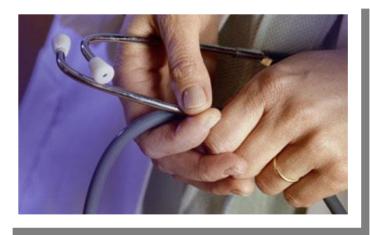
Combative Patients

Preventing and Controlling Violence in Healthcare Workplaces



The Scope of the Problem

- The healthcare industry leads all other industry sectors in incidence of non-fatal workplace assaults.
- In 2000, 48% of all non-fatal injuries from assaults occurred to healthcare workers.
- Median lost days from assaults against healthcare workers is 5. Nearly 25% of assaults against healthcare workers result in more than 20 days lost time.



FACT:

- US Bureau of Labor Statistics estimates over 2,600 non-fatal assaults on hospital workers in 1999. A rate of 8.3 assaults per 10,000 workers.
- Non-fatal assaults for all private sector industries (1999) is 2 per 10,000 workers.
- Later statistics indicate an increase in the trend.

Who Is Most at Risk?

- Healthcare workers in solitary settings, such as private-duty nursing
- Home health caregivers
- Emergency room workers
- Workers in mental-health wards and facilities
- Workers dealing with head trauma



Social services workers





Management of Workplace Violence

- Estimated 85% of workplace violence has clear warning signs
- Elevated-hazard scenarios (see previous slide)
- Patients/residents with prior histories of violence or threats
- Work Environment Factors:
 - Dark, isolated areas
 - Chaotic, emotionally-charged areas (ER during busiest times)
 - Inadequate staff to deal with/manage incipient or manifested violence
- Conflict Dynamics stages (see next slide)



Dynamics of Violence

Three Stages of Conflict:

- 1. Anxiety Manifestations of nervousness, fear
- 2. Verbal Aggression Implied threats of violence, or direct threats of aggression
- 3. Outbreak of Violence Patient actually commits assault

Recognize that some diminished-capacity individuals may not follow these stages and may resort to violence with minimal warning.



Management of Conflict Stages

Anxiety Stage

- Offer support, calming talk.
- Use "paralanguage" to repeat or mirror patient's expressed fears, display empathy with patient/resident

Verbal Aggression Stage

- Let them vent within limits
- Verbal aggression is testing the limits
 - Become assertive, draw a line or boundary of behavior

Violence Stage

- Survival and minimization of injury is most immediate goal
- Control of patient/resident is second consideration
- Minimizing injury to patient/resident is third priority





OSHA Violence Prevention Plan

- OSHA recommends that employers establish and maintain a violence prevention program.
- Components Include:
 - Management commitment
 - Employee involvement
 - Worksite analysis
 - Hazard prevention and control
 - Safety and health training
 - Recordkeeping
 - Evaluation of program



Management Commitment

- Emotional as well as physical health of employees
- Allocation of authority and resources
- Equal commitment to worker safety and patient/client safety
- A system of accountability for involved managers and employees
- Medical and psychological support for employees involved in violent incidents
- Clear "No-Reprisal" policy for reporting incidents

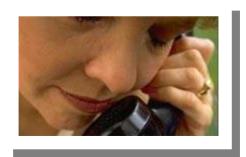


Employee Involvement

- Understand, support, and comply with the workplace violence program
- Participate in employee complaint or suggestion programs and opportunities
- Provide prompt and accurate reporting of all workplace violence
- Participate in and contribute to workplace violence training opportunities



Reasons Employees Don't Report





- Misperception that violence is "part of the job"
- Lack of administrative reporting policies or procedures
- Fear that employer will think they can't handle the job
- Fear of employer reprisals
- Perception that reporting doesn't seem to improve anything

Hazard Prevention and Control

- Place convex mirrors to eliminate blind areas
- Control access to work areas
- Provide training for staff in recognizing signs of violence and conflict management
- Provide adequate staffing to manage violent patients/ residents

- Evaluate prior records of patients for violence potential
- Inform patients of zero tolerance violence policy
- Establish tracking and charting system for violent behaviors, including passing on information from one shift to another

Training Topics

- The facility's violence prevention program
- Reporting requirements
- Dynamics of Violence
 - Conflict Stages
 - Management of Conflict Stages
- Nonviolent responses for aggressive, hostile behavior
- Facility's security procedures

- Techniques and skills (role playing, practical practices, etc.) for conflict resolution
- Techniques for victim support
- Law Enforcement involvement
- Training tools, such as OSHA's training materials for Workplace Violence prevention



Summary

- Violence is a leading cause of healthcare worker injury
- Estimated 85% of violent incidents had warning signs
- Employers should be aware of categories of patients and scenarios in which possibility of violence is increased
- Employers should implement and maintain a Violence Prevention Plan