Welcome

“How you tell his mom you only looked down for a second.”
Workplace Violence in a Healthcare Setting

Shatter the Silence Conference
Fern Ornelas, charged after a violent disturbance in the emergency department at Elliot Hospital.

New Hampshire Union Leader

— A psychiatric patient held at Elliot Hospital’s emergency department while awaiting admission to the state’s psychiatric hospital is accused of attacking a security officer Wednesday, repeatedly punching the guard in the face until the officer subdued him with pepper spray and after exchanging blows.
MANCHESTER — An Elliot Hospital worker had his jaw broken in four places, lost four teeth and was near death following an alleged attack by a mentally ill hospital patient, according to a police investigation into the Monday assault at the hospital.

Police: Elliot emergency room patient kept punching
By MARK HAYWARD and DALE VINCENT
New Hampshire Union Leader
impact

• 3 Reportable, Lost time events
• EAP
• Job change requests, including leaving Elliot
• General feeling of insecurity rampant
• OSHA, Police presence in Hospital 5 weeks, Joint Commission Special Investigation
• Governor’s Sentinel Event Report
• Ongoing Court Actions
Type 1: Criminal Intent

- The perpetrator has no legitimate relationship to the business or its employees, and is usually committing a crime in conjunction with the violence (robbery, shoplifting, trespassing).
**Type 2: Customer/Client**

- Customer/client relationships include patients, their family members, and visitors.
- Occurs most frequently in emergency and psychiatric treatment settings, waiting rooms, and geriatric settings, but is by no means limited to these.
- It frequently manifests as verbal and emotional abuse that is unfair, offensive, vindictive, and/or humiliating, but also includes staff being hit or struck by patients (even if the patient is unaware and is reacting to a stimulus).
Type 3: Worker-on-Worker

- Type 3 violence between coworkers is commonly referred to as lateral or horizontal violence.
- It includes bullying, and frequently manifests as verbal and emotional abuse that is unfair, offensive, vindictive, and/or humiliating though it can range all the way to homicide.
- Worker-on-worker violence is often directed at persons viewed as being "lower on the food chain" such as in a supervisor to supervisee or doctor to nurse though incidence of peer to peer violence is also common.
Type 4: Personal Relationship

• The perpetrator has a relationship to the worker outside of work that spills over to the work environment. For example, the husband of a nurse follows her to work, orders her home and threatens her, with implications for not only this worker but also for her coworkers and patients.
Hospital Response

• For Type 2 violence, “Zero Tolerance” is NOT a realistic expectation!

• Still have “Zero Tolerance for internal, staff-to-staff issues (Types 3 and 4)
• Security response within the Hospital:

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<th>YEAR</th>
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• Since 2011, we have revised our Use of Force policy several times to enable our Security to better protect themselves, Elliot Employees, and Elliot Property
• BERT – Behavioral Emergency Response Team
  – Hospital-wide, 24/7 to respond to behavioral issues in any patient area
  – Team with Psych Nurse and Social Worker for clinical planning
  – (if needed) Security
• VERY IMPORTANT: Security use of force is for protection against criminal activity and assault
• Clinical staff directs Security to assist with application of appropriate, clinical staff-ordered, CMS-standard compliant clinical restraints on patients
• BERT responds with Security
• Updated policy on searches, both of patients and of rooms

• Added a full time Manchester Police Department detail to assist in the ED and Hospital
  – Started in 2013 on Friday and Saturday nights
  – Change to 24/7 in 2013
• Security staff regularly addressed by Director of Behavioral Health Department
• Incident debrief with all hospital staff involved
• Specialized incident tracking for spotting trends in response
Evolution of Staff Training

- Cues to Crisis – ED, Behavioral Units
- 8-hour CPI (de-escalation) training - ED, Behavioral Units
- Expanded to house-wide, but voluntary
- 16-hour MOAB – included physical holds and defense – ED, Behavioral Units
- Expanded to house-wide
- Revised CPI, house-wide
• Revised Active Shooter policy
  – Use hospital-based training video
  – Follow Homeland Security guidelines
  – Open forum training and discussion attended by over 2500 staff
  – Security visits and directs discussion and training in each department
• Changed Staffing and Support in the psychological evaluation area of the ED
  – Overseen by Behavioral Health Department Psychiatric Nurses rather than ED Nurses
Policy Highlights

• Recognize different exposures
• Committee Structure – SVP, CNO, departments, off-site services, and home care represented
• Defined under Environment of Care
• General guidelines for hazard assessment and training
• Defined process for program evaluation and resolution
• Policy follows OSHA Guidelines
  – Management Commitment
  – Worksite Analysis
  – Safety and Health Training
  – Program Evaluation and Recordkeeping