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Abstract

Workplace violence occurs in every industry and field; however it is most prevalent in the healthcare environment. Healthcare workers face many obstacles in regards to violence. They are tasked with dealing with difficult patients, who are often at their lowest point. Healthcare staff must be able to identify escalating behaviors and know the proper interventions, to prevent or lessen the impact of potential violence behaviors.

The first step in this process is learning what to look for and how it impacts the working and home lives of the healthcare workers. Violence in healthcare is broad; it can be attributed to patients, visitors and staff. Staff will need to have to be educated on how violence occurs, how to prevent it and how to cope with violence when it does occur.

This paper will first focus on identify the many different areas of violence that occur ranging from: employee on employee violence, patient on employee violence and violence from outside sources such as active shooter situations. Second it will identify proven solutions for dealing with violence, how to prevent it or lessen the impact. Last it will give recommendations and best practices from creditable sources; that can be used to create a safer care environment.

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Workplace Violence in Healthcare

Workplace violence occurs in every industry, but is more prone in the healthcare
environment. With a better understanding of violence and its many forms we can prevent, deter
and minimize its effects; this resulting in a safer environment for patients, visitors and staff
members.

Workplace violence is a broad covers many different aspects. Most limit their thinking to
only actual acts of violence, such as physical assaults. The Occupational Safety and Health
Administration helps clear up this misconception by defining define workplace violence as "any
act or threat of physical violence, harassment, intimidation, or other threatening disruptive
behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults
and even homicide." OSHA (2017)

Harassment

As mentioned there are many different aspects of workplace violence. If workplace
violence was to be broken down in levels from low impact to high impact, with the impact being
a physical injury or threat, Harassment would rank on the lower end. It is very important to
understand that there are many different forms of harassment in the workplace. The Equal
Opportunity Commission defines harassment as a "form of employment discrimination that
violates Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of
1967, (ADEA), and the Americans with Disabilities Act of 1990, (ADA)." EEOC (2017) These
laws and acts provide employees with a lot of needed protections. It also charges employers with
the responsibility to make sure that the law is being followed. The EEOC outlines the following
in regards to harassment:

Harassment is unwelcome conduct that is based on race, color, religion, sex (including

pregnancy), national origin, age (40 or older), disability or genetic information.

Harassment becomes unlawful where 1) enduring the offensive conduct becomes a

condition of continued employment, or 2) the conduct is severe or pervasive enough to

create a work environment that a reasonable person would consider intimidating, hostile,

or abusive. Anti-discrimination laws also prohibit harassment against individuals in

retaliation for filing a discrimination charge, testifying, or participating in any way in an

investigation, proceeding, or lawsuit under these laws; or opposing employment practices

that they reasonably believe discriminate against individuals, in violation of these laws.

EEOC (2017)

It is important to understand what this actually means. The EEOC goes further to explain

what exactly can be viewed as harassment. Harassment can include "Offensive conduct may

include, but is not limited to, offensive jokes, slurs, epithets or name calling, physical assaults or

threats, intimidation, ridicule or mockery, insults or put-downs, offensive objects or pictures, and

interference with work performance." EEOC (2017) It is also important to dig deeper and dive

into the subject of sexual harassment which "does not have to be of a sexual nature, however,

and can include offensive remarks about a person's sex. For example, it is illegal to harass a

woman by making offensive comments about women in general." EEOC (2017) Sexual

harassment isn't always between a man and a woman. It is commonly thought of in this way but

it can vary between the sexes or it can even be between same sexes.

Harassment, even though it is lower impact workplace violence, it is very important that

it is reported. Lower level instances often can contribute or escalate to higher levels. Employers

should "clearly communicate to employees that unwelcome harassing conduct will not be

tolerated. They can do this by establishing an effective complaint or grievance process, providing anti-harassment training to their managers and employees, and taking immediate and appropriate action when an employee complains." EEOC (2017)

No one is immune from workplace violence and it occurs in every industry and workplace. Often workplace violence goes unreported as employees sometimes feel as if the behavior will pass, or perhaps a fellow coworker was just upset that day. This may be very true in many circumstances; this does not discount the seriousness of the behavior and the need for reporting. According to OSHA "nearly 2 million American workers report having been victims of workplace violence each year." OSHA (2017) This is again only the reported incidents and does not include instances of intimidation or harassment that went unreported due to fear or discounting the seriousness.

Intimidation and Bullying

Intimidation and bullying are also important components of workplace violence. Bullying may seem very similar to harassment, but it has some key differences. Bullying "is often directed at someone a bully feels threatened by. The target often doesn't even realize when they are being bullied because the behavior is covert, through trivial criticisms and isolating actions that occur behind closed doors. While harassment is illegal, bullying in the workplace is not." Washington State Department of Labor & Industries (2011) Bulling may not be illegal, but it still should be taken just as serious. Bullying that occurs in the workplace "refers to repeated, unreasonable actions of individuals (or groups) directed towards and employee (or a group of employees), which are intended to intimidate, degrade, humiliate, or undermine; or which create a risk to the health or safety of the employee(s)". Washington State Department of Labor & Industries (2011) We often only think of bullying as it pertains to the playground in adolescent years, this is not

the case however; bullying is a very active part of workplace violence and is felt in every work environment. Bullying in the workplace "often involves an abuse or misuse of power. Bullying behavior creates feelings of defenselessness and injustice in the target and undermines an individual's rights to dignity at work." Washington State Department of Labor & Industries (2011) Bullying isn't always physical and is a different kind of aggression. Whereas an aggressive act may only happen once, bullying usually involves multiple acts against the individual and may develop into a pattern.

Some examples of bulling include: " Unwarranted or invalid criticism, blame without factual justification, being treated differently than the rest of your work group, being sworn at, exclusion or social isolation, being shouted at or being humiliated, excessive monitoring or micro-managing and being given work unrealistic deadlines." Washington State Department of Labor & Industries (2011) It is important that management identify these issues and encourage reporting. Not only does bullying have a negative effect on the employee, but it also has negative effects on the organization.

Bullying in an organization can occur due to the overall culture that is in place. "Corporate/institutional bulling occurs when bullying is entrenched in an organization and becomes accepted as part of the workplace culture." Washington State Department of Labor & Industries (2011) Corporate bulling can emerge from many different circumstance and organizations should avoid: "Placing unreasonable expectations on employees, where failure to meet those expectations means making life unpleasant (or dismissing) anyone who objects. Dismissing employees suffering from stress as "weak" while completely ignoring or denying potential work-related causes of the stress. Encouraging employees to fabricate complaints about

colleagues with promises of promotion or threats of discipline." Washington State Department of Labor & Industries (2011)

There are three general costs related to bullying. "1. Replacing staff members that leave as a result of being bullied, cost of training new employees. 2. Work effort being displaced as staff cope with bulling incidents (i.e., effort being directed away from work productivity and towards coping). 3. Cost associated with investigations of ill treatment, potential legal action and loss of company reputation." Washington State Department of Labor & Industries (2011) Organizations have a responsibility to address bullying that takes place in the workplace. Employees should feel confident that the can report behaviors that are inappropriate.

Physical Assaults and Violence

There are many different components of physical violence in the workplace. The all vary in degrees of seriousness, but all are physically and emotionally damaging. The various types to consider are: Simple assault, aggravated assault, robbery, rape or sexual assault and homicide. All physical acts of violence are considered violent crime and are punishable by law in all states. The Federal Bureau of Investigation provides the following statistics that reflect reported data captured between the years 1993 and 1999. During the two data points the following acts of violence were reported per criteria: There were 900 homicides, 36,500 rapes or sexual assaults, 70,100 robberies, 325,000 aggravated assaults and 1,311,700 simple assaults reported. FBI (n.d.) This is a huge number of incidents reported over a period of 6 years, and shows how prevalent violence is in the workplace.

Simple assault is defined by the FBI as "An unlawful physical attack by one person upon another where neither the offender displays a weapon, nor the victim suffers obvious severe or aggravated bodily injury involving apparent broken bones, loss of teeth, possible internal injury,

severe laceration, or loss of consciousness." FBI (2012) This type of assault happens often in the

healthcare environment. Healthcare providers and staff experience assault from patients and

depending upon the circumstance it can go unreported. Simple assault occurs often in the

Emergency Department and in the Mental/ Behavioral Health Department. This type of assault

becomes challenging when reporting. Nurses and care providers feel an obligation to care for

their patients. Many patients whom suffer from mental illnesses are unware of their actions, or

are not fully accountable for them legally. Imagine dealing with a patient who has Alzheimer's

and are frequently disoriented and confused. This type of patient is a greater risk of becoming

violent due to their altered mental status. Healthcare providers and staff must take special steps

to identify escalating behaviors to prevent or minimize this occurrence. This is not always the

case however; many patients present the Emergency Department have complete awareness of

their actions and the consequences of those actions. Patients with a history of violent behavior or

drug abuse are at a very high risk for becoming violent. With the increase of reliance and abuse

of prescription pain medications individuals become desperate for their next high. This

desperation and addiction can create an environment that is risky for simple assault to occur in

the care environment.

Assault can become even more dangerous with the introduction of a weapon. Aggravated

assault is defined as "an unlawful attack by one person upon another wherein the offender uses a

weapon or displays it in a threatening manner, or the victim suffers obvious severe or aggravated

bodily injury involving apparent broken bones, loss of teeth, possible internal injury, severe

laceration, or loss of consciousness. This also includes assault with disease (as in cases when the

offender is aware that he/she is infected with a deadly disease and deliberately attempts to inflict

the disease by biting, spitting, etc.)" FBI (2012) Healthcare workers are at the highest risk for

coming into contact with deadly and contagious diseases. It's not common to think of blood

borne pathogens as weapons, but they can be. Blood borne pathogens are a very serious threat to

healthcare workers when dealing with combative or physically abusive patients. Imagine a

patient presenting to the emergency department, who is seriously intoxicated and requires

medical attention, the patient becomes combative and has knowledge of being infected with

hepatitis or HIV. If the patient begins to spit or intentionally expose care providers to blood, they

could be convicted of aggravated assault, as they have knowledge of their disease and are

intentionally using their bodily floods as a weapon to cause harm.

Robbery

Robbery another form of assault is defined by the FBI as "The taking, or attempting to

take, anything of value under confrontational circumstances from the control, custody, or care of

another person by force or threat of force or violence and/or by putting the victim in fear of

immediate harm." FBI (2012) When thinking about robbery we tend to imagine bank robbers.

Two guys in masks rushing into a Savings & Loan with guns drawn, which is a good example.

Robbery, however; does extend beyond the financial institutions such as banking. There are

plenty of motives associated with robbery. Money is not always the target, as the target can be

anything that the robber would find of value. More and more often prescription drugs are

becoming the target of robberies in hospitals and pharmacies. This due mostly to an epidemic

associated with prescription drug abuse. In fact "Armed robberies at pharmacies rose 81 percent

between 2006 and 2010, from 380 to 686, the U.S. Drug Enforcement Administration says. The

number of pills stolen went from 706,000 to 1.3 million. Thieves are overwhelmingly taking

oxycodone painkillers like OxyContin or Roxicodone, or hydrocodone-based painkillers like

Vicodin and Norco." Hawley (2011) Pharmacy theft and robbery is a real issue and it must be

taken serious. Many hospitals and clinics house pharmacies, some for patients only and some serve the publics. Hospitals and clinics must take steps to safeguard their employees from this possibility. Hospital pharmacies should be located in an area of the hospital that is safe and can be protected. Most pharmacies that only serve the patient population are secluded and monitored with surveillance cameras, and have advanced access control systems in place to prevent entry from unauthorized personnel and the public. Pharmacy employees should also be aware of this potential danger; they should be trained to look for warning signs. Some of these warning signs include: Tailgating, where an authorized employees gains access to a door and is following in by an unauthorized person. This person could be an employee or nonemployee. It is important to pay close attention to both as employees and nonemployees are both capable of committing this type of crime. Pharmacy employees should be able to see who is at their door when someone knocks or rings a doorbell, and some type of communication device should be in place so that they can communicate without opening the door. There should also be some type of duress button in place as "The DEA recommends that pharmacists remain calm and comply with the robber's demands when confronted. Pharmacists may discretely push a duress button while gathering the medications that the robber has requested." Ross (2015)

Many hospitals pharmacies are responsible for refilling the medications on each nursing unit. This requires pharmacy staff to transport drugs outside of the safety of their department. This process can leave staff very vulnerable as they are unprotected. There are safeguards that can be used to lessen the likelihood of a robbery during this process. The first measure is awareness. Staff should be aware of the possibilities of this occurring and how to react if it should. There should be some type of transport system in place to protect drugs while at the same time does not look obvious. Staff should not become accustom to transporting drugs to a unit at a

normally scheduled time; there should be some randomness to this process so that it's not predictable.

Last the employees should know what to do in the even a robbery does occur. Staff should be instructed to remain calm, to follow the demands of the robber and activate the duress alarm when it is safe. Banking institutions are instructed to wait until the robber leaves before pressing the duress button. They are instructed to do this because it can become more dangerous if the authorities arrive while they are still on premises. This can easily turn a robbery into a hostage situation. This way of thinking should be used in a pharmacy robbery as well, unless it becomes apparent that staff is in immediate danger. Staff should also do their best to remember details about the suspect. What were he/she wearing approximate height and weight, hair color? Did they have any unique identifying marks, such as tattoo, birthmarks or scars? This information will help authorities as they complete their investigation and attempt to make and arrest.

Robbery is not exclusive to the pharmacy in a healthcare setting. Many Hospitals also provide services that interact with the public. Many of these services handle money, such as: a cafeteria, coffee shop, gift shop, guest services, and areas where payments are collected. These areas should be treated similarly to the pharmacy, with many of the same safeguards in place.

Sexual Assault

Sexual assault is another area of concern among workers. Sexual offenses are broad in definition as the criminal justice systems breaks they down into many different categories such as: rape, sodomy, sexual assault with an object and forcible fondling. All of which can be classified as a forcible sexual offense. Forcible rape is defined by the FBI as "The carnal knowledge of a person, forcibly and/or against that person's will or not forcibly or against the

person's will in instances where the victim is incapable of giving consent because of his/her

temporary or permanent mental or physical incapacity." FBI (2012) This definition covers what

most people perceive as rape. One participate was not willing, or was not able to make sound

judgement at the time to give consent. If the victim was under the influence of drugs or alcohol

their ability to give consent could be in question. The next most relevant form of sexual assault

in the healthcare setting is forcible fondling. Forcible fondling is defined as "The touching of the

private body parts of another person for the purpose of sexual gratification, forcibly and/or

against that person's will or not forcibly or against the person's will in instances where the

victim is incapable of giving consent" FBI (2012) This type of assault happens frequently in the

working environment. Instances can happen between co-workers, employee and supervisor, or

employee and person of power or influence. The number of assault that occurs is alarming as

"One in five American women admit they have experienced a completed rape during their

lifetime. These estimates are conservative because sexual assault and sexual violence are both

underreported and under prosecuted. Fear of job loss and discrimination are frequent reasons

women do not report sexual assault in the workplace." Garrett (2011) Employees need to feel as

if they have a safe means of reporting these types of incidents. Sexual assault is traumatic and

often times the victim feels responsible for what happened. It is so very important that a trained

individual handle the complaint with compassion and understanding. Employers should always

include law enforcement in this process. Law enforcement agencies are better equipped to take in

reports. Law enforcement officers are trained to gather information from the victim and ask the

appropriate questions that could help lead to an arrest. Employers can help after an investigation

has started. The employee will need support emotionally. This type of support should come from

a trained medical professional. Counseling will be needed to help the survivor cope with the trauma they experienced.

Another form of sexual abuse sometimes comes from medical professionals. This type of sexual abuse will often "make headlines, especially when they involve the clergy and medical professionals. Doctors and other health care professionals who are accused of violating their oath and patient trust, who may have crossed over that thin line, tend to lose their licenses; and many even go to jail." Moser, PA, and PhD (2006) Medical professionals are given an extreme amount of by their patients. Many procedures that occur can cause a lot of discomfort for the patient, allowing the professional to touch and ask personal questions. There has to be a very clear line about what is professional and what is inappropriate. Medical professionals spend a lot of time learning where this line is, and how not to cross it. When they practice in accordance to their education there shouldn't be a problem, it is when they move outside of this training problems occur. It's very important for medical professionals to provide clear understandings to their patients. "Patients can misinterpret examination components if the medical provider does not explain what they are doing, and why. For instance, a breast examination includes expressing the nipple for discharge or blood. If you don't tell the patient you are going to squeeze their nipple (and why), you could be in big trouble." Moser, PA, and PhD (2006) Even though the procedure was correct and the provider was only doing what was appropriate for the procedure, they didn't make this clear to the patient. The patient could feel as if this is outside of the normal procedure and that the provider was taking advantage of the situation. Clear communication is the most important aspect of any examination.
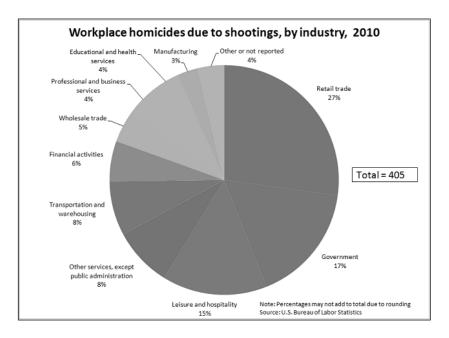
Homicide

Homicides do happen in the workplace and are of a real concern. "According to the Bureau of Labor Statistics Census of Fatal Occupational Injuries (CFOI), of the 4,679 fatal workplace injuries that occurred in the United States in 2014, 403 were workplace homicides." OSHA (2017) Homicide has a broad definition and be defined as "when one human being causes the death of another. Not all homicide is murder, as some killings are manslaughter, and some are lawful, such as when justified by an affirmative defense, like insanity or self-defense" Cornell University Law School (2017) In the work environment murder and manslaughter have the most occurrences. Murder is a "crime of unlawfully killing a person especially with malice aforethought." Merriam-Webster (2017) This type of crime often includes some type of premeditation. This meaning that there was planning involved. For example a bank robber entering into the bank with a loaded firearm, they thought in advance to bring the weapon, hence giving them the opportunity to use it. If they fired the weapon and killed someone during the robbery they would have killed someone with premeditation. "Manslaughter is a distinct crime and is not considered a lesser degree of murder. The essential distinction between the two offenses is that malice aforethought must be present for murder, whereas it must be absent for manslaughter. Manslaughter is not as serious a crime as murder. On the other hand, it is not a justifiable or excusable killing for which little or no punishment is imposed." Legal-Dictionary (2017) Those charged with manslaughter are often guilty of not following the law or are negligent to some degree in their actions. For example one could be convicted of vehicular manslaughter if they were involved in an accident that caused the death of another person and they violated the law in another way during that action. Drinking and driving and being under

the influence of drugs and alcohol is a good example. Their actions lead to or caused the accident to happen, or their actions put them in a state of mind were they were more likely to cause such an event to happen. Even though the person under the influence had no real intention to kill anyone, their behavior or actions lead to or caused the death.

Shootings in the Workplace

There have been an increasing amount of tragedies in the world and workplaces that have helped shed light on shootings. "Shootings accounted for 78 percent of all workplace homicides in 2010 (45 fatal injuries)."Bureau Of Labor Statistics (2013) According to statistics 83 percent of fatal workplace shootings occurred in the private sector, and 17 percent in the governmental institution. This doesn't take into consideration the number of shootings that occurred that did not result in a fatality, as there were 500 nonfatal shootings in the same year. The Bureau of Labor and Statistics group's health services with education, in 2010 only 4 percent of all homicides due to shootings were in this industry. This is a very small percentage, but still a very big problem for healthcare providers, as hospitals and care facilities are viewed as sanctuary.

It's also important to note that just because there were 405 total deaths associated with workplace shootings; this does not mean that there were a total of 405 different events that took place. Some of these incidents resulted in multiple fatalities. "A total of 77 of those were multiple-fatality homicide incidents in which two or more workers were killed, including 69 homicides and 8 assailant suicides, all of whom were in work status at the time of the incident." Bureau of Labor Statistics (2013) Some incidents could even be classified as an active shooter event.

Active Shooters

Active Shooter is a term that most every American is familiar with. The media is quick to cover the horrible events that unfold during an active shooter event. There is, however; a difference between a shooting and an active shooter event. The Department of Homeland Security defines an active shooter as "an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases; active shooters use firearms(s) and there is no pattern or method to their selection of victims." Department Of Homeland Security (2017) This makes active shooter events very hard to predict. Preplanning is one of the most effective means of dealing with active shooter event. Staff needs to be prepared to act quickly and effectively to minimize injury and death. Most " active shooter situations are often over within 10 to 15 minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation." Department of Homeland Security (2017) Having a plan that is easy to remember and execute is the most important part of responding to this type of event. An active shooter situation will put everyone under a huge amount of stress, which will make remembering procedures extremely difficult. Simplification of the process is a must.

The Department of Homeland Security breaks the response down into three different actions. The action taken depends on certain criteria. The first option to be considered is evacuate. Employees should if able evacuate the area. The DHS provides the following measures:

If there is an accessible escape path, attempt to evacuate the premises. Be sure to:

- Have an escape route and plan in mind

- Evacuate regardless of whether other agree to follow

- Leave your belongings behind

- Help others escape, if possible

- Prevent individual from entering an area where the active shooter may be

- Keep your hands visible

- Follow the instructions of any police officers

- Do not attempt to move wounded people

- Call 911 when you are safe

This can be especially difficult for healthcare providers to accomplish. As they feel a responsibility to take care of their patients, and abandoning may seem heartless. Still staff must first think of themselves, if they are unable to make it to safety there will be no one to take care of the patient once the incident is over.

The second option is to hide out. If you are unable to evacuate from the area, find a safe place to hide. This is where preplanning is so important. Staff should take the time getting familiar with their department and various other areas they may frequent. While looking around

the department staff should identify what areas can be secured. Some areas that could offer

protection are medication rooms, breakrooms that lock, or even a patient room. Most patient

rooms do not lock, however; and ambulatory patient may be removed from a bed and the bed

moved to block the door from opening. It is important to understand that active shooters

generally are not interested in causing harm to any one person. They are there to cause the most

amount of terror as quickly as possible. This means they will typically not spend a lot of time

trying to reach one single person or persons. The DHS gives the following measures for hiding

outs:

If evacuation is not possible, find a place to hide where the active shooter is less likely to find

you.

Your hiding place should:

- Be out of the active shooter's view

- Provide protection if shots are fired in your directions (i.e., an office with a closed and
  locked door)

- Not trap you or restrict your options for movement

To prevent an active shooter from entering you hiding place:

- Lock the door

- Blockade the door with heavy furniture

If the active shooter is nearby:

- Lock the door

- Silence your cellphone and/or pager

- Turn off any source of noise (i.e., radios, televisions)

- Hide behind large items(i.e., cabinets, desks)

- Remain quiet

If evacuation and hiding out are not possible:

- Remain calm

- Dial 911, if possible, to alert police to the active shooter's location

- If you cannot speak, leave the line open and allow the dispatcher to listen.

The last option is to take action against the shooter. This is of course the very last resort, as it is extremely dangerous. The DHS gives the following measures:

As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter.

- Acting as aggressively as possible against him/her

- Throwing items and improvising weapons

- Yelling

- Committing to your actions

Another widely used variant is Run, Hide, and Fight. This is easy to remember and is straight forward in its meaning.

When dialing 911 the caller should remember to give as much information to the dispatcher as possible. Information such as the last location of the shooter, number or shooters involved, a physical description of the shooter, type of weapon (hand gun, rifle) and number of people in the area.

Staff will also need to know how to react and work with law enforcement as they arrive on scene. Law enforcement will arrive with sparse information about the shooter. They will be on a level or heightened awareness. Officers will not immediately know who the shooter is and everyone is a potential shooter until that person is identified. It is extremely important to keep your hands up or visible while exiting the area. This ensures staff is safe, and law enforcement is safe. Staff should follow the directions of law enforcement.

When law enforcement responds they have one goal, and that goal is to naturalize the situation. They will step over the wounded and head directly to the shooter. Once the shooter has been stopped law enforcement will proceed to clear the area, to ensure there are no other shooters and provide security for the area. After the area has been cleared and it has been determined safe to enter, emergency medical services will be allowed into the area to triage and treat the wounded.

Preplanning with your employees is important, but preplanning with law enforcement is just as critical. Leadership from both law enforcement and the facility should meet to discuss expectations during an active shooter event. Providing law enforcement with life safety drawling or blue prints to the building can be beneficial. This allows law enforcement to have a better picture of the facility; they will be better capable of moving from area to area when "clearing" the area.

<p align="center">**Active Shooter Drills and Planning**</p>

Preparing with real life scenario training is the best way to prepare for an actual event, this is the same with active shooter preparedness. Preparing for a drill is no easy task, as it will require a lot of preparation. The first step to preparing for a drill is to gather information. What kind of drill do you want or need it to be? What is your goal? What kind of training do you hope to provide? These are the basic questions that need to be answered before you can began planning, as they will set the foundation for the entire process.

The next step is to establish a group or team of individuals to help plan the drill and scenario. Many hospitals and healthcare organizations have already existing committees and teams that can assist with this planning process. This planning process could be taken to a safety team, or an emergency management team. The team should consist of members of leadership staff from a wide verity of areas. The goal is have a diverse team with different viewpoints and roles. This will help the drill fit everyone's needs and allow for the greatest amount of knowledge to be taken away.

Staff members to include during planning:

- Emergency Management Director/Manager

- Emergency Department Director

- Risk Management

- Surgery Director

- Human Resources

- Marketing/Public Relations

- Facilities Management

- Security Management

- Pastoral Care/Chaplain/Ethics

- Executive Leadership/VP/President

Roles and Contribution to Drill Planning

Emergency Management Director/Manager: This individual will lead the planning and direct the group. They will bring forth drill planning general ideas. This person has the most experience with planning drill activities and will act as the liaison between outside agencies during the planning process. They will take all the information given and combine it to create a drill that will be both effective and meaningful for all participants.

Emergency Department Director: This individual is in charge of the Emergency Department. Since the emergency room/department is often touched by every drill, they should be included in the planning process. During an active shooter event they will be the first department to both see patients and deal with the crisis. They will experience a huge influx of patients that will test their capabilities.

Risk Management: A Risk Managers specializes in legal and compliance issues. They will offer a legal view of the situation, and risks that may otherwise go unnoticed. They can offer

guidance on drill planning and offer post-event resources. There are many legal issues associated with an emergency, but more so for an active shooter event.

Surgery Director: During an active shooter event, many injuries could be expected, many which could be critical and require surgery. The surgery department will need to plan for an influx of patients who will need this service. How will they staff the operating room? Do we have enough surgeons to take care of the potential needs?

Human Resources: The Human Resources Department can help with staffing needs. During this type of event, there may be the need for additional staff. They can help identify where staff are available, trained and ready to be used.

Marketing/Public Relations: During any drill event marking/public relations should always be present. Active shooter events can be very realistic in nature, and if the public and staff are not well informed of the situation, dangerous things can occur. Public Relations will make sure the appropriate information is shared with both the public and staff at the right time. They have many things to consider.

Facilities Management: This person is in charge of the facility and its maintenance. They will be able to provide blueprints or life safety drawling. They can provide additional staff to supplement Security.

Security Management: Security always plays an important role in every drill. An active shooter will really test security and their capability. Though the Police Department will respond to the active shooter and neutralize the threat, Security will assist in other areas, such a securing the facility, parking lot and providing building knowledge to law enforcement agencies.

Pastoral Care/Chaplain/Ethics: This area is often overlooked during the planning process, but is one of the most important components. Drills will place staff under pressure and stress. An active shooter drill can leave many employees feeling fearful and overstressed. Pastoral Care along with councilors can provide needed support after the drill has been completed. It is very important to provide a means of coping with the stress employees will have experienced.

Executive Leadership/VP/President: All drill planning will requires support from executive leadership. They will need to be aware and can provide support when working across departments within the facility.

Drill Goals

Once the team has been created, it is not time to talk about goals. The team must first identify what the objective of the drill should be. Active shooter drills are best, when they are as realistic as possible while still safe for those involved in the exercise. Hospitals should also review The Joint Commission or Centers for Medicaid Services requirements for drills. The Joint Commission requires that hospitals preform the following:

- "The [organization] tests its Emergency Operations Plan twice a year, either in response to an actual emergency or in a planned exercise.

- (CAH, LTC) [Organizations] that offer emergency services or are community-designated disaster receiving stations conduct at least one exercise a year that includes an influx of actual or simulated [patients].

- At least one exercise a year is escalated to evaluate how effectively the organization performs when it cannot be supported by the local community.

- [Organizations] that have a defined role in the community-wide emergency management program participate in at least one community-wide exercise a year." Response Systems(2017)

When a drill is in the planning process, this is the best time to make sure regulatory requirement are being met. This is another responsibility of the Emergency Management Director/Manager. They will make sure the components of the drill fit into the needs to the organization while satisfying regulatory agency requirements.

The Joint Commission wants to see that an organization has proper plans in place to meet their needs during a disaster or event. The six areas listed are considered critical:
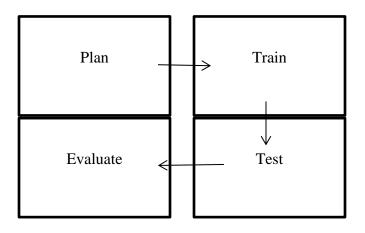
- "Communications – both internal and external to community care partners, state/federal agencies

- Supplies – Adequate levels and appropriateness to hazard vulnerabilities

- Security – Enabling normal hospital operations and protection of staff and property

- Staff – Roles and Responsibilities within a standard Hospital Incident Command Structure

- Utilities – Enabling self-sufficiency for as long as possible with a goal of 96 hours

- Clinical Activity – Maintaining care, supporting vulnerable populations, alternate standards of care" Response System (2017)

Goals to consider when planning an active shooter drill:

- Active the hospital Emergency Operations Plan (EOP)

- Establish and incident command

- Provide realistic simulated events that require employees to react

- Develop relationships with outside agency partners

- Manage an influx of patients

Next the objectives for the drill should be established. An objective could be something such as providing training for employees and then testing their knowledge in a practical application. Often training looks good on paper, but the true test to training is providing scenario based testing or drills that really put training to the test. An objective could be to test staff knowledge before training, gather a baseline of knowledge. This can help an organization see what areas are needed for improvement, what areas are already known, and where resources and time need to be spent for future training.

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┌─────────────────────┐   ┌─────────────────────┐
│                     │   │                     │
│        Plan         │──▶│        Train        │
│                     │   │                     │
├─────────────────────┤   ├─────────┬───────────┤
│                     │   │         ▼           │
│      Evaluate       │◀──│        Test         │
│                     │   │                     │
└─────────────────────┘   └─────────────────────┘
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Training

Most drills are best executed using plan, train, test, and evaluate. The training portion of your drill allows for staff to learn the skills that will be needed during the drill or exercise. Training that was previously discussed in the planning sessions will be implemented. Training may include videos, presentations or physical training applications.

An expert in law enforcement is ideal for speaking with staff. An Officer can go into detail and provide information about "run, hide and fight". Most healthcare professionals have a very hard time with the first instruction, run. Healthcare providers are ingrained with the idea that we must always protect our patients, and it is a noble idea. There are, however; situations where they have to think differently. In order to care for patients, a provider must first survive an incident. The first objective is to preserve one's own life. Second is to preserve someone else's life if possible. This again is a very hard concept for healthcare providers to follow. Staff should be instructed to run and self-recuse, but also help others too. If they are able to provide assistance to others while leaving the area, they should.

Hiding is the next step in the process. Staff need familiarize themselves with their environment as soon as they start working in an area. Staff should identify what areas can be

locked, rooms that they could potentially hide inside, the possibility of hiding inside a patient room and using the patient bed as a weight against a door. Staff should be encouraged to take as many people with them as possible, as quickly as possible.

The last option is to fight. This option can be extremely difficult for an individual to face. It is at this point that they will be fighting for their lives, and must use every resource available to do this. Employees should be encouraged to look around their working environment and identify items that could potentially be used as a weapon. Some of the following items could be used to protect oneself if needed:

Fire extinguisher (both as a blunt force object or use the expellant)

Pens (have a sharp tip)

Heavy objects that could be thrown (staplers, paper weights, equipment)

I.V. Poles

Employees must be committed to their actions, and it has to be something they must be willing to follow through with in the end. There is little training to prepare someone for this type of altercation, but with some pre-planning it can become an easier option.

Test (Drill/Exercise)

The next step after training is to execute the drill or exercise. This is where we test our training to make sure its effect and identify areas that may need improvement. The drill will have many moving parts and the planning done in the beginning will ensure that the moving parts work together properly. At this point all the different agencies and participants will gather and play out a controlled scenario. There should be a Safety Officer in charge of the drill safety, with the authority to stop all action if they feel conditions become unsafe. During the drill it may be
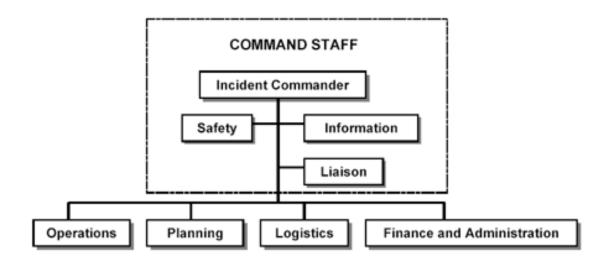
prudent to limit some aspects of the training as it relates to the drill. For example staff may only

practice "run and hide" and not the fight portion as that may cause safety issues. According to

the Department of Homeland Security it is best if employees hear the sound of actual gun fire, as

many are unable to distinguish it. Many individuals report that they didn't realize the sound they

were hearing was in fact gun shots. The sound many are used to hearing in movies and on

television is not what actual gun fires sounds like. Many Police Departments fire blanks that

sound very similar to actual gun fire and give drill participants a better idea of what gun fire

really sounds like. Drill day may also include simulated injuries, with realist wounds and acting.

The goal here is to put staff in a situation that is stressful and as realist as possible. When

participants see simulated wounds and fake blood, the incident becomes more real in their minds.

It also becomes more real for the first responders who are also practicing their skills.

Drill day is also a good time for the hospital to open its incident command system or ICS

or hospital incident command system (HICS).

The Incident Command System (ICS) is a management system designed to enable

effective and efficient domestic incident management by integrating a combination of

facilities, equipment, personnel, procedures, and communications operating within a

common organizational structure. ICS is normally structured to facilitate activities in five

major functional areas: command, operations, planning, logistics, Intelligence &

Investigations, finance and administration. It is a fundamental form of management, with

the purpose of enabling incident managers to identify the key concerns associated with

the incident—often under urgent conditions—without sacrificing attention to any

component of the command system. FEMA (2017)

This system will allow leadership to convene and work through some of the challenging

situations that they may face from an administrative level and operations level. Some of the key

positions within the incident command are as follows:

The hospital incident command system will vary in size and in number of positions as all

incidents will vary in demand. The Command Staff is the key leaders who will most always be

present during any incident command activation.

- The Incident Commander: "(IC) is responsible for directing and/or controlling resources

  by virtue of explicit legal, agency, or delegated authority. The individual responsible for

  the overall management of the response is called the Incident Commander." OSHA

  (2017)

- Safety Officer: "(SO) function is to develop and recommend measures for assuring

    personnel safety, and to monitor and/or anticipate hazardous and unsafe situations. Only

    one SO will be assigned for each incident." OSHA (2017)

- Information Officer: "(IO) is responsible for developing and releasing information about

    the incident to the news media, to incident personnel, and to other appropriate agencies

    and organizations." OSHA (2017)

- Liaison Officer: "(LO) incidents that are multi-jurisdictional, or have several agencies

    involved, may require the establishment of the LO position on the Command Staff."

    OSHA (2017) The LO position will work and provide communication between agencies.

The Command Staff will meet and determine if other section chiefs are needed in:

Operations, Planning, Logistics, and Finance and Administration. Not all areas will be needed

for every event; some areas may need more resources than others. During an active shooter event

there may be a need for more operations support than finance for example. Each section chief

can have up to 3 positions reporting to them, and each of those positions can have three and so

on as a network is created.

Evaluate (After-action)

An outside evaluator should have been selected during the planning process. This person

has a nonbiased view of the organization and is able to give an accurate review of the drill

happenings. Some drills may have multiple evaluators, with various expertise and experience in

different fields. During an active shooter drill, there may be an evaluator from the Police

Department, EMS, or Emergency Management. Each will have a different view of what truly

happened, what they feel are weakness and strengths that took place during the drill. This person

or persons should provide a written accord of the events they noticed, their professional opinion and a list of things that could have been done differently or better. With this information the Emergency Management Director/Manager will create and organizational after-action report. The after-action report defines the drill, what took place, what was done well, what did not go so well, and a plan for improvement. After a plan for improvement in created, it is time to put it into action and take the information back to the original planning committee. This group will approve the planned improvements and follow-up and insure improvements have been addressed or completed. This after action report should remain on file for review by regulatory agencies such as CMS or The Joint Commission.

Patients, Visitors and Employees

When we talk about violence in a healthcare environment we have to consider where this violence occurs and by whom. In this environment violence can be perpetrated by many different parties, including: patients, visitors and employees.

- Types that occurs between different parties:
- Patient on Patient
- Patient on Visitor
- Patient on Employee
- Visitor on Visitor
- Employee on Employee

"Medical centers are often the dumping grounds for extremely drunken, disruptive and often-homeless patients who may be in the hospital emergency department for more than

12+ hours. The patient can become not only physically abusive, but verbally as well"

York and MacAlister (2015, p. 510) Long waiting times with preexisting conditions can

make violence in the emergency department even more prone. Behavioral health patients

also cause a majority of violent episodes in the emergency department, as there is a lack

of proper facilities and infrastructure in this department to handle these types of patients.

Many behavioral health patients spend several hours waiting before they receive the care

they need or are transferred to an appropriate care facility or unit. This can lead to

patients who are mentally altered acting out and causing disruptive behavior or even

injuring staff. The emergency department is not alone in this struggle in regards to

appropriate environment for this patient type. Many behavioral health patients present

with other medical conditions that must be treated before they are well enough for

transfer. Patient on patient violence also becomes a concern in many behavioral health

facilities and units. Patients should be segregated if possible to prevent this type of

violence from occurring. When units have many patients who are mentally ill with

various illness types this can lead to aggravation among the patient population. For

example two verbally aggressive patients should not share the same patient room, or

common area if they have trouble getting along. Many inpatient nursing units also

struggle with maintain safety while caring for this type of patient.

