



# Workplace Violence and Active Shooter Initiatives

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# Defining Workplace Violence

- **Occupational Health and Safety Administration:** “Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from threats and verbal abuse to physical assaults and even homicide.”
- **International Labour Organization:** “Any action, incident or behavior that departs from reasonable conduct in which a person is assaulted, threatened, harmed, injured in the course of, or as a direct result of, his or her work.”
- **World Health Organization:** “The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has the likelihood of resulting in injury, death, psychological harm, mal-development or deprivation.”

# 5 Sources of Workplace Violence in Healthcare

- 1) **External perpetrator:** The violent person has no relationship to the worker or workplace.
- 2) **Patient/customer:** The violent person is a patient (or has a relationship with patient) at the workplace who becomes violent toward a staff member or another patient/customer.
- 3) **Employment-related:** The violent person has / had some type of job-related involvement with the workplace.
- 4) **Personal/Domestic violence:** The violent person has a personal relationship with an employee or a client. No other relationship with the workplace
- 5) **Violent extremist:** the perpetrator is targeting healthcare facilities for political, religious or ideological reasons



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## When was the last time you had a workplace violence at your facility?

Within the last 24 hours

Within the last week

Within the last month

Within the last year

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# How confident do you feel in your workplace violence program?

- Very **A**
- Somewhat **B**
- Not at all **C**
- Don't have a well-established program **D**

**What workplace violence incident are you most concerned about at your facility?**



# Do you think workplace violence incidents are preventable at your facility?

Yes

No

Somewhat

# Workplace Violence in Healthcare

59% of nurses reported experiencing a dangerous event in their workplace

44%

81% of nurses are concerned about patients becoming violent

# WVU Medicine Staff Perceptions

- “It’s getting closer and closer to home.”
- “How safe is this hospital?”
- “I would rather see this organization Proactive rather than reactive and to ensure that everyone who is in the hospital feels and is safe.”

HCW are five times more likely to experience workplace violence than employees in all other industries.

*-US Bureau of Labor Statistics*

# Current Focus - Active Shooter/Violent Incident Taskforce

- Started in June 2022 due to a series of violent events at hospitals/healthcare clinics across the country.
- Multidisciplinary taskforce chaired by Dr. Stephen Hoffmann, WVUHS Vice President of Clinical Integration, with representation from all system hospitals.
- Taskforce Objectives:
  - Assess capabilities, resources, and risks at identified WVUHS facilities
  - Identify best practices for mitigation, preparedness, response and recovery for active shooter/violent incidents
  - Apply best practices appropriate based on facility needs and resources
  - Create recommendations and guidance for a unified system approach to active shooter/violent incidents

\* Active Shooter/Violent Incident is just one component of the larger Workplace Violence picture

# Active Shooter Taskforce - Phase One Priorities

- Policies

- Weapons Free Environment
- Patient Dismissal
- Workplace Violence
- Active Shooter
- Crisis Transfers
- Domestic Violence

- Annual assessments:

- Workplace Violence Assessment
- Threat and Vulnerability Analysis
- Security Vulnerability Assessment

- Plans

- Emergency Operations Plan
- Critical Incident Stress Management Plan
- Business Continuity Plan
- Mass Casualty Plan
- Critical Staffing Plan
- Surge Plan
- Family Reunification Plan
- Incident Escalation Plan
- Safety Plans for high-risk employee situations
- Accounting of Personnel Plan

# Case Study: Tulsa Clinic Shooting

- June 1, 2022 – St. Francis hospital Physician's Office Building
  - Gunman enters with AR-15, fatally shoots his surgeon, another physician, a receptionist and husband of a patient, and himself
  - Assailant, Michael Louis, was a patient and had back surgery
  - He called the clinic numerous times prior to the shooting regarding his back pain

# Allina Clinic Assailant – Lessons Learned

- Ensure alignment system wide.
  - Clinics, hospitals, business offices.
- Training on active shooter response
  - ALICE vs. Run-Hide-Fight
- Exercises for front line staff, not just leaders.
  - Try to vary the time as well (hospitals are open 24/7)
- HICS training
- Encourage staff to speak up
  - Create a safe environment for them to report escalating/unsafe conditions, threatening patients, etc.
- Make it an ongoing conversation
  - Best way to be prepared is to discuss; not hide from the tough topics.



# What are we seeing nationwide?

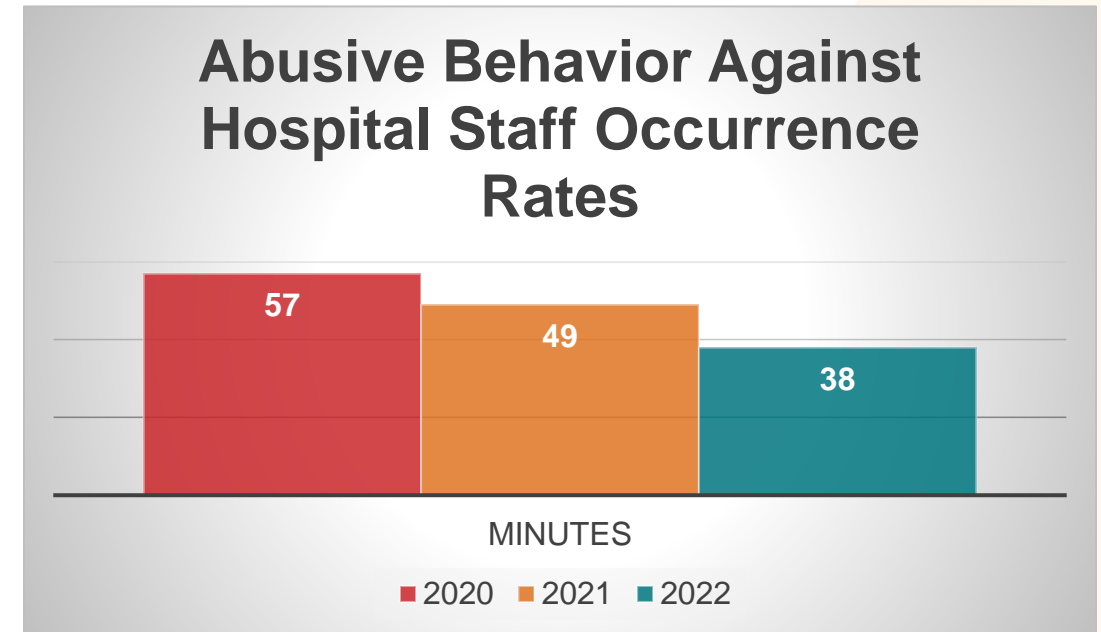
## Massachusetts

### Abusive/Unruly Patients

- Initiative by the MHA
- Code of Conduct for Patients
- Legislative Measures

### Specific Threats Against HCW (Boston Medical)


- Background check on offender
- Social Media/online post monitoring
- Calling offender
- Alerting law enforcement
- Restricting work area of the staff member
- Changing parking spaces





# Where are our Opportunities?

- Communication and Escalation Pathways
- Identifying and reporting behavior
- Patient Code of Conduct


**Children's Hospital Threat Escalation Operations**

UNIT/DEPARTMENT THREAT OPERATIONS		
Required Action Steps	Performed By	Supplemental Guidance
1. Initiate immediate communication pathway with security and unit/department leadership	Any staff member	<ul style="list-style-type: none"> <li>Initiate communication pathway by alerting appropriate unit/department leadