Health Care: Violence in the Workplace Webinar Question and Answers

1. Can you provide the list of the 22 States that have pending laws underway?
   1. Arkansas
   2. Colorado
   3. Hawaii
   4. Maine
   5. Nebraska
   6. Missouri
   7. New Jersey
   8. New Mexico
   9. New York
   10. Ohio
   11. Pennsylvania
   12. Tennessee
   13. Texas
   14. Vermont
   15. Virginia
   16. California
   17. Utah
   18. Oregon
   19. West Virginia
   20. Massachusetts
   21. Maryland
   22. Connecticut

2. Can you review again - was an inventory of patient’s possessions done at time of admission? If not, why?

   No. At the time of the incident, Danbury Hospital had a policy in place that required an inventory of possessions for patients being admitted to the psychiatric unit, but not to a medical unit.

3. How many hospitals have a certified police department?

4. When you are dealing with a culture that is rural what recommendations do you have to help management become aware of the changes in how the world of violence is changing? The "it won't happen here" statement is the biggest to overcome because luckily it hasn't but it's just a matter of time. How do we get administration to understand violence issues without an employee having to be badly injured first?

   Providing management with the Joint Commission Sentinel Event Alert from June of 2010, recent OSHA rulings against hospital such as Danbury Hospital, which impose fines and the requirement of action plans, and the law/proposed laws from 22 states on workplace violence, should have impact. In addition, management needs to know that
hospitals face serious licensure ramifications and denial of Medicare reimbursement involving workplace violence incidents.

In addition to the JCAHO Sentinel Alert, the American Society for Industrial Security has published a document called, Managing Disruptive Behavior and Workplace Violence in Healthcare” it can provide you with information on the severity of violence within healthcare. It can be obtained by going to the ASIS website and searching by the document name.

5. Any additional advice for States such as Arizona where firearms are allowed to be carried, besides posting a no firearms allowed sign?

There should be a hospital wide policy which indicates that no firearms are allowed in the hospital. This policy should be endorsed by senior management and distributed throughout the facility.

6. What do you think of the course called "M.O.A.B.” Management of Aggressive Behavior for hospital employees and their security staff?

MOAB is used by many hospitals including the top US News and World Report facilities.

7. Most of this was about hospitals, are there any resources for home health?

Throughout the country there is starting to be more of a concern on this topic. Home health nurses should be provided with de-escalation training like MOAB or CPI with regular follow-up training. In addition, home health should have a close working relationship with the security department and local police. They can help resolve local legal issues and provide basis crime prevention training.

8. What types of personal devices were provided to employees at Danbury Hospital?

The devices we chose to use were purchased from Secure Systems, Inc. in Ocean, NJ. They are pendant size and are typically attached to the employee’s security badge for ready access. When the employee pushes the button for assistance, the call is transmitted directly to our Security Department and depicts a photo and floor plan of the area where the employee is located. The transmission is tracked for 4 minutes and the images are triple redundant, meaning that 3 computers pick up the images. The devices cost approximately $100 each.

9. Do you see a trend in healthcare towards creating private law enforcement agencies within the hospital setting, similar to what we have seen on college campuses for responsiveness as well as greater deterrence?

No, there is no trend toward arming or certifying security officers. However, many hospitals employ off-duty police officers to man their EDs. This practice is having
resurgence and is being considered by hospital that did not consider it an option several years ago.

10. As part of overall hospital policy that violence of any sort will not be tolerated, how does your facility handle/support employees lodging complaints against violent patients (verbal or physical) through local police/court system?

Connecticut is close to enacting a bill addressing violence in the workplace. If the bill is enacted, it will take reporting to law enforcement out of the hands of the employee and place it in the hands of the hospital. Reporting to law enforcement will be mandatory, unless the individual inflicting the assault is disabled and the assault is the direct result of the disability. The proposed language is as follows: “a health care employer shall report to such employer’s local law enforcement agency any act which may constitute an assault or related offense . . . against a health care employee acting in the performance of his or her duties. A health care employer shall make such report not later than twenty-four hours after the occurrence of the act. The health care employer shall provide the names and addresses of those involved with such act to the local law enforcement agency. A health care employer shall not be required to report any act which may constitute assault or a related offense if the act was committed by a person with a disability as described in section 46a-51 whose conduct is a clear and direct manifestation of the disability.”

This is a difficult problem. When situations like this arise it is best to have the security department involved. They can work with the police to ensure that proper information is obtained so that a hospital staff member is not inappropriately charged with a crime that was not committed. At my last hospital all calls to the police had to be done through security. Hospital phones could not dial 911.

11. How can similar facilities that don’t have any security force handle violence?

As outlined in OSHA 3148, a committee and point person should be developed. It is important that employees feel safe and that they know that senior management is concerned for their safety.

12. Isn't posting No Weapons signs an open invitation to wrongdoers that our staff is unarmed and therefore vulnerable especially if security is unarmed?

A “no weapons” sign does not mean that authorized staff can not carry weapons. The sign should state no unauthorized fire arms, unless law enforcement is no allowed to carry firearms in the hospital as well.

13. Did you put a practice into place to search all patients’ belongings?

The policy that was put into effect at Danbury Hospital does not require that every patient’s belongings be searched; rather, a search is conducted in the ED, inpatient units and/or Ambulatory Surgery based upon the following criteria: If the individual presents with changes in mood, affect, or communications that suggest a potential for
threatening or violent behavior or the clinician feels personally threatened, or there is a concern for patient or staff safety after speaking with the patient, patient’s family/or significant other, the RN will conduct a safety assessment. The safety assessment includes a search of the patient’s belongings.

14. Is there a sample Violence in the Workplace policy that we can review?

See attached “Workplace Violence Prevention Plan” that consists of various policies implemented at Danbury Hospital following the shooting.

15. How do hospitals deal with CMS guidelines that security can not restrain patients?

CMS regulations do not prohibit restraint. The regulations set guidelines for the clinical restraint of patients. When a patient has committed a crime or about to commit a crime restraints like handcuffs can be used and devices like mace and tazers can be utilized to protect staff, visitors and other patients from physical violence.

16. Is there any evidence that physical security elements such as firearms, tazers or batons increase or decrease the likelihood for workplace violence?

There are no definitive studies that relate weapons to the decrease of violence. However, if you were to ask staff, I am sure many would say that they feel safer knowing security and police carry firearms in hospitals.

17. Will Melinda share their online training program "Maintaining a Safe Workplace Together"?

Yes, see attached PowerPoint.

18. What has been the trend in posting/signs "no weapons allowed" at entrance points into the hospitals.

Nationally, I have not seen this as a trend. However, more and more hospitals are considering the use of metal detectors within their EDs. As part of that process no weapons signs are posted.