       Visitors are another group that contributes to violence in healthcare. There are

many situations that lead to violence. The family dynamic of patients can vary, and

relationships during illness tend to swing as families cope with their loved one being sick

or possibly terminally ill. The emergency department can cause a lot of anxiety for

families and visitors who are there to see their loved ones. Anxiety can very quickly turn

into violence if it is not addressed early on with compassion and understanding.

Situations where loved ones are in critical condition can intensify their feelings of

anxiety. Family members feel helpless and have little or no control over the situation.

Many times they will take this out on staff. Staff must be willing to act early; showing

compassion and genuine care can ease the situation and prevent further escalation.

"Visitor violence against the patient is a troubling development that continues to

plague the healthcare industry and threaten the reputation of many healthcare

organizations that experience these often horrific events." York and MacAlister (2015, p.

513) There have been reports of visitors entering facilities and abusing and even

murdering patients while in the care of staff. This is a horrible act, and it can leave a

black eye on the organization. Healthcare organizations have a responsibility to provide a

safe environment for their patients. This can be a challenging task, as many hospitals

allow free flowing visitation to most units. Meaning the public has a large amount of

freedom to enter the building and proceed to a patient room with little interference from

staff. Managing the flow of visitors can help with this problem. Many facilities require

visitors to check-in before they are allowed to visit patients or staff. This is especially

important during afterhours and weekends, as staffing levels are lower and visitors can

more easily go unnoticed.

Visitor or often called intruders are account for many shootings and active shooter

situations. Many emergency rooms especially in highly populated areas are requiring

metal detection before entering the department. This helps to prevent weapons from

entering the facility and care environment. This is popular among metropolitan hospitals

but is seen less in smaller community based facilities as this requires additional staff and

equipment that can become costly. Risk assessment can help determine the need for this type of service. Determining what measures should be in place is the responsibility of the care facility.

Visitor on employee violence occurs in the workplace as well. The visitor could have issues with the care provider, or the perceived care their loved one is receiving. The visitor in some cases knows the employee and brings violence that would have otherwise occurred outside of the workplace to the facility. This type of violence may be associated with an intimate partner, or may be domestic violence in general. Intimate violence will be covered in later detail.

Employee on employee violence is that, that is most thought of when we think of workplace violence in general. Most industry deals with the type of violence the most, as they do not have patients or visitors to contend with. "The day-to-day supervision, work evaluations, disciplinary actions, and terminations all set up situations that can be confrontational and can provide the motivation of employee and ex-employee violence." York and MacAlister (2015, p. 513) There are many different situations that can bring, or contribute to violent acts. Managers should work closely with human resources when handling employee relation issues. Processes should be fair and consistent across the board and applied to all disciplinary actions. The most simple way to prevent an employee from feeling as if they were treated unfairly, is to in fact make sure you are being fair. Policies that outline the disciplinary process should always be following, as they will guide managers to the appropriate level and action. Preventing violence is not always an easy task but "a preventive approach to employee workplace violence requires recognizing that acting out may be the end result of an invisible process. No single

characteristic or seemingly innocent experience can accurately predict violence." York

and MacAlister (2015, p. 514) Violence can be unpredictable, but there are signs mangers

should pay attention to so that they are better prepared to deal with violence should it

occur. Employees that have a history of bad behavior or acting out should be handled

with caution. Special measures during disciplinary action may be needed to insure safety.

It is recommended that all disciplinary action occur with the presence of a witness. The

witness should be an appropriate person. It is not recommended that you use a peer or

fellow employee as a witness. A witness should either hold a managerial position, or

work in human resources. The goal is to provide accountability and protections for the

manager preforming the disciplinary action, without causing unnecessary embarrassment

or anxiety to the employee.

Terminations should always be conducted in the human resources department,

away from the normal work area. Preplanning should be done to insure that the

employee's belongings will be available without the employee reentering the work area.

This will provide safety for both existing employees and can prevent damage to the work

environment if the employee reacts in a violent manner. Most hospitals provide security

services, and they should be utilized or on standby when terminating a potentially violent

employee. Security will be available to handle the situation if it gets out of control.

Employee on employee violence can also occur outside of the disciplinary

process. Many employees work closely with each other daily and develop relationships.

Some relationships are positive, however; they can become negative. Manager will need

to listen closely to their employees and address complains or reports or violent behaviors.

Most violent behaviors start with verbal intimidation or threats. Manager will need to take all treats seriously.

Employee on patient violence is also considered abuse of a patient. This sadly occurs in the healthcare industry. Patient concerns about their care providers should always be taken seriously. If a patient reports that an employee has harmed them, or threatened to harm them in any way, the employee should be removed from the care environment until a formal investigation can be performed. This is to protect the patient, and provide the employee with the opportunity to explain the situation.

Areas Impacted By Violence

Some circumstances and work surroundings are more prone to violent acts and behaviors. "Among those with higher-risk are workers who exchange money with the public, delivery drivers, healthcare professionals, public service workers, customer service agents, law enforcement personnel, and those who work alone or in small groups." OSHA (2017)

It is easy to see why healthcare facilities are at such a high risk for violence. Many healthcare organizations, especially hospitals house many of the higher-risk occupations and services. Hospitals are a small community in its self. Hospitals handle money in many different areas such as: Registration employees or what is more commonly referred to as patient access representatives collect copayments for outpatient procedures and inpatient stays. Most all hospitals provide cafeteria services, coffee and gift shops which provide services for their patients, guests and staff. Hospitals also provide customer relations staff or guest services representatives who work closely with patients and visitors who are unhappy their care or the

care of a loved one. Passionate, angry and often disgruntle encounters happen in this area of the hospital, making this area very high-risk for violence. Hospitals are also charged with keeping their patients, visitors and employees safe. Security Officers play an important role in this endeavor, as they enforce policy, provide facility security and work closely with the public. This type of work often puts them situations were violence is prone.

Healthcare may not be the most dangerous profession, however statistics provided by the Occupational Safety and Health Association shed light on just how much violence those working healthcare face. "21 percent of registered nurses an nursing students reported being physically assaulted – and over 50 percent verbally abused – in a 12-month period" likewise "12 percent of emergency department nurses experienced physical violence – and 59 percent experienced verbal abuse – during a seven day period" OSHA (2015)

"The Joint commission has been tracking major violent events in healthcare since 1995. Their database found that since 1995, there have been 256 assaults, rapes and homicides at hospitals and healthcare facilities. Of those, 110 have occurred since 2007. The accrediting body has identified six reoccurring causes for variety of violent episodes that the healthcare industry has dealt with:" York and MacAlister (2015, p. 505) According to York and MacAlister:

1. Leadership issues accounted for 62% with problems in areas of policy and procedure.

2. Issues related to Human Resources accounted for 60% of events. With a greater need in education and competency development.

3. Issues related to flawed patient assessments, tools or psychiatric assessments accounted for 58%.

4. Failures in communication related to 53% of events. Found there to be
    deficiencies in general safety of the environment or lack of security procedures or
    practices.

5. Issues with the physical environment related to 36% of events.

6. Issues related to care planning, management of information and patient education.
    We identified, but had less frequency.

Healthcare even though it is an environment that is of a healing nature, it is not immune from violent acts. "A report from the U.S Department of Labor based on 2009 statistics ranks nurses as having the third highest likelihood of being assaulted on the job, just behind police and correctional officers…nurses and other personal care workers suffer 25 injuries annually, resulting in days off from work for every 10,000 full-time workers – 12 times the rate of the overall private sector industry" York and MacAlister (2015, p. 507) Although violence occurs throughout the healthcare environment, it is more prevalent in certain areas, areas such as the emergency department, behavioral health unit, critical care unit and units that provide care for the geriatric patient population. "Approximately half of the nurses responding to a 2011 survey conducted by the Emergency Nurses Association (ENA) believe violence is simply part of their everyday work environment." York and MacAlister (2015, p. 507) This has become not only and issue, but it has come somewhat of an expected issue. This type of treatment towards nursing staff shouldn't be normalized, as things that are normalized are tolerated and accepted. Due to the increase in violence and acceptance nursing morale has declined heavily. Many emergency room nurses report the following according to York and MacAlister:

- Dissatisfaction with the overall level of safety from workplace violence (89%).

