

Team Response to Violence in Healthcare

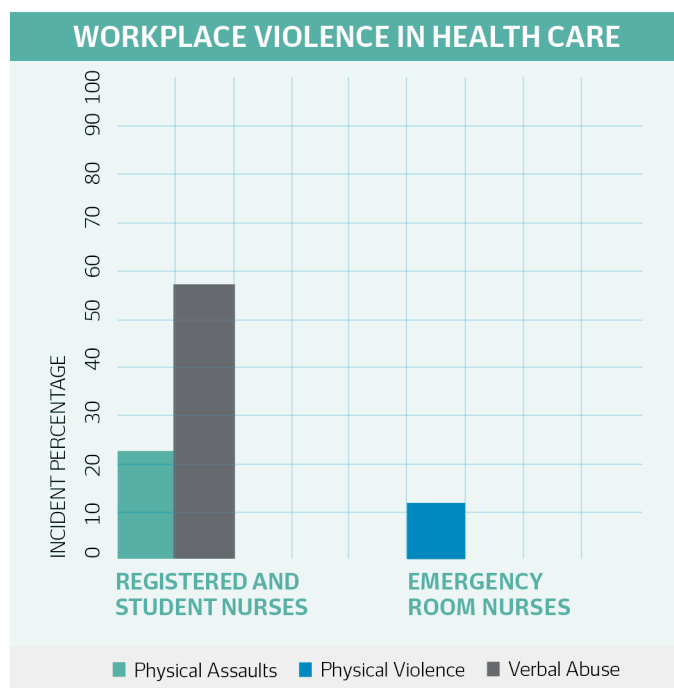
Violence in healthcare and especially in the Emergency Department is on the raise. A well trained security team working in concert with the medical team is an efficient protocol to manage this increasing violence.

By Lee Cloney, CHPA, CPP

Evidence supports the view that violence in the healthcare environment is increasing and for a variety of reasons. Techniques for responses to aggression usually address early identification of violence or of an escalation of violence so that efforts to de-escalate could prevent a crisis; for example, an assault. Security teams working in the emergency department can greatly help in the early identification of escalation of unacceptable behavior. When intervention is needed, the security team and medical personnel should work together as a response team to reduce risks.

“Since January 2010, the Joint Commission has received 201 reports from its accredited organizations of violent criminal events. Excluding the 16 reports of shootings (reported in Quick Safety Issue 4), the Joint Commission’s Sentinel Event database includes 118 reports of rape, 32 reports of homicide, 28 reports of physical assault, and seven reports of sexual assault.

Of the 185 reports, 102 were patient-on-patient violence (61 rapes, 22 homicides and 18 physical assaults). Six of the physical assaults were patient-on-staff violence.¹



About 25 percent of nurses experienced workplace violence in the last year, and pressure is growing for regulators to take steps to protect them, Alexia Fernández Campbell reports for The Atlantic. Nurses also bear personal abuse. According to a 2015 study published in the Journal of Emergency Nursing, 76 percent of nurses at a private hospital system in Virginia said they had experienced physical or verbal abuse from patients in the previous year.²

Experience has shown that well-trained teams working in the Emergency Department with medical teams, when trained to respond quickly to aggression, can help to reduce risks of injury to medical staff.

In a separate study, the Joint Commission stated that, "A recent Occupational Safety and Health Administration (OSHA) report on workplace violence in health care highlights the magnitude of the problem: while 21 percent of registered nurses and nursing students reported being physically assaulted, over 50 percent were verbally abused (a category that included bullying) in a 12-month period. In addition, 12 percent of emergency nurses experienced physical violence, and 59 percent experienced verbal abuse during a seven-day period."³

The California Division of Occupational Safety and Health (Cal/OSHA) adopted standards requiring hospitals to establish workplace violence prevention plans to protect healthcare workers and other facility personnel from aggressive and violent behavior⁴. To identify risks, to report them, and to annually evaluate them are normal safety requirements in at least sixteen states in order to prevent violence against healthcare workers.

Joint Commission standard EM.02.02.05, EP 3 defines that a hospital should clearly explain in their management plan how personnel are to respond to violence. Specifically, "The Emergency Operations Plan describes how the hospital will coordinate security activities with community security agencies [for example, police, sheriff, National Guard]." Hospitals are to include preparation for emergencies such as an active shooter situation.⁵

Experience has shown that well-trained teams working in the Emergency Department with medical teams, when trained to respond quickly to aggression, can help to reduce risks of injury to medical staff. When the incident rate of aggression is high, the security team can be trained to use advanced confrontation techniques which enable them to manage the most aggressive patients. Of course, security works under the supervision of medical staff and is to use only defensive techniques to control patients.

At one facility, where over twenty patient watches a day occur, the staff is exposed to potential violence. The presence of security and the immediate availability of highly trained security specialists help to keep the area as safe as possible. The security team finds weapons, places aggressive patients into restraints (on medical authority) and occasionally assists police with responses to violence in the hospital. The training of the security specialists focuses on use of the defensive techniques taught by certified instructors of the AVADE (Awareness Vigilance Avoidance Defense Escape/ Environment) techniques. This training shows how a trained

person of 120 pounds quickly can take down an attacking man, who was over 250 pounds. Proper training can not only improve the security response but also can help to prevent injuries to security, staff, and patients.

In one situation, police responded to de-escalate a behavioral health patient, and when the situation appeared to be safe the officer left the facility. While walking out of the building, the patient attacked the officer and removed his weapon. The security supervisor then quickly took hold of the patient and removed the weapon from the patient and with the help of other security officers, controlled that person until the police arrived and arrested the person. This is just one of many incidents in which the security staff, using physical skills authorized by post orders, responded to violence, controlled the aggressive person, or de-escalated that person.

In a study at one hospital for one month, in 59 CODE Gray calls--which is a request for a security response to an aggressive person--physical restraints were applied on request of medical staff in 30 instances.

Fortunately, in most incidents where the security team responds to assist medical staff, the situations are resolved satisfactorily through verbal persuasion and the aggressive person is escorted from the conflict incident. Security will conduct an investigation, record the details of the incident, and make notifications as per policies. In those rare situations that demand a police response, the security team manages the situation and provides police information.

One key for success is that the security team understands the medical protocols and that the medical team understands the security protocols. In other words, they work as a team to keep the environment safe. Early reporting of an escalating situation and early involvement of the security team is critical for reducing risks. The security team can manage the aggressive persons, de-escalate them if needed, and move them either back to medical care or away from the conflict area if the medical team is done with any treatment. The security response helps to reduce risks to medical staff, helps to keep them safe, as well as saves them time from working with potential aggressive persons. And, of course, the security team reports back to the medical team after situations are resolved.

Teamwork effectively managing critical incidents!

1."Preventing violent and criminal events" (Addendum, February 2017)

2."The alarming stats on violence against nurses" (Advisory Daily-Board 2016)

3. Occupational Safety and Health Administration. Workplace violence in health care: Understanding the challenge. OSHA 3826, 12/2105 (accessed May 18, 2016)

4. California SB 1299

5. Workplace Violence Prevention and Related Goals, OSHA. 12/2015

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Lee Cloney



Lee provides security service to the healthcare security sector at many locations in the last twenty-one years. He presently serves as the Region Director of Training and Development, Securitas USA Healthcare Division. His years of consulting experience for security management has positioned him as a trusted subject matter expert. Lee is certified in the healthcare field as a Certified Healthcare Protection Administrator. He currently serves on the on the ASIS (American Society for Industrial Security) International Foundation board and is a member of IAHS (International Association for Healthcare Security & Safety)

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Securitas Security
Services USA, Inc.
Nine Campus Drive
Parsippany, NJ 07054
877-281-5543
www.securitasinc.com