Workplace Violence Awareness Training

Course Details

**Audience:** Dignity Health Employees and Health Care Personnel (HCP), including all persons working in any hospital / clinic / site.

**Pre-Requisites:** None

**Duration:** 1.0 Hours

**Objectives:**

At the end of this module you will learn how to:

- Recognize risk factors for violence in the work setting
- Recognize escalating behaviors and respond appropriately
- Understand the assault cycle and how to handle each phase
- Identify characteristics of aggressive and violent behavior
- Learn verbal and physical maneuvers to defuse and avoid violent behavior, and identify the strategies to avoid physical harm
- Learn general safety measures and personal safety measures
- Understand when to report occurrences of violence within the workplace
- Understand Dignity Health’s Zero Tolerance for acts of aggression and acts of violence within the workplace

**Final Exam:**

- To receive full credit for this course you must read and comprehend all sections, and complete the final assessment with a min. score of 80%.

**Read:**

- Please read and comprehend all scripts for each of the three Workplace Violence Awareness Training topics before starting the final exam.
Lesson 1 - INTRODUCTION

- **Why is this Training Being Offered?**

  The purpose of this presentation is to provide Dignity Health employees (HCP) with a basic educational and training program that addresses violence in the workplace.

  The intent of this module is to provide useful information that will promote a safe, secure and healthful work environment.

  By offering Dignity Health employees (HCP) the tools to manage aggressive behavior and increasing employee awareness, we hope to reduce the number of violent incidents that occur. This will promote and provide a safer environment for staff, patients, and visitors.

- **What is the Risk?**

  Alarming statistics promoting employee education and a workplace violence program include:

  - Homeland Security Newswire has reported a nearly 300 percent increase in the number of reported homicides, assaults, and rapes in hospital facilities compared to the previous five years.

  - According to the Joint Commission, people are now going to hospitals and clinics to finish whatever crimes that may have been started somewhere else.

  - According to the International Association for Healthcare Security and Safety, hospitals are unique in their security needs given that they are open twenty-four hours a day, seven days a week, and 365 days a year. Additionally, hospitals & clinics have a high level of emotion present within the facility, and a wide variety of security threats, ranging from gang violence, intoxicated subjects, to disorderly subjects.

- **General Safety**

  As previously stated, with the increase of violence in our society, Healthcare personnel and providers are experiencing a greater number of potentially violent and violent acts.

  It is important to understand that not all acts of violence are completely random or uncontrollable.

  Therefore, any intervention that staff can implement to create a safe and secure environment for patients, visitors and staff is imperative.

  Every department must assess its potential for violence and institute measures to reduce that risk.

  General safety measures include consideration of the physical layout of the department, policies for prevention and response to violence, and staff training.
- **Environment**

Some healthcare facilities, by the nature of their service, are open twenty-four hours a day, seven days a week. Often emergency departments or other areas of a facility function as the entrances for patients and visitors, after business hours.

Waiting rooms are a place where violence often occurs. This is an area of increased tension due to long waits, crowded conditions, and lack of information given to waiting patients and visitors. Violence occurs most frequently in the following departments:

- Emergency Departments
- Geriatric units
- Behavioral Health Units & Clinics (outpatient)
- Psychiatric wards
- Waiting rooms and exam rooms
- Pain Management Department

The emergency department is particularly vulnerable to violence because of the 24-hour accessibility of the department to the public, the possible lack of adequately trained, armed or visible security and an overall stressful environment (ENA, 2011).

- **Policies & Procedures - I**

Policies and procedures on how to prevent violence and how the department responds to verbal assaults, physical assaults, or threats of bodily harm, are in place at each Dignity Health facility/clinic/site.

It is important that all employees are familiar with these policies before an event occurs.

Dignity Health enforces a Zero Tolerance for acts of aggression and acts of violence within the workplace.

Knowledge and education of these policies and procedures are an effective method for preventing violence from occurring, or for limiting the extent of violence once it occurs.

- **Policies & Procedures - II**

Specifically, policies should address responses to aggressive/violent behavior, how to alert others of aggressive/violent behavior (e.g., "panic-buttons"), and the reporting of aggressive/violent behavior.
It is not always possible to avoid physical harm, however, using the following strategies, one can decrease the likelihood that violence will erupt and limit the extent of injuries, if violence does occur.

For view the corporate workplace violence policy, navigate on an internet enabled computer using a web browser application to the URL listed below:

https://dignityhealth.org/ViolencePolicy

- **Workplace Violence Defined - I**

  NIOSH defines workplace violence as violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty.

  Workplace Violence classifications may include:
  
  - Physical violence towards a person, as well as threats of violence, whether direct or indirect (or "veiled").
  - Behavior that has generated a concern for safety from violence due to its nature and severity.
  - Behavior that can be severely disruptive and psychologically damaging.
  - The behavior can occur on-site, off-site during work-related activities.


- **Workplace Violence Defined - II**

  **Threats or Acts of Violence:**

  Include any conduct against a persons or property that is determined to be sufficiently severe, offensive, or intimidating to alter the conditions of employment, or to create a hostile, abusive, or intimidating work environment for one or more of our employees.

  *For more information refer to:*

**Prohibited Workplace Violence**

Prohibited workplace violence includes, but is not limited to, the following:

- All threats or acts of violence occurring on Dignity Health property, regardless of the relationship between our employee and the individual involved in the incident.

- All threats or acts of violence not occurring on Dignity Health property, but involving someone who is acting in the capacity of a representative of the organization.

- All threats or acts of violence not occurring on Dignity Health property, but involving an employee of the organization if the threats or acts of violence affect the legitimate interests of employees or the organization.

**Workplace Violence Defined - II**

Behaviors in the work setting that cause physical or emotional harm to include:

- Physical assault

- Emotional or verbal abuse

- Threatening, harassing or coercive behavior

Workplace violence has gained recognition as a distinct category of violent crime that requires specific responses from employees, law enforcement and the community (ENA, 2011).

**Examples**

The following are examples of acts of violence within the healthcare setting:

- An elderly patient verbally abused a nurse and pulled her hair when she prevented him from leaving the hospital to go home in the middle of the night.

- An agitated psychotic patient attacked a nurse, broke her arm, and scratched and bruised her.

- A disturbed family member whose father had died in surgery at a community hospital walked into the emergency department and fired a small-caliber handgun. A nurse, as well as an emergency medical technician, were killed and an emergency physician was wounded as a result of the incident.

- A patient did not receive their medication refill (narcotic) and became agitated and threatened to harm HCP, verbally threatening to come back to the clinic and shoot the place up.

For more information, navigate to the URL: [http://www.cdc.gov/niosh/docs/2002-101/#5](http://www.cdc.gov/niosh/docs/2002-101/#5)
Education

Employee education is one of the most important aspects of preventing violence. According to the Occupational Safety and Health Administration (OSHA), employees who may face safety and security hazards should receive formal instruction on the specific hazards associated with the unit or job and facility/clinic/site.

This includes information on the types of injuries or problems identified in the facility/clinic/site and the methods to control the specific hazards. It also includes instructions to limit physical interventions in workplace altercations whenever possible, unless enough staff or emergency response teams and security personnel are available.

In addition, all employees should be trained to behave compassionately toward coworkers when an incident occurs.

Lesson 2 - FACTORS THAT MAY CONTRIBUTE TO EMOTIONAL TENSION

Contributing Factors

There are multiple factors that contribute to emotional tension. In the healthcare setting factors may include:

- Patients in pain
- Patients and visitors dealing with fear of the unknown, especially, related to the patient's condition.
- Anger directed at the hospital or healthcare system
  - Cramped physical space
  - Long waiting times

Additional factors include precipitating factors such as:

- Increased personal stress
  - Loss of job
  - Finances
  - Relationships
  - Family dynamics
- A need to maintain self esteem
- Psychological and Physiological causes
- **Physiological illness**
- **Alcohol/drug use**
- **Hunger**
- **Pain**
- **Environmental (heat/cold)**

### Verbal Communication

Verbal communication is the communication through language.

Examples of verbal communication that may indicate an escalating situation include:

- Raised voice
- Angry, strident voice
- Aggressive, confrontational statements
- Demanding attention

### Paraverbal Communication

Paraverbal communication or how we say what we say consists of the following elements:

- Voice quality - voice tone
- Rate of speech - fast or slow
- Cadence - rhythm of voice
- Volume - speaking soft or loud
- Inflection - placing emphasis on specific parts of speech

### Non-Verbal Communication

Non-verbal communication is how we communicate through non-verbal actions. Body language is non-verbal communication, which consists of body posture, gestures, facial expressions, and eye movements. Examples of body language that may indicate an escalating situation include:

- Sitting anxiously on the edge of the bed
- Gripping arm rails intensely
- Tense posture
- Tight jaw
- Eye movement
- Hand and body movement
- Leaning in
- Breathing changes
- Clenched fists
- Pacing
- Frequently changing body positions
- **Personal Space**

  Proxemics is the study of the distance between people when they interact. This is the space that is viewed as an extension of oneself and usually consists of about 1.5 to 3 feet.

  Each person has a personal space comfort level that is influenced by multiple factors. Intrusion into this personal space may increase anxiety and could be perceived as a threat to one personal safety. Examples that may affect personal space include:

  - Comfort level & perceived safety
  - Size of person and size of person entering personal space
  - Age
  - History
  - Hygiene
  - Senses (hearing/vision)
  - Cultural influences
  - Environment
  - Mood and attitude

- **Lesson 3 – INTERACTION & ASSESSMENT**

  - **Interaction**

    **Listen:**
    The person may give you valuable clues as to what it is that is upsetting them. Empathic listening is the active process to identify what a person is saying.

    **Remain non-judgmental:**
    Focus on the positive not the negative.

    **Leave silence for reflection:**
    This provides an opportunity to process information and enhances communication.

    **Be patient:**
    In a busy healthcare facility/clinic/site, staff can often give the appearance of being rushed and not having time for the patient or family members.

    Staff can often set the tone of the environment. Take the time and show an interest in the
person to allow for effective communication.

Establishing trust and a therapeutic relationship may be all that is needed.

- **Assessment**

  **Maintain attitudes of respect and acceptance:**
  Judgmental attitudes can be a catalyst for a violent episode. Patients who are prone towards violence often feel misunderstood and disrespected. Respect cultural differences in coping style.

  **Avoid conflicts over power and control:**
  Do not attempt to put a patient in his/her place or to show him/her who the boss is. Do not embarrass the patient or family members.

  **Rational detachment:**
  Do not take the escalating behavior personally.

- **Building Rapport**

  Establishing rapport with all patients and their family members is an important component to effective communication. Ways to build rapport include:

  - Use a calm voice and non-judgmental questions or statements.
  - Allow the patient to speak freely. It is important to determine the patient's perception of why he/she is in the healthcare facility/clinic/site.
  - Allow the patient to describe any problems and or symptoms he/she may be experiencing.
  - After eliciting as much information as possible from the patient, testing should begin as necessary.

- **Staff Safety is Paramount**

  It is important to remember that the safety of staff should come first.

  Trying to manage an escalating or violent patient is no time for heroics. If staff feel a patient is about to act out, they should remove themselves from the situation and call for help.

  **If the patient has a weapon, staff should contact Security immediately so they can**
**remove the weapon from the patient care area.** If necessary law enforcement should be called immediately to interact with any weapon situation, where the patient has threatened to use it.

When waiting for law enforcement to respond, staff should remove themselves and others from the danger area, if possible. Any attempt to disarm an individual should be made only by trained personnel.

- **History of Violence**

  A history of violence is a predictor that another episode of violence is likely to occur.

  The acts of violence may be associated with the individual or with the family setting. Families that surround themselves in conflict sometimes commit acts that are more violent. These individuals tend to be more aggressive, manipulative, and impatient in the waiting room.

  Persons who have been victims of violence also have an increased chance of becoming violent.

- **Lesson 4 – ESCALATION OF BEHAVIOR**

  - **Behavioral Clues - I**

    Behavioral clues are often present before a patient or visitor actually commits a violent act. The person's behavior might start out with verbal threats, such as cursing and progress to more observable threats.

    Examples of this type of escalation are:

    - **Anxiety** - sweating, wringing hands, pacing, repetitive questioning
    - **Aggressive Behavior** - confrontational, challenging
    - **Acts of Violence** - spitting, hitting, pushing, punching, assault with a weapon

    The goal is to intervene before the assault actually takes place.
**Behavioral Clues - II**

Trust your instincts about how the individual is responding to intervention. If a healthcare worker feels uneasy about an individual there is usually a valid reason.

Predicting factors sometimes can be derived from the general appearance of the patient or visitor.

Young males and females between the ages of 15 and 30 tend to be more violent. It is important to remember that any person has the potential to become violent.

Their appearance or dress may be disheveled; other clues may further indicate that this individual is having difficulty coping.

**Escalating Events**

Having the ability to recognize contributing factors helps to reduce or prevent escalation from occurring.

As soon as a potential situation has been identified, intervention measures should be instituted immediately to help de-escalate the situation.

There are several important considerations when de-escalating a potentially volatile situation. On one hand, appropriate staff reactions can significantly reduce an escalating situation and calm a person who is acting out. On the other hand, inappropriate staff reactions can cause a situation to escalate rapidly.

**Anxiety**

There are many types of anxiety disorders experienced; however, anxiety can be defined as a feeling of apprehension, worry, uneasiness, or dread. Anxiety is the normal reaction to anything that threatens one’s body, lifestyle, values, or loved ones.

How one responds to a person experiencing anxiety can assist with de-escalating a potentially volatile situation.

By using a helpful, sympathetic, and non-judgmental approach, the issues creating the anxiety can be better understood and minimized.

**Trigger Event - I**

The triggering event is the event that initiates the escalation of behavior.
This event is the combination of a person's perception, coupled with their behavioral background, conflict management style, general mental health, or the involvement of drugs and alcohol; all of this contributes to a person's overall perception of an event.

It is the person's perception of the event that will, or will not, initiate the escalation of behavior.

The predisposing factors are generally unknown to the health care provider & personnel (HCP).

- **Trigger Event - II**

  The triggering event has the potential to lead to a violent or an assaultive episode. The triggering event often results from a perceived loss or threat of a loss from one of the categories in Maslow's hierarchy of needs:
  
  - Survival needs
  - Safety
  - Belonging
  - Love
  - Self-esteem
  - Self-actualization

  During this phase the person experiencing the escalating behavior may question or refuse to comply with requests.

- **Trigger Event - III**

  The triggering event may be linked to the death or impending death of a family member or friend; it may be linked to an abusive situation, or related to a catastrophic illness or injury.

  The triggering event may involve an actual loss, or a perceived loss, or threat.

  The important point here is that the triggering event is some kind of a loss perceived by the individual.

- **Staff Response to Anxiety**

  Listen to what the person is saying and take the time to assist with reducing the person's anxiety.

  This can be as simple as following up on a question, getting the person a cup of coffee, or providing updates on a family member's condition.
Watching for early signs of impending violence and observing behavioral clues from individuals or their families, and how they interact with one another, helps in early identification of individuals that are prone towards violence.

Intervention if necessary can start sooner, thereby decreasing the chance that a violent episode might occur.

- **Aggressive Behavior - I**

  The next phase within the escalation of behavior is **Aggressive Behavior**.

  Within this phase, a person's behavior might start out with verbal threats, such as cursing and escalate to more observable threats.

  - **Anxiety** - sweating, wringing hands, pacing, repetitive questioning
    
    - **Aggressive Behavior - confrontational, challenging**
    
    - **Physical Violence** - spitting, hitting, pushing, punching, assault with a weapon

- **Aggressive Behavior - II**

  Aggressive behavior can take many forms, but is characterized by a person's inability to think and act rationally. This is behavior that cannot be explained by normal reasoning.

  There are many reasons for aggressive behavior to include psychological and physiological reasons.

  Escalating behavior progressing to aggressive behavior is an indication that limits must be set between the person acting irrationally, and the people he/she is interacting with.

- **Fight or Flight - I**

  During the aggressive behavior phase, the individual acts out in response to the triggering event. Violence is often a reaction to feelings about an event or stimuli.

  A perceived loss or threat might contribute towards violent behavior. These feelings, coupled with a person's coping abilities, determine the potential for violence.
A person's basic reaction to a perceived threat is either "fight or flight." Generally, people use one or the other. The person who uses the "fight" mode has a greater potential for violence.

However, when a person who generally uses the "flight" mode is pushed far enough he/she can also erupt into violence.

- **Fight or Flight - II**

  A person may "fight" by attacking either verbally or physically. This is also known as Release.

  A person who is fearful and uses "flight" may run off into a corner, go into a fetal position, cover his/her head, or become manipulative or aggressive and intimidating.

  If at this phase in the cycle, the individual is not getting what they want using one of these means, chances are their behavior will continue to escalate.

  If de-escalation methods are not implemented, there is a good chance that this behavior will lead to a violent eruption.

- **Frustration**

  A frustrated individual may not act on the frustration immediately. Unresolved frustration becomes pent-up and could eventually result in an attack.

  The attack may be verbal, although it is quite often physical. Pent-up frustration can result in a very explosive attack.

  Individuals with impulse control problems, a history of violence, or a history of victimization are more likely to become violent at this phase of the escalation of behavior.

- **Staff Response to Aggressive Behavior**

  Start with a positive statement and provide choices for the person who has escalated and is demonstrating aggressive behavior.

  Provide consequences for non-compliance with choices, and allow time for the person to process the information. Before a patient starts to become violent, staff may notice the patient's escalating behavior.

  It is here that staff wants to intervene with verbal interaction.
- **Communication**

  Aggressive behavior to include belligerent and challenging questions and refusal or non-compliance with requests can be challenging.

  Verbal interventions include, identifying the feelings of the person, and encouraging the person to vent.

  Saying "I see you are angry. Will you tell me about it?"

  This begins to establish a therapeutic relationship and is the start of de-escalation to prevent a potentially violent situation.

- **Therapeutic Relationship**

  Once a therapeutic relationship has begun, proper communication and intervention methods start to defuse the behavior.

  - Look at the individual when they speak, and project a caring appearance.
  - Listen very carefully to what the individual has to say.

  The best style of communication is a balanced one that utilizes both assertive techniques and the use of appropriate resources. Conversely, inappropriate communication which utilizes such methods as acting withdrawn, passive, or aggressive (manipulation, intimidation or frustration) may escalate a situation.

- **Communication and Staff Response**

  An event is more likely to escalate when non-assertive communication is used on someone using an inappropriate communication style. In this situation, the best solution is to use a balanced communication style that leads to resolution and helps in de-escalating the potential violent behavior in most instances.

  - Staff response to information-seeking questions should be factual and timely.
  - Staff response to challenging questions should focus on redirecting the questioning and ignoring the challenge.
  - Staff response to non-compliance or refusal involve setting reasonable and enforceable limits.
• Staff response to release or verbal venting should include allowing the person to vent and isolating the person if possible.

• Staff response to acts of intimidation or threatening behavior include taking all threats seriously, getting assistance and reporting the threat.

- **Physical Violence - I**

The next phase within the escalation of behavior is **Physical violence**.

Acts of violence occur when efforts to de-escalate a situation were unsuccessful.

- **Anxiety** - sweating, wringing hands, pacing, repetitive questioning
  
- **Aggressive Behavior** - confrontational, challenging
  
- **Physical Violence** - spitting, hitting, pushing, punching, assault with a weapon

- **Physical Violence - II**

Who becomes violent?

• People that have problems controlling their impulses

• People who suffer from a recent loss or a perceived loss

• People who exhibit a dominant/authoritative image

• People who are experiencing a physiological complication

• People who are suffering from a psychological illness

- **Alerting Behaviors - I**

Alerting Behaviors?