- Feeling unprepared to handle violence in the ED, given their education and training (83%).

- Reduced job satisfaction due to violence (74%).

- Impaired job performance for up to a week after a violent incident (48%).

- Taking time off because of violence (25%).

The above statistics are alarming as it pertains to the nursing industry. This leads to a great number of nurses feeling burnout. This leads to a high turnover rates for many of the high risk departments. This leaving many of these areas with inexperienced or new nursing staff, as the more seasoned and veteran nurses seek positions in other areas. This can cause its own set of problems as that relates to the quality of care patients will receive in those areas. This leads to the questions: Why is violence so prevalent in these areas? What can a healthcare organization do to prevent this from occurring? York and MacAlister list several possibilities for why this happens.

- An increase use of healthcare facilities by law enforcement agencies for criminal holds and the care of acutely disturbed individuals.

- Acute and chronical mental health patients being released early from hospitals who have not received follow-up care.

- The availability of drugs and money at hospitals

- Unrestricted movement of the public in facilities.

- Low staffing levels at times

- Isolated work situations during client examinations or treatment

- One-person workstations in remote areas of the care facility.

- Overall lack of training to recognize and mange escalating behaviors.

- Waiting times that are excessive or long in areas like the emergency department, this can lead to frustration.

- The prevalence of firearms and other dangerous weapons.

- High patient to staff ratios.

- Increasingly long shifts or hours worked

The good news about a lot of the above issues is a lot of them can be improved or better managed. Working spaces should be developed and constructed with a mindset that violence can occur. New construction should take this into account and offer work spaces that are less isolated and confined, with clear and visible exits. Much work is needed in the field of mental health and geriatric patients. Mental health patients have been underserved for a very longtime, this due to the previous lack of funding for mental health treatments. There has been some improvement in this area over the last few years, as preventative care has seen an increase in reimbursement. The biggest problem with the mental health population is the continuation of care after hospitalization. Mental health patients often struggle to maintain employment, and seem to have a harder time maintaining their treatment and prescription drugs. This can lead to periods of the patient doing well, and then relapsing.

Many hospitals focus a lot of resources on productivity and managing their work force as it relates to spread sheets and numbers. This may be an efficient way to control costs related to the workforce, but it also has some repercussions as it relates to the treatment patients receive. This can lead to understaff care areas, with greater patient to nurse ratios, meaning a nurse may have more patients to take care of that they can really manage realistically while providing quality care.

De-escalating Violent Behaviors

Understanding and identifying behaviors that can lead to violence is a huge step toward preventing those behaviors from happening. Most de-escalation training is simply a class on communication and behaviors. Communication is key in every interaction one makes, whether that be with patients, family or friends. Most programs break communication down so that it is easier to understand, and then apply it to the work environment.
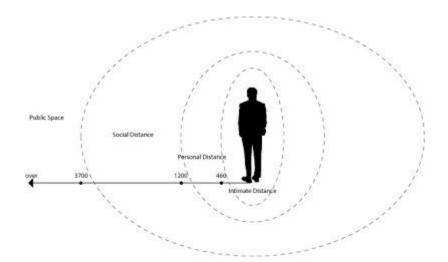
In all communication we both send and receive signals to communicate a need, want or desire. We do this both verbally, and nonverbally. Verbal communication is defined as: "the use of sounds and words to express yourself, especially in contrast to using gestures or mannerisms." Your Dictionary (2017) Whereas non-verbal communication is defined as: "such as gestures and facial expressions, that do not involve verbal communication but which may include nonverbal aspect of speech (accent, tone, voice, speed of speaking, etc.)"Dictionary (2017) When you think about both types of communication it is important to keep in mind that they are perceived differently. There are many different studies that try to give a percentage to the amount we perceive the most. One study suggests that only 7% of the spoken message accounts for the message received, while 55% is body language and 38% is contributed to voice and tone. This ofcourse is up for debate but still sheds light on the bigger issue. The issue is, all contribute to the massage we receive or project. This becomes important when we are dealing with persons who are under stress, mentally ill, or already under stress. One should be mindful of all aspects of the message we are sending to our patients and clients.

This also works the opposite way, as patients and clients try to convey their message to care providers. Anyone who has children knows that when a child says "I'm fine!" they may not in fact be fine. One has to look beyond the words and look at tone and body language to translate

the message. De-escalation training in healthcare is very similar to this. It is all about getting to the real problem, the real message and addressing it before the behavior moves into an aggressive state.

Most programs also talk about the importance of personal space. It becomes incredibly difficult to communicate when one's personal space is violated. Many programs offer practical exercises that allow participants to experience the discomfort of trying to communicate while their personal space is being violated. Participants discover they are unable to hear what the person is saying to them, as the only thing they can think about is regaining their comfort. Likewise they are unable to verbally communicate well for the same reason. In the healthcare environment care providers become accustom to getting close to their patients, as they preform procedures and provide care.

Public Space

Social Distance

Personal Distance

over   3700   1200   460

Intimate Distance

The above diagram gives a representation of our personal space and how it grows depending on relationship. This area of personal space is often called our bubble. The bubble changes size as the relationship changes with the person we are engaging with changes.

Personal space can vary depending on who we are communicating with. The distance will narrow as our relationship with the individual is closer. The personal space we have for our children is much narrower than the personal space we have for a stranger. Personal space can also relate to the size, age and gender of the individual you may be speaking with. There can also be underlining issues that change the distance, such as abuse victims. A good rule of thumb is to always give patients at least 3 feet of personal space with communicating with them. This rule provides the patient with personal space, and provides the care provider with safety. As 3 feet will give the care provider room to escape if they are punch or kicked at. Care providers should always position themselves so that they have their back to an exit and are easily able to turn and exit if the situation becomes volatile. With a good mix of verbal and non-verbal communication skills one can identify behaviors before they turn into violent situations.

Behaviors of Concern

When dealing with fellow employees in the workplace it is important to recognize behaviors of concern that could escalate into serious events. There is almost always some sign leading up to a violent episode between employees. There are some signs employees can watch for and should be taken seriously and reported to their supervisor.

"Warning signs include:

- Crying, sulking or temper tantrums.

- Disrespect for authority.

- Increased mistakes or errors, or unsatisfactory work quality.

- Refusal to acknowledge job performance problems.

- Testing the limits to see what they can get away with.

- Swearing or emotional language.

- Making inappropriate statements.

- Blaming others for mistakes.

- Complaints of unfair personal treatment.

- Talking about the same problems repeatedly without resolving them.

- Insistence that he or she is always right.

- Social isolation." CCOHS (2017)

These warning signs should be taken seriously and could be a sign that violent behavior is brewing. This type of behavior should be reported to the appropriate person. Human Resources are a safe confidential reporting entity.

There will be instances where co-workers will have off days. Everyone has some struggle going on in their lives. It is important to distinguish between behaviors of concern and isolated incidents. Though isolated incidents are not as concerning, they should be noted and remembered. If the behavior continues or intensifies it could become a behavior of concern and should be reported.

Intimate Partner Violence

Intimate partner violence or domestic violence "describes physical, sexual, or psychological harm by a current or former intimate partner or spouse. This type of violence can occur among heterosexual or same-sex couples" National Institute of Justice (2017) This violence starts outside of the workplace, but it can spill over into the work environment. Employees should be offered some protections when dealing with this type of violence.

Safeguards should be added to help protect the staff member for harm while at work. This can be done by offering services such as a security escort to and from their vehicle in the parking lot. Making sure the employee is stationed in an area that is staffed and not isolated and alone. In some situations moving the employee to a different job location may be appropriated. The goal is to make it harder for the abuser to contact the individual. The employee should assist security by providing copies of emergency protections orders, which are issued by the court system. If a photo of the abuser is available it should also be shared with security and supervisor. When dealing with this type of situation it is important to remember this can be an embarrassing situation for the employee. They may feel shame or that it is their fault to some degree. Security should work closely with the employee to ensure that only information they feel comfortable sharing is given to fellow employees.

Intimate partner violence can develop into stalking or sometimes is directly related to the violence. Stalking "generally refers to harassing or threatening behavior that an individual engages in repeatedly, such as sending the victim unwanted presents, following or laying in wait for the victim, damaging or threatening to damage property and appearing at the victims home or place of employment." National Institute of Justice (2017) If the abuser does present to the workplace, the threat should be taken serious and law enforcement should be called.

Laws

In the past few years many states have started to pass legislation to help combat violence in the healthcare setting. In many states assault historically was a misdemeanor crime. Misdemeanor crimes have lower levels of punishment within the legal system. All assaults were handled the same without any special protections for healthcare workers. This meant that an

assault on a healthcare worker was treated the same as if the crime occurred outside of

healthcare. There has been legislation passed in many states to fix this problem. Healthcare

workers are in need of protections, making assaults against this type of worker a much more

serious crime. States have started to make assaults against a healthcare worker and felony

offense, this making the punishment for this type of crime much more server. The idea is that

this will discourage violent acts from occurring and when they do it will discourage future

occurrences.

The Joint Commission

The Joint Commission is " an independent, not-for-profit organization, The Joint

Commission accredits and certifies nearly 21,000 health care organizations and programs in the

United States. Joint Commission accreditation and certification is recognized nationwide as a

symbol of quality that reflects an organizations commitment to meeting certain performance

standards." The Joint Commission (2017) This accreditation process involves an onsite review of

policies, plans, practices and building inspections. The goal of the Joint Commission is to insure

hospitals are in compliance with regulatory agency requirements. Much of the survey insures that

hospitals are in compliance with regulations set by the Centers for Medicare & Medicaid

Services (CMS), life safety regulations set by the National Fire Protection Association (NFPA)

to name just a few. Once an organization receives accreditation, they have proof that they are

meeting regulations are in compliance with governmental standards. Many regulatory agencies

accept this accreditation as proof needed.

The Joint Commission offers many resources to the organizations that they accredit.

Offering support and tools for identifying areas in the industry that need to be improved or

watched. In regards to workplace violence and security measures they provide guidance with the development of risk assessments and risk cause analysis. They also insure that organizations are in compliance with regulations set by governmental agencies in regard to safety. Organizations must meet the required elements of performance in regards to these regulations and show proof before accreditation is given.

Risk Assessments

There are many reasons to complete a risk assessment and can include the improvement of patient and staff safety, to gain efficiency or to identify needs for additional training our resources. Risk assessment provide documented proof that there is a need and repercussions for both meeting the need or not. This is very important when assets will be needed to accomplish a need or goal. Many healthcare organizations have limited budget dollars available, and there must be a clear and present need for new assets or training. With a risk assessment this need can better be represented to executive leadership and board members who control organizational spending.

A risk assessment can be performed in many different ways, but the goal is always the same. There are a few steps you can follow to gain results.

1. Pose a question or problem

2. Gather data

3. Determine the risks associated with the problem

4. Identify solutions to the problem

5. Determine the cost

6. Weight cost to the risk.

The goal is to present non-experts a view of the problem, with solutions and possible outcomes of both taking action and not taking action. This proof can help loosen budget dollars and improve a problem that may go over looked, or underfunded. Risk assessment are the best tool for showing legitimate need.

Summery

Workplace violence is a challenging issue to tackle. With many different aspects and areas of concern to cover it can be an overwhelming issue. By taking the time to understand all aspects of violence, how to occur and what warning signs to look for, employers can better prepare their employees to handle the various situations that may arise.

No one is immune from violence, and it can occur anywhere, at any time. Training employees on the appropriate steps to take can minimize the severity or outcome. Compassion and understanding in many situations can prevent further escalation when dealing with upset patients and families; this should always the first response to anxiety when possible. The age old saying "do to others as you'd have them do to you." Is true, we should treat everyone with respect. Showing people that we truly do care about them and their situation does matter.

Showing compassion goes a long way, but further training will be needed to ensure employees are prepared to handle situations that extend beyond anxiety. Staff will need to know to react and deescalate different treat levels. Healthcare organizations should invest in a training program that demonstrates each level and how to handle its situation.

Training should also include drills planning an execution. Drills are the best way for employees to get hands on experience without experiencing a real event. Drills should be as realist as possible, while still remaining safe for those who are participating. The goal of any drills to learn something, find something that needs to be improved, and then take actions to

improve it. A good drill will leave employees feeling as if the time was well spent. It's important to get feedback from all participants after the drill is complete, this will allow for improvements to be made in regards to drill preparations and execution.

Active shooter events are a hot topic, with both the public and accrediting agencies. Accrediting agencies will be asking hospitals how they are preparing for such events, and what steps they are taking in preparation. Taking the time to complete an active shooter drill will help employees better understand the totality of the situation, but it will help leadership see how big the issues really is and it will allow organization to properly prepare and handle this type of tragic event should it occur. Drills should be conducted outside of active shooter drills as well. There are many violence scenarios that can play out in the healthcare environment. Testing your policies and training in response to these scenarios is the best measure for finding areas of improvement. The most important aspect of a drill is to form an after action report and improvement plan. The whole purpose of a drill is to improve processes and discover areas of improvement. Once this is discovered improvement plans must be established with a clear timeline for improvement. Follow-up drills may be necessary to ensure the new processes work as expected.

Violence can come from anywhere, but the healthcare environment sees most violence come from three different groups: Patients, visitors and employees. Each type requires a different approach and level of understand. Preventing violence is also the first step, but staff will need to be prepared to deal with violence when it does occur. Violence related to patients is the most difficult to manage as a care providers first duty is to take care of the patients they serve. Sending sick patients to jail is not always the answer or even an option. Handling these types of

patients will require all staff working together to insure not only the patient is safe, but also the care providers.

Managing violent acts that occur with visitors can be similarly difficult. As many families are under extreme amounts of stress and act in ways they normally never would. This stress doesn't excuse violent behavior, but it does shed light on the source. Early intervention when behavior of concern start to arise is critical. Communication and understand can prevent many escalating behaviors from occurring. The biggest difference between visitors and patients is the fact that visitors can and often will be arrested if they become violent. While the family of a patient is important, the soul goal of any healthcare organization is to care of the patient first.

Employee violence should always be taken serious. Watching for the warning signs associated with violence, and training employees to recognize these warning signs should be the focus of an organizations workplace violence program. Policies should be in place, with detailed instructions for reporting, with zero tolerance for any violent act.

An understanding of the laws in your area or state can help staff better understand the consequences of assault on a healthcare worker. Working with law enforcement to insure the proper charges are filed when an arrest is made will help prevent future violence from occurring.

Healthcare organizations should use all the tools available to prevent violence or minimize the risk of violence occurring. Utilizing risk assessment tools to identify risks is the best tool that can be used to both show the risk, and how to minimize it. A good risk assessment will clearly show risks so that executive leadership can see the full picture.

All violence cannot be prevented, but accepting that changes can be made to minimize its effects and reduce the number of occurrences is the first step in providing a safer environment for patients, visitors and employees alike. Taking all reports seriously and following through on

investigations will ensure employees are safe, and feel heard. Providing a safe environment is not

an easy task, but with dedication from the executive leadership team, supervisors and employees

it can be accomplished.

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