Association (ANA)
   www.nursingworld.org/osh

5. USDA Handbook on Workplace Violence Prevention and Response
   www.usda.gov/news/pubs/violence/wpv.htm

6. International Association for Healthcare Security & Safety (IAHSS)
   Membership is composed of security, law enforcement and safety individuals involved in managing and directing security and safety programs in healthcare institutions. They provide safety officer training, staff training, policies and technology to address hospital security issues. http://www.iahss.org/Default.asp

7. American Association of Critical Care Nurses
   www.aacn.org/WD/Practice/Docs/Workplace_Violence.pdf

8. Emergency Nurses Association
   www.ena.org

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- ENA Workplace Violence Toolkit includes a workplace assessment tool for the ED, tool for the assessment of staff perceptions of workplace violence, project plan that outlines actions to improve safety and evaluation of project improvement in addition to other resources for addressing workplace violence.
  http://www.ena.org/IENR/Pages/WorkplaceViolence.aspx
- Emergency Department Violence Surveillance (EDVS) Study (Published August 2010) Study was initiated in 2009 to collect data via an online survey of emergency nurses on workplace violence and processes to address it. Collection of data is ongoing.
  http://www.ena.org/IENR/Documents/ENAEVSSReportAugust2010.pdf
- Study on Violence Against Nurses in EDs (Published 2009)
  http://www.nursingcenter.com/library/JournalArticle.asp?Article_ID=927697 Study of ENA member experiences and perceptions of violence from patients and visitors in the ED
- Position Statement: Violence in the Emergency Care Setting
  http://www.ena.org/SiteCollectionDocuments/Position%20Statements/Violence_in_the_Emergency_Care_Setting_-_ENA_PS.pdf

Legal Issues

1. ANA—Offers update on newly enacted safe legislation
   www.nursingworld.org/MainMenuCategories/ANAPoliticalPower/State/StateLegislativeAgenda/WorkplaceViolence.aspx

2. ENA—Workplace Violence Laws Protecting Healthcare Professionals
   http://www.ena.org/IENR/Documents/StateSurvey.pdf

3. ENA—Survey of Criminal Laws Protecting Health Professionals
   http://www.ena.org/IENR/Documents/State%20Survey%20-%20Laws%20Protecting%20Health%20Care%20Professionals.pdf

Informational Brochures

1. NIOSH. Violence:Occupational Hazards in Hospitals. April 2002.
   www.cdc.gov/niosh/pdfs/2002-101.pdf

2. ANA Brochure: Preventing Workplace Violence. 2006.
   www.nursingworld.org/MainMenuCategories/OccupationalandEnvironmental/occupationalhealth/workplaceviolence/PreventingWorkplaceViolence.aspx

3. ANA Brochure: Your Health and Safety Rights. 2006
   www.nursingworld.org/MainMenuCategories/OccupationalandEnvironmental/occupationalhealth/workplaceviolence/yourhealthandsafetyrights.aspx

Continuing Education Opportunity Relevant to Prevention of Workplace Violence

Rowell PA. Workplace Violence: The Nurse Victim.
www.nursingworld.org/mods/mod989/workplace_violence.pdf

Downloadable Policies from www.edviolence.com

1. Gang Policy: Gang Activity in the Emergency Department, Graffiti and tattoos
2. Duress Alarm Policy

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3. Testing and Maintenance of alarm, monitoring and surveillance equipment
4. Extra security when prisoner in ED
5. Customer Service Policy
6. De-escalation training
7. Code V Announcement Policy: overhead paging to request immediate security assistance to control an aggressive, violent or abusive situation in the ED
8. Reporting Acts or Threats of Aggression, Violence or Abuse Policy initiated by a patient, family, visitor or coworker

Joint Commission Standards
   Prevention Violence in the Health Care Setting. Sentinel Event Alert, Issue 45. June 3, 2010.
   http://www.jointcommission.org/sentinel_event_alert_issue_45_preventing_violence_in_the_health_care_setting_/

Databases

   CDC National Violent Death Reporting System
   http://www.cdc.gov/injury/wisqars/nvdrs.html

De-escalation Training

1. Healthcare Security Services
   http://hss-us.com
   5 component ED Safe program: environmental controls, policies and practices, training, response plan and measurement

2. National Association of Social Workers (NASW)
   http://www.naswma.org/displaycommon.cfm?an=1&subarticlenbr=290
   offers tips on verbal de-escalation techniques

3. Crisis Prevention Institute, Inc (CPI)
   http://www.crisisprevention.com/Resources/Knowledge-Base/De-escalation-Tips
   offers de escalation tips, case studies and courses.

4. Handle With Care
   http://handlewithcare.com/trainings
   offers verbal de-escalation, personal defense, restraint and instructor training.

5. Crisis Consultant Group, Inc.
   http://crisisconsultantgroup.com
   offers nonviolent verbal crisis and physical intervention training