Violence Prevention in Healthcare Meeting Kit

HEALTH CARE VIOLENCE REALITY

Violence is much more common in healthcare than in other industries, and although many violent events in healthcare are perpetrated by patients, a notable percentage are not. Individuals other than patients who may cause violence in healthcare settings include family members of patients and other visitors, employees, and criminals. Many factors contribute to violence in healthcare: patients and their loved ones are often vulnerable and, at times, distraught; healthcare workers must function in typically stressful environments; there is 24-hour access to the hospital setting; and the presence of drugs can make healthcare settings attractive targets.

FORMS OF VIOLENCE

Violence in healthcare takes a variety of forms, ranging from verbal aggression to physical assault, including the use of deadly weapons against physicians, other workers, and patients. It is therefore associated with a variety of risks for patient and worker safety as well as organizational liability. In addition to physical harm, individuals who experience or witness violence in the healthcare workplace are at risk.

IDENTIFY THE CAUSES

A hospital setting creates extreme levels or stress for patients, their families and friends, and employees of the institution. Fear and illness are major contributors of agitation and aggression from patients. While there are many causes act of violence, dire, emotional circumstances an addition to an overly stressful environmental are main contributors. The healthcare setting and the ED specifically is a very emotionally volatile experience for

people. Patients are at their worst, they're feeling horrible, they're ill, they're frightened and vulnerable. Their family members are also frightened and stressed out, and people lash out. There are psychiatric issues because of lack of behavioral health, gang violence, and gun violence.

FREQUENCY OF VERBAL AND PHYSICAL ATTACKS

Whether the abuse suffered by healthcare employees may be verbal or physical, every single day employees in the healthcare field are assaulted in the United States.

EVALUATING HIGH-RISK PATIENTS

Patients showing signs of agitation or aggression should be identified as **"high-risk"** to prevent an act of violence. Those who were given drugs that could cause impairment should be regarded as potentially dangerous. Patients who have used drugs could also pose a major threat.

HAZARD EVALUATION AND SOLUTIONS

One of the best protections healthcare employers can offer their workers is to establish a zero-tolerance policy toward workplace violence. The policy should cover all workers, patients, clients, visitors, contractors, and anyone else who may come in contact with workers of the facility.

By assessing their worksites, employers in the healthcare industry can identify methods for reducing the likelihood of incidents occurring. OSHA believes that a well written and implemented **Workplace Violence Prevention Program**, combined with engineering controls, administrative controls and training can reduce the incidence of workplace violence. It is critical to ensure that all workers know the policy and understand that all claims of workplace violence will be investigated and remedied promptly.

RECOMMENDATIONS FOR ACTION

- Evaluate objective measures of violence to identify risks and risk levels.
- Train staff to recognize the warning signs of violent behavior and respond proactively.
- Establish a comprehensive workplace violence prevention program.
- Encourage all employees and other staff to report incidents of violence or any perceived threats of violence.
- Ensure appropriate follow-up to violent events, including communication, post incident support, and investigation.
- Ensure that the violence prevention program addresses the possibility of gun violence, including active shooters.

UNREPORTED ATTACKS

ACEP has stated that while 70% of emergency physicians have reported acts of violence against them, only 3% pressed charges. It’s underreported because physicians and nurses go into healthcare to help people.

Beyond many healthcare workers believing that workplace violence is “just part of the job,” there is another driving force, a type of negative reinforcement, that has created barriers to reporting acts of violence. Many workers feel that they will suffer consequences if they speak out about what has happened to them. However, any act of retribution may not seem obvious. While retribution may not include written documentation of insubordination, supervisors have punished employees that have spoken out in other ways.

FINAL WORD

A lot of attention has been focused on the increased violence perpetrated against health care workers around the world. Despite the outcry, statistics keep showing that there is no demonstrable improvement in the security that is supposed to protect our health

care workers.