Preventing Violence in the Health Care Setting

Vanderbilt University Medical Center

Vanderbilt University Medical Center Goal:

To provide a safe work environment free from actual or threatening verbal or physical harm.

Workplace Violence is any physical assault, threatening behavior, or verbal abuse occurring in the workplace setting.

This includes, but is not limited to , the buildings and the surrounding perimeters, including the parking lots, field locations, clients' homes and traveling to and from work assignments.

Workplace Violence Includes:

*Beatings
*Biting
*Stabbing
*Slapping/Hitting
*Shooting
*Inappropriate touching
*Rapes
*Near Suicides
*Psychological Traumas

*Threats or obscene phone calls
*Intimidation/Threatening actions
*Harassment of any nature
*Being followed, sworn, or shouted at

Examples of Workplace Violence

➢ Verbal threats to inflict bodily harm

➢ Attempting to cause physical harm by striking, pushing and other aggressive physical acts against another person

➢ Verbal harassment; abusive or offensive language, gestures or other discourteous conduct towards supervisors, fellow employees, or the public

➢ Disorderly conduct, such as shouting, throwing or pushing objects, punching walls, and slamming doors

➢ Making false, malicious or unfounded statements against co-workers, supervisors, or subordinates which tend to damage their reputations or undermine their authority

➢ Inappropriate remarks, such as making delusional statements

➢ Bringing guns into the workplace

IN THE NEWS...

Headlines for 2010

Knoxville, TN
April 2010

A gunman opened fire outside a Knoxville hospital, killing One hospital employee, and injuring two others.

The gunman was never an employee at the hospital and was Not related to his victims.

Charlotte, NC
September 2010

A man shot and killed an individual outside of the Chester Regional Medical Center Emergency Room

The shooting was a gang-related fight that started at Another location.

Baltimore, MD
September 2010

A physician was shot while giving a family member an update on the care and condition of the patient.

The patient's son ended up killing himself and the patient.

WHAT IS YOUR RISK OF VIOLENCE:

International Coalition of Nurses

- In 2009, reported Healthcare workers are more likely to be attacked at work than prison guards or police officers.

Bureau of Labor Statistics

- In 2006, reported 60% of workplace assaults occurred in health care, and most of the assaults were committed by patients.

Violence in the health care setting affects the employee, employer and patients.

Factors that increase the risk OF VIOLENCE

- Working directly with volatile people
- Working when understaffed
- Transporting patients
- Long waits for service
- Working alone
- Drug/alcohol abuse
- Poor environmental design
- Inadequate security
- Overcrowded, uncomfortable waiting rooms
- Lack of staff training and policies for preventing and managing crises

The most common causes of assault by a patient or family member as reported in the Journal of Emergency Nursing:

✓ Enforcement of hospital policies (58.1%)
✓ Anger related to the patient's condition or situation (57%)
✓ Anger related to long wait times (47.7%)
✓ Anger related to the health care system in general (46.5%)

Vanderbilt 2012 Nursing Survey of Violence in Healthcare Ranking: Factors Vanderbilt Staff felt were involved in the incidents:

1. Anger about a patient's condition/situation – 19.3%
2. Anger about enforcement of hospital policies – 17.7%
3. Cognitive dysfunction – 14.5%
4. Substance abuse – 12.7%
5. Workplace stress – 10.9%
6. Anger related to health care system in general – 10.3%
7. Anger related to wait times – 9.6%
8. Other – 5.9%

Vanderbilt Staff reported in this survey they felt the incidents were Committed against staff by the following:

Patients – 27.7%
Visitors – 12.4%
Staff members – 12.6%
Faculty members – 3.7%
Other – 2.6%

- Patients and Families feel vulnerable and distressed
- Fear of the unknown
- Feeling powerless
- May be unfamiliar with and intimidated by the healthcare system
- Not always at their best
- Emotionally raw
- Patients dealing with acute or chronic pain are pre-occupied with their own situation
- Delirium from medications or ICU psychosis
- Parents want to "protect" their child from pain
- Parents lose rational perspective when it comes to issues involving their child
- Parents may feel judged by staff
- Personality problems or behavior problems

Common Causes

UNIVERSAL BEHAVIOR PRECAUTIONS

All patients and visitors should be treated as though they have the potential to be violent!

How do you know when someone is getting angry

STAMP acronym

S = Staring or lack of eye contact

T = Tone/volume of voice

A = Anxiety/fear

M = Mumbling/slurring/incoherent

P = Pacing/Agitation

Indicators of Potential Violence by an Employee

Employees typically do not just "snap", but display indicators of potentially violent behavior over time. If these behaviors are recognized, they can often be managed and Treated. Potentially violent behaviors by an employee may include one or more of the Following (this list of behaviors is not comprehensive, nor is it intended as a mechanism For diagnosing violent tendencies):

- Increased use of alcohol and/or illegal drugs
- Unexplained increase in absenteeism; vague physical complaints
- Noticeable decrease in attention to appearance and hygiene
- Depression/withdrawal
- Resistance and overreaction to changes in policy and procedures
- Repeated violations of company policies
- Increased severe mood swings
- Noticeably unstable, emotional responses
- Explosive outbursts of anger or rage without provocation
- Suicidal; comments about "putting things in order"
- Behavior which is suspect of paranoia ("everybody is against me")
- Increasingly talks of problems at home
- Escalation of domestic problems into the workplace; talk of severe financial problems
- Talk of previous incidents of violence
- Empathy with individuals committing violence
- Increase in unsolicited comments about firearms, other dangerous weapons and violent crimes

PREVENTION

Safety Tips

Identify Potential Hazards:

Personal Safety

➢ Don't wear things around your neck! Ties, stethoscopes, jewelry, and name badges on lanyards can be used as a noose or to drag you down close into hitting distance.

➢ Don't divulge personal information about yourself.

➢ Give yourself access to an exit. (Try to keep yourself between the patient and the door.

➢ Scissors/hemostats/pens/etc. carried in your pocket can be used as a weapon. Be aware of where they are in relation to your patient.   Do not leave them lying in the patient room.

➢ Assure plastic utensils are being used for suicidal patients and those you feel are at high risk for violence.

➢ Keep supply carts locked

Personal Safety

➤ Keep monitor cables wrapped tightly and out of open reach of patients, if possible.

➤ Remove old loose equipment from bedside: travel monitors, SCD hose, IV pumps, IV poles, e-cylinders, food utensils, etc.

➤ Staff personal bags and purses may have instruments or supplies that can also be cleaned out and used against you, so come with as little as possible and keep locked up in locker.

➤ Please be aware of the surroundings where you work! Know where the nearest exits are and the people around you.

Create a Plan

Always think about the what if's….

❑ What if I need to get out of here quickly?

❑ What if I need to assess the patient closely and there had been some aggression/agitation shown previously?

❑ What if the patient needs to ambulate and I am too short/small and he/she is bigger and overpowering?

❑ What if he/she needs to eat and the utensils come as metal when you had asked for plastic?

❑ What if the lights need to come on, I need to wake him/her up for a dressing change or labs, and there is no one here to assist?

❑ What if the patient takes off down the hallway, what do I do?

❑ What if the patient wants privacy in the bathroom? Is it safe clinically or psychologically? (be aware of additional linen that could be used against you.

❑ Have a code word or phrase in your area to alert co-workers of an escalating situation.

Know your Unit Safety Features

EXIT Know where your exits are located

Know where your fire pulls are located
(can be used as a distraction if you have someone
trying to harm you)

Know where you fire extinguishers are located
(can be used against you or you can use for protection)
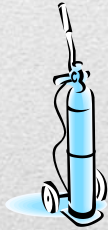
Know where your e-cylinders are located
(if left on your patients bed, could be used as a weapon)

Know how to call for help
If you have panic buttons, know where they are located.
If you have security guards, know their location
If you have security monitoring cameras, know where they are.
Know the number to call: 911

911

Code Silver

Code Silver is the overhead code for an active shooter.

What you should do:

o Try to remain calm
o Do not approach the person
o Activate your areas safety plan/code silver plan
o Notify VUPD (911 or panic buttons)
o Lockdown unit if possible
o Take cover – remove yourself from situation
o Check and evacuate area adjacent of danger (if possible)
o Isolate patients, visitors and staff from perpetrator if possible

Remember: You can't help others of you are injured!

CODE GREEN

Used in high risk areas with "Handle with Care" Training

Staff will call Code Green when they request assistance from other clinical staff
When a patient is demonstrating increasing loss of behavioral control and possible
Need for physical intervention is anticipated.

Only those trained in "Handle With Care" techniques
Are to respond to this request.

UNIVERSAL BEHAVIOR PRECAUTIONS

*Remember, your **safety** is of the utmost importance to us.

*There is the potential for any patient or visitor to become verbally or even physically assaultive under extreme distress.

*These tips are designed to help you recognize escalating behavior and to take appropriate precautions.

DEALING WITH AGGRESSIVE BEHAVIOR

HOW TO DE-ESCALATE

- DO – stand or sit at eye level with the person
- DO – speak in a calm, quiet voice
- DO - listen to the person's concerns
- DO – remain in control Set limits for the communication

- DO NOT – tower over the person
- DO NOT – yell, scream, curse or threaten
- DO NOT – belittle their concerns
- DO NOT – allow yourself to be bullied

CALL EARLY FOR HELP!

Don't be alone! Know your exits!

If a Situation Continues to Escalate:

❖ Give the patient, family, or visitor plenty of personal space. (Be out of their reach)

❖ Allow a frustrated patient/family member some time to vent.

❖ Ignore personal verbal "attacks". (Don't take personally)

❖ Avoid arguing or defending previous actions.

❖ Avoid threatening body language (don't stand with arms crossed).

❖ Note opposing body language or increase tone in voice.

❖ Speak calmly (i.e. lower your voice as their voice raises).

❖ Calmly but firmly outline limits of the setting. Phrase issues based
   on purpose (safety or healthcare issues – NOT because it is rule or policy).

❖ Offer choices as a solution. This will get better results than an open
   ended question.

❖ Do not touch the person as this might increase agitation.

❖ Never turn your back to the other person.

❖ Ask permission to help and encourage one that things can be resolved

Important Concepts:

1. Reasoning with an enraged person is NOT possible. The first And only objective in de-escalation is to reduce the level of Arousal so that discussion becomes possible.

2. De-escalation techniques are abnormal. We must appear Centered and calm even when we are terrified. Therefore these Techniques must be practiced before they are needed so that they Can become "second nature".

3. Trust your instincts! If you assess or feel within 2-3 minutes That de-escalation is not working – STOP. Call for help or leave If you feel safe to do so.

STAFF ABUSE IS NOT RIGHT!

Actual and/or Threatening Verbal or Physical assaults of staff is not Acceptable!

Please do your part by reporting it to Supervisors and through VERITAS

VERITAS II

1st Report of Work Injury

Report Workplace Violence through VERITAS, Work Injury Report, and/or VUPD

In VERITAS pick the Safety/Security/Conduct option under General incident type

Pick the situation that best describes the incident

Through your reporting, awareness occurs, changes can be made, making it a safer environment for all to work in!

If it is not reported, It's like it didn't happen!

Education/Training Available:

- Handle With Care
- EAP Education Modules
- VUPD Self Defense Classes
- VUPD Gang Education class
- Nurse Wellness Website

RESOURCES:

Work/Life Connections – EAP: for confidential appt. call 936-1327

VUPD – In emergency call 911; for information http://police.vanderbilt.edu/

Workplace Violence Prevention Task Force – contact Sondra.Blount@Vanderbilt.edu

SA 10-10.06 VUMC Management of Disruptive and Aggressive Behaviors

SA 30-10.04 Possession of Firearms/Weapons at VUMC

HR – 027 Workplace Violence Policy

SA 30-10.07 Code Silver Policy

Gang Education and Safety/Self Defense Classes – contact VUPD

Tennessee Nurses Association – information on Workplace Violence

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