• A history of threats or violent acts, including threats or violence occurring during employment and a criminal history suggestive of a propensity to use violence to project power and to control others, or as a response to stress or conflict.
• Threats, bullying, or other threatening behavior, aggressive outbursts or comments, or excessive displays of anger.
• Verbal abuse or harassment by any means or medium.
• Harboring grudges, an inability to handle criticism, habitually making excuses, and blaming others.
• Chronic, unsubstantiated complaints about persecution or injustice; a victim mindset.
• Obsessive intrusion upon others or persistent unwanted romantic pursuit.

### Alerting Behaviors - II

Alerting Behaviors? - *Continued*
• Erratic, impulsive, or bizarre behavior that has generated fear among co-workers
• Homicidal or suicidal thoughts or ideas.
• A high degree of emotional distress.
• Apparent impulsivity and/or low tolerance of frustration.
• A fascination with weapons, a preoccupation with violent themes of revenge, and an unusual interest in recently-publicized violent events, if communicated in a manner that creates discomfort for co-workers.
• Any behavior or collection of behaviors that instill fear or generate a concern that a person might act out violently.

### Assault

• An assault can be verbal, physical, or both.
• An assault is an unlawful attempt, coupled with a present ability, to commit a violent injury on another person.
• It may be appropriate to physically restrain or chemically restrain a person in the assault stage.

Remember, you have a right to protect yourself if you are the victim of a physical assault.
- **Staff Response to Acts of Violence**

Acts of violence result from a total loss of control or rationality. It is important for your safety that you know how to appropriately respond. Here are some questions you should know the answers to:

- What does your hospital policy state for how to interact with a violent person?
- When can you use restraints and who is allowed to apply them?
- When do you protect yourself?

These are questions that must be answered by your hospital's/clinic's/site's specific policies.

- **Staff Rights**

**YOUR PERSONAL SAFETY IS OF UPMOST IMPORTANCE**

Here are a few things to keep in mind:

- You have the right to protect yourself from acts of violence.
- You have the right to remove yourself from a dangerous situation.
- You have the right to request assistance.
- You have the right to educate yourself on workplace violence and ask questions.
- You have the right to be safe within your workplace.

- **Lesson 5 – PERSONAL SAFETY MEASURES**

- **Interventions and Behaviors**

Attitude, attire, and physical ability are areas in which each individual has control over his/her personal safety.

Working in a healthcare facility/clinic/site that has the potential for violence makes it imperative that individuals educate themselves on interventions or behaviors they can utilize to protect themselves from violence.
- **Attitude and Mood**

Attitude refers to a state of mind or feeling. Mood refers to a trend of an individual's thought.

Both attitude and mood affect performance and motivation. It is important that each of us review our attitude toward ourselves, the type of work we do, our employer, staff, and clients with whom we work.

Ask the questions, what are our coping skills and how do we deal with the high stress environment in which we work?

The attitude and mood of the individual contributes to the overall attitude and mood of the work environment.

- **Physical Attributes**

When working in an area with a high potential for violence, it is important to be prepared both emotionally and physically.

When violence erupts, responses must be quick and controlled. Attire must allow for stability and nonrestrictive movement.

Everybody should review his/her personal attire to ensure clothing worn at work does not restrict the ability to respond to an assaultive event.

Not only is what we wear important, but also is our physical ability to move quickly and to take proper action.

- **Potential Weapons**

Accessories such as glasses, earrings, necklaces, stethoscopes, hair, barrettes, neck ties, rings, bracelets, watches, hairpins, pencils, pens, scissors, fingernails, keys, and belts can be used to control or as a weapon to injure an individual, during a physical confrontation.

An assaultive person could grab onto hair, a neck tie, or stethoscope and easily swing, pull, or choke that person.

They could smash eyeglasses and barrettes into the individual's face and head, or grab a pen or pencil and stab someone with it.

Always check to ensure that any accessory worn is not going to be used against you or someone else to injure or harm.
**Principal Safety Skills**

One principal safety skill is to be observant and aware of potentially violent individuals.

This is where rapid, accurate assessment skills are necessary. Violence is a behavior resulting from inappropriate coping skills in response to a perceived threat. There are behavioral changes that precede violence.

Behaviors such as gripping the arm rails intensely, speaking with a raised/aggressive voice, pacing, and startling easily are predictive characteristics of people that may become violent.

If these behaviors are recognized and appropriate interventions are initiated, assaults may be avoided.

**Levels of Interventions**

The intervention used must match the level of the threat. Interventions range from verbal to hands-on. Every situation needs to be evaluated individually and may involve more than one type of intervention. It is important that these skills are kept current, so when needed, everyone knows how to properly respond.

