

Violence prevention

Violence prevention program

Organizations should develop a comprehensive violence prevention program, tailored to their identified needs, that includes^{1,2}:

Organizational commitment and employee involvement

Research has shown that improved management commitment to violence prevention and employee engagement can lead to enhanced employee perceptions of safety.³

- Ensure that violence prevention is aligned with the quality and safety plan.^{1,4}
- Senior leadership should declare violence prevention a priority, allocate resources and assist when barriers arise.¹
- Leaders, directors, supervisors and managers have a duty to their employees to institute programs and ensure adherence to policies requiring that all instances of violence be taken seriously, assessed appropriately and managed individually and ethically.^{1,5}
- Develop a culture that promotes staff safety and is not tolerant of violence toward staff (including verbal and physical threats) and that is disseminated to all employees, patients and visitors and supported by management and leadership.¹
- Form an interdisciplinary committee — with representatives from senior management, clinicians trained in violence prevention, security, law enforcement, legal, employee assistance, occupational health, human resources, physicians, nurses, technicians and aides (particularly from high-risk areas), educators and patient advocates — to develop and implement a documented violence prevention program that identifies risks and strategies for addressing them.^{1,2,4}
 - The committee will oversee and document the action plan for violence prevention planning, implementation and evaluation and ensure that employee concerns, risks, and ongoing incidents as well as needs for education and training and staff support are addressed.^{1,4}
- Develop a policy and procedure for managing forensic patients and providing training for the security officers who monitor this patient population.
- Develop written procedures for reporting and responding to episodes of violence, including offering and encouraging counseling and debriefings for employees involved in threatening and violent situations.^{1,2,5}
Depending on the severity of the situation, staff may choose to report violence to the police; support staff

in exercising their right to do so.¹ About 30 states have made violence against emergency nurses a felony; in those states a convicted offender can be sentenced to up to three years in prison.^{6,7}

Workplace analysis

Organizations should base their violence prevention programs on their individual risk factors. Identify hazards, conditions, operations and situations that can lead to violence, determine the effectiveness of existing security measures, and conduct a workplace analysis. The analysis should include tracking and analyzing reports of violence, conducting staff and patient surveys and focus groups, and assessing workplace security.¹

- Conduct a **gap analysis**.⁴
- Identify positions at high risk of violence and those that entail hazards associated with specific job tasks.¹
- Assess risk factors in the internal environment such as staffing and census; floor plans; alarms; surveillance equipment; entry points and reception; isolated locations where employees work; areas with poor illumination, blocked visibility, or a lack of physical barriers or escape routes; obstacles and impediments to accessing alarm systems; and storage of high-value items, currency, or pharmaceuticals.^{1,2}
- Assess risk factors in the surrounding community. Examine the type and severity of crime and violence, including the frequency with which the organization provides care for victims of violence. Align physical security measures with known risks of community-based violence migrating into the health care setting.¹
- Assess risk in secluded locations (satellite clinics, isolated patient exam rooms, areas with no direct line of sight or panic switches) and offsite locations (home health services).^{1,2}
- Involve local law enforcement agencies in discussions of processes.^{1,4}
- Evaluate patient risk assessment tools.
- Identify gaps in education and training.⁴
- Assess gaps in communication (both preventive and response).⁴
- Conduct regular reassessments of the workplace.¹
- Perform formal re-evaluations after incidents through accident review boards or after-action reviews.¹

Hazard prevention and control

To remove hazards and create barriers between the worker and the hazard, develop and implement engineering, administrative and work tools and practices that are based on the workplace analysis.¹

Safety-focused environmental design

- Control access to certain areas (electronic access controls and swipe cards).⁵
- Position nursing stations to allow visual scanning of all areas.¹
- Create enclosed nurses' stations with deep counters or bullet-resistant and shatterproof glass.^{1,2}

- Remove or fasten furnishings and objects so they cannot be used as weapons.^{1,2}
- Employ safe furniture design (e.g., heavy furniture).^{1,2}
- Arrange furniture and decor to prevent staff entrapment.^{1,2}
- Configure spaces so that employees have access to doors and alarms.^{1,5}
- When possible, rooms should have two exits.¹
- Place windows in doors and walls as appropriate to allow easier monitoring.¹
- Create lockable areas for staff-only use and staff restrooms.^{1,2,7}
- Improve indoor and outdoor lighting, including remote areas^{1,2,5}
- Provide patient and visitor areas designed to alleviate stress (“comfort rooms” with soft colors, lighting, music) and smaller, separate waiting areas rather than a single large room.^{1,2,5}

Surveillance methods

- Install security cameras and closed-circuit television monitoring or video recording in high-risk units and areas indoors and outdoors.^{1,2,5}
- Use curved mirrors in concealed areas.^{1,6}
- Use stationary metal detectors supplemented by handheld units to prevent entry of unauthorized firearms or other weapons.^{1,2,5,6}
- Distribute visitor identification badges and color-coded passes that restrict each visitor to a specific floor.^{1,2,6}

Means of obtaining immediate assistance

- Install alarm systems and panic buttons.^{1,2,5,8}
- Use handheld alarms, portable phones or radios, or personal communication badges to alert security or other staff.^{1,2,8}
- Establish codes for assistance-based responders and workplace violence–trained response teams; determine the minimum number of staff needed.^{2,5,6}
- Develop safety procedures for staff who transport patients and provide means of communication with other staff.^{1,2,4} In vehicles, consider use of a physical barrier between the driver and patient.¹
- Provide security escorts for patients at risk.¹
- Employ off-duty police officers in the emergency department.
- Ensure that properly trained security officers or staff are available to respond to aggressive behavior, particularly during identified high-risk times.¹
- Develop strategies for determining appropriate staffing levels and mix of staff to maintain safety, including security personnel.^{1,2,7}

Dissemination of workplace violence policies

- “Patient Rights and Responsibilities” clearly outlines expectations and consequences with regard to violence, weapons, illicit substances and exclusion of visitors who are aggressive or violent.
- Post the organization’s policy on workplace violence, including the consequences of violations for family and visitors, in publicly visible locations.¹

Screening for violence

- Formally screen and rescreen inpatients for violence risk with a standard, reliable tool appropriate for the location.⁴
 - Brøset Violence Checklist (inpatient) or another evidence-based tool.
 - Western Health Risk Assessment Screening Tool (home screening).
- Conduct criminal background checks on patients.
- Develop a process for screening outpatients for violence risk in the emergency department and outpatient areas.⁴
- Develop individualized treatment plans with interventions based on patients’ identified risks.^{1,4}

Communicating risk

- Develop standardized processes for communicating risk.
 - Embed patient risk assessment and interventions in the electronic medical record and provide decision support tools to develop safety plans based on known risks.⁴
 - Communicate patients’ history of violence or aggression through alerts in the electronic medical record and daily census scanning and notifications.^{1,2,6}
 - To identify potentially violent patients, place signage on rooms with a code word or color, or use a particular gown or sock color.¹
- Communicate risk at care transitions and handoffs.⁴
- Establish a structured process to ensure daily communication about high-risk patients and visitors.^{4,5}
- Maintain a restricted visitors list for patients with a history of violence or gang activity.¹
- Conduct regular security rounds and establish expectations for what the process includes.^{1,4,5}
- Establish a liaison with local police and state prosecutors.¹

Responding to violence

Respond appropriately to reports of violence.^{1,2,4,5}

- Set up a management plan for responding to violent incidents, including^{1,2,4}:
 - Conducting a post-event huddle with the staff involved as soon as possible.
 - Referring those involved for medical or psychological evaluation.

- Providing support and resources, such as law enforcement, employee assistance program, or employee occupational health services, to those involved in the event.
 - Investigate both actual violent incidents and situations that involve risk of such incidents. Follow up on issues raised in post-event huddles, conduct root cause analyses and develop action plans ^{1,4}
 - Involve a multidisciplinary team trained in the fundamentals of violence risk and threat management.¹
 - Address ongoing security risks in a treatment or safety management plan that may include noninvasive or more restrictive interventions such as:
 - Conversation with the individual(s).
 - Written letters specifying behavioral expectations.
 - Limitations on the time, place or manner in which safe and effective health care can be delivered.
- The safety management plan should not permanently bar an individual from receiving care.

Safety and violence prevention training

Institute a violence prevention training program for new employees and annual refresher training for all other staff. Provide training to all direct care workers, supervisors, managers and security personnel. Invite law enforcement to the training opportunities. The training should be based on risk in the various work environments and should include:^{1,2,4,5,8,9}

- Review of policy.
- Risk factors and early warning signs.
- Personal safety strategies including assessing the environment for safety, making sure not to care for a potentially violent patient alone, remaining vigilant, and having an exit strategy.
- Techniques for de-escalating potentially violent situations and providing **trauma-informed care**.¹⁰
- Employees' roles in risk screening, assessment and intervention.
- Emergency policies and procedures including use of emergency devices and how and when to call for emergency response to potential or actual violence.
- Self-defense procedures.
- Safe use of restraints.
- Practice drills for a variety of violent situations (e.g., active-shooter scenario).⁵
- Use of surveillance equipment and procedures for removing weapons.
- Safe attire and belongings (e.g., avoid wearing necklaces, ties or expensive jewelry or carrying large amounts of money) and identification (e.g., first name only on badges).¹
- Procedures for reporting and self-care after an incident.
- Modifications in the violence prevention plan.

Recordkeeping and program evaluation

- Collect data on violence during the initial assessment and conduct ongoing evaluations after an action plan is designed and implemented. The evaluations should include the training program; feedback from direct care staff; and data on the frequency, type, description, consequences and outcomes of violent incidents.^{1,4,5}
- Assess the program annually and make any improvements needed.^{1,4}
- Record all violent incidents against hospital employees, whether or not they resulted in injuries.¹
- Maintain reports of employee medical injuries and worker's compensation claims.¹
- Use the [Injury Tracking Application](#) to electronically submit injury and illness records to the Occupational Safety and Health Administration (OSHA).⁵
- Monitor compliance with processes and training and outcomes such as trends in or rates of¹:
 - Assaults and emergency activations.
 - Medical illnesses and injuries and worker's compensation claims.
 - Staff satisfaction and staff turnover.
- Monitor compliance with training and adherence to procedures for security staff that monitor forensic patients.

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