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<thead>
<tr>
<th>DO</th>
<th>DO NOT</th>
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<tr>
<td>Keep calm</td>
<td>Make false promises</td>
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<tr>
<td>Listen</td>
<td>Overreact</td>
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<td>Set Enforceable limits</td>
<td>Get in power struggle</td>
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<td>Ensure the situation is isolated</td>
<td>Fake your attention</td>
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<td>Be aware of non-verbal communication</td>
<td>Be threatening</td>
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<td>Stay consistent</td>
<td>Use complicated medical terms or other jargon</td>
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**Physical Restraints**

For individuals who have already escalated beyond the point where verbal communication has become ineffective, there may be a need for physical restraint.
If a person is going to be physically restrained:

- Make sure adequate trained staff members are available (ideally, one staff member for each extremity restrained and one to be the leader/restraint fastener).
- Staff members should not try to restrain a patient if they do not have enough resources, as someone may get hurt.
- There should be a designated team leader during the restraint process, who coordinates the effort.
- The person should be told what is happening and why.
- After the person is restrained, staff must follow their hospital/clinic/site Restraint Policy, for observation and care of a restrained individual.
- **If that individual is a patient, a physician order must be obtained immediately after the event.**

### Behavioral Restraint and Seclusion - I

**Definitions:**

- In accordance with Dignity Health policy:
  - **BEHAVIORAL RESTRAINT** is a form of restraint used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others.
  - **SECLUSION** is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving.

### Behavioral Restraint and Seclusion - II

Behavioral restraint or seclusion require clinical justification and are used only to protect the patient from self-inflicted injury or from injuring others.

**The minimum level of restraint necessary to accomplish the desired purpose should be used.**

Restraint or seclusion may only be used when less restrictive intervention has been determined to be ineffective to protect the patient, staff members, or others from harm.
Restraints must be fastened or tied with a quick-release and be easy to remove in case of airway compromise, fire or other emergencies.

All potentially dangerous articles should be removed from the violent patient and the room where patient is confined.

REFER TO YOUR HOSPITAL'S/CLINIC'S/SITE'S POLICY

- **Chemical Restraint of Patients**

  The chemical restraint of the violent patient may precede or follow physical restraint of the patient.

  Prior to the use of chemical restraint, it is important to identify the cause of the violent behavior, differentiating between organic and functional disorders. Identifying organic causes of violent behavior such as hypoglycemia, head injury, etc. may necessitate other types of intervention.

  Chemically restraining a patient exhibiting violent behavior caused by an organic disorder should not result in additional harm to the patient. Once the patient has been assessed and the decision made to administer sedating or psychopharmacologic agents (chemical restraint), it is important to approach the patient with an adequate number of staff members to reduce the possibility of patient or staff member injury.

  REFER TO YOUR HOSPITAL'S/CLINIC'S/SITE'S SPECIFIC POLICY FOR ADMINISTRATION OF CHEMICAL RESTRAINTS

➢ **Lesson 6 – Release of Tension Phase**

  - **Release of Tension - I**

    Once a person has acted out, there is a significant drop in energy and the person may become tired and may not remember the incident.

    The person may also be apologetic, embarrassed, or remorseful of his/her actions.

    Re-establishing communication and rapport with the person who has experienced the crisis is important in order to identify causes of the escalating behavior.

  - **Release of Tension - II**

    Key points to remember after an incident include:
- Do not touch the person who has experienced the escalating behavior
- Re-establish communication with the person who acted out
- Before a debriefing the incident, check that all staff are physically ok and in a mental state to constructively discuss the incident. Identify what happened and obtain the facts
- Look at what caused the behavior to start and patterns of the behavior
- Come to an agreement with the person who acted out and provide examples of appropriate behavior
- Provide consequences for inappropriate behavior
- Provide the person who acted out responsibility of his/her behavior

Lesson 7 – STAFF RESPONSE TO ESCALATING BEHAVIOR / GENERAL SAFETY

Staff Anxiety and Fears - I

Anxiety and fears are normal reactions during times of stress. An acting out patient, disruptive family members or our co-workers can provoke these emotions during escalating situations.

Reactions to anxiety and fears that are NOT helpful include:
- Go into shock/loss of body movement
- Reacting with overboard and/or inappropriate emotion or response

Staff Anxiety and Fears - II

Helpful responses to anxiety and fears include:
- Your body speed is heightened
- Your muscle ability is increased
- Increased awareness of what is happening around you in a slowed down fashion.

Overcoming your anxiety and fears:
- Learn ways and methods that prevent and keep you from harm in violent situations.
- Except things that you are afraid of.
• Remember, you’re NOT alone! Pull in other teammates when interacting with a person experiencing escalating/violent behavior

- **Staff Approaches to Escalating Behavior**

Verbal techniques to diffuse potentially aggressive/violent behavior is the preferred intervention used in an aggressive/violent situation.

As healthcare providers & personnel (HCP), customer relations are an important element to performing our daily jobs, and providing quality care.

A proper frame of mind is needed to diffuse or deal with potentially violent individuals.

Understanding escalating behavior and how to interact with the acting out person with the goal of safety for both the acting out person and all staff.

Consider ethnic and cultural issues that may be contributing to the escalating behavior.

- **Non-Confrontational Approach**

  - Speak in a calm, clear, simple, slow, non-confrontational manner.
  - Use small words in short simple sentences, and repeat them several times.
  - Speak softly (but not meekly) so the individual must lower their voice to hear yours.
  - Avoid intense eye contact with the individual, this helps to decrease the intensity of the situation.
  - Utilize other staff members, who may have a better rapport with the individual.
  - Set limits for the individual. Limits should be enforceable and must be carried out when the limit is reached.

- **Search for Weapons**

  - If the individual has a weapon, verbal intervention is the only possible response for staff members.
  - Ask the individual to relinquish the weapon to the floor, and have him/her walk away from it. If they do so, distance the individual from the weapon.
  - Law enforcement (and possibly trained security personnel) should be the only individuals confiscating weapons. Contact security and law enforcement if it is suspected that an individual is carrying a weapon.
▪ **Stance**

Physical maneuvers to diffuse and avoid violent behavior should be added to the training of each healthcare provider to increase his/her personal safety in the workplace.

Use body language that is assertive (confident) but not aggressive.

Stand with feet apart (the width of your hips), balance on the balls of your feet, and with one foot slightly in front of the other for better balance.

Keep the individual at least an arm’s-length distance away (judge the length of the *individual's arm*, for the proper distancing).

▪ **Keep an Exit Available**

Never place yourself between the individual and the exit (cornering them), and never place the individual between you and the exit (blocking yourself in). That way there is always a way out if the individual becomes violent.

**Never turn your back to an individual.**

Treat the individual like a king, walk in facing the individual and walk out facing the individual.

▪ **Get Help/Back-Up**

In a situation where there becomes a potential of violence occurring, *GET HELP IMMEDIATELY*

**Call for help or contact Security and/or law enforcement early.**

There is strength in numbers; sometimes just a show of force with available staff is all that is necessary, or with security staff, if available.

➢ **Lesson 8 – SECURITY ASSESSMENT & HOSPITAL CODES**

▪ **Security Assessment Plan**

Annually there should be a Security Risk Assessment performed for the facility/clinic/site that should be reported to the Environment of Care (EC) Committee or the Safety Committee to recommend action items to Administration. Among the items considered for the Assessment are statistics gleaned from Security Incident Reports. Therefore, it is
important for all staff members to report any violent activities to Security, or the individual responsible for Security matters (if no Security department is present), IMMEDIATELY, or as soon as it is safe to do so.

Facility/clinic/site staff members are encouraged to participate in facility committees addressing safety and/or violence.

All staff members should have input into the facility Security Risk Assessment and Security Plan as required by Health and Safety Code Section 1257.7 (formerly AB 508).

Report all incidents of aggressive/violent behavior to administration by using the appropriate reporting tool and/or form.

- **Hospital/Clinic/Site Codes**

  Staff members should be familiar with all the security features in their department/location, and how to contact other members of the facility or the security team when there is a security problem and a security department is present. Department orientation to the security features should be conducted for all new employees, and those transferring to the department from another area of the hospital/clinic/site.

  Whenever changes are made to security aspects in the department, employees should be given an in-service to discuss the changes that have been made. Each department should have an annual refresher for the employees on the department's security features, and the reporting process that is in place.

  There are also established security & emergency "Codes" used in each facility. Examples of these Codes include ones for Infant and Child Abductions, Combative Persons, and persons with a Weapon or Hostage Situations.

- **Group and Individual Responsibilities**

  The largest problem encountered in violent situations is a lack of clearly and mutually agreed upon roles and responsibilities.

  Generally the medical team is responsible for patient-related issues and the Security staff, if present at the site, is responsible for security issues.

  If law enforcement is mentioned in the policies and procedures, training (or at least orientation) should take place with law enforcement agents so they are aware of what is expected of them.
Mandatory Reporting Responsibilities – 24 & 72 Hours - I

California Hospitals Only: OSHA Title 8, Section 3342 (g):
“(1) Reporting requirements for general acute care hospital, acute psychiatric hospital, and special hospital shall report to the Division any incident involving either of the following:
   (A) The use of physical force against a hospital employee by a patient or a person accompanying a patient that results in, or has a high likelihood of resulting in injury, psychological trauma, or stress, regardless of whether the employee sustains an injury;
   (B) An incident involving the use of a firearm or other dangerous weapon, regardless of whether the employee sustains an injury.
(2) The report to the Division required … shall be made within 24 hours after the employer knows of the injury…”
Note: "Division" as used above refers to the California Division of Occupational Safety & Health Standards Board, also known as “Cal-OSHA.”

Mandatory Reporting Responsibilities – 24 & 72 Hours - II

All Sites: Section 240 of the California Penal Code:
"Any act of assault, as defined in Section 240 of the Penal Code, or battery, as defined in Section 242 of the Penal Code, against any on-duty hospital staff shall be reported to the local law enforcement agency within 72 hours of the incident."

Definition of Assault

Assault: "... an unlawful attempt, coupled with a present ability, to commit a violent injury on the person of another."

- In order to constitute an assault, there must be something more than mere threats of menace.
- An assault occurs when a person, without lawful authority, does something that places another in reasonable apprehension of being physically hurt.
- An example of an assault would be when someone threatens to hurt or kill you.

Definition of Battery

Battery: "Any willful and unlawful use of force or violence upon the person of another."

- A battery involves actual physical harm or contact, knowingly inflicted, without legal justification, and in an insulting or provoking manner.
• An example of battery would be if someone hits you either with a part of their body or with a physical object such as a telephone.

- **Reporting Requirements**

  **Internal Reporting:**
  Any acts of violence should be reported to the employee's direct supervisor and/or Security. All incidents will be reported to the Risk Manager, when appropriate, and when deemed necessary to local law enforcement.

  **External Reporting:**
  Any act of assault or battery that results in injury or involves the use of a firearm or other dangerous weapon, against any on-duty hospital/clinic/site personnel shall be reported to the local law enforcement agency **within 72 hours** of the incident. Dignity Health requires, whenever possible, reporting to law enforcement before the end of the current shift.

  California Hospitals Only: All incidents of violence as described above, whether or not actual injuries were incurred, must be reported to Cal-OSHA **within 24 hours**.

- **California Health and Safety Code**

  No health facility/clinic/site or employee of a health facility (HCP) who reports a known or suspected instance of assault or battery pursuant to this section shall be civilly or criminally liable for any report required by this section.

  No health facility/clinic/site or employee of a health facility (HCP) who reports a known or suspected instance of assault or battery that is authorized, but not required, by this section, shall be civilly or criminally liable for the report authorized by this section unless it can be proven that a false report was made and the health facility/clinic/site or its employee (HCP) knew that the report was false or was made with reckless disregard of the truth or falsity of the report, and any health facility/clinic/site or employee of a health facility (HCP) who makes a report known to be false or with reckless disregard of the truth or falsity of the report shall be liable for any damages caused. Any individual knowingly interfering with or obstructing the lawful reporting process shall be guilty of a misdemeanor.
Lesson 9 – RESOURCES FOR COPING WITH INCIDENTS OF VIOLENCE

- **Post-Traumatic Stress Syndrome**

  Staff members who have been involved in a violence episode at work may experience many different feelings after the event. Feelings such as:
  
  - Self-doubt
  - Depression
  - Fear
  - Post-traumatic stress syndrome
  - Loss of sleep
  - Irritability
  - Distressed relationships with family and peers
  - Decreased ability to function effectively at work.
  - Increased absenteeism

  It is estimated that it takes a healthcare worker up to one week, or as long as one year to recover after an assault.

- **Verbal Assault - Crisis Intervention**

  Immediately following a verbal assault, it is advisable to remove the person assaulted, and allow them plenty of time to relax and compose themselves.

  Then reconfirm that he/she has been doing their best in that situation. Colleagues and supervisors of a victim of a verbal assault can be helpful by distracting the victim’s attention or switching work assignments.

  The victim of a verbal assault will probably remain at work; however, it is wise to change their work assignment. And, if the perpetrator is still on site, keep them separate. Have other staff treat the perpetrator of the verbal assault.

- **Physical Battery - Crisis Intervention**

  When a physical battery occurs, the supervisor must intervene to assess the situation and the battered victim. Supervisors should remove the battered victim from the area of the battery to a private location and assess & treat any physical injury sustained, encourage the victim to vent feelings, assess his or her level of stress and affirm that a stress reaction is normal.

  Ask if he or she wants to return to work, or what would be helpful right now, and what was the worst part of the incident, and offer them some time alone to compose themselves.
The supervisor, along with the assaulted staff member, must determine if the assaulted staff member is fit to return to duty. If the staff member still shows physiological signs of acute stress 15-30 minutes after the incident, they should not return to duty.

- **Crisis Counseling**

  Crisis counseling must be established and maintained on an ongoing basis whenever a significant assault or event occurs.

  The Crisis counseling program may be directed by mental health professionals or through peer counseling.

  In-house programs such as Employee Assistance Programs (EAP) are also helpful.

- **Critical Incident Stress Debriefing**

  **Critical Incident Stress Debriefing (CISD)** is a program set up for all personnel involved in a significantly stressful event (the death of a child, an assault, etc.) whereby involved staff members exhibit symptoms of stress, hours or days after the event.

  CISD helps staff express their feelings about the critical incident. This, in turn, debriefs those involved, thereby decreasing the stress associated with the critical event. The main objective of CISD is to allow all staff to explore their feelings and perceptions about the event as a group. CISD should take place soon after the event (24 to 48 hours) and involve as many staff members as possible.

  Only those directly involved with the incident should be allowed to attend and all information shared at the debriefing must remain confidential.

- **Conclusion**

  A staff member's (HCP) perception regarding his/her competency on the job after an assaultive crisis may affect them professionally and personally.

  Doubts may surface regarding adequate job performance and their ability to cope with everyday stress. The individual may feel that important questions about the incident still need to be answered, and seek the benefit of debriefing or employee assistance programs.

  Employees should have resources available to assist them in dealing with stressful events.

  **For specific programs in your area, contact your supervisor or human resources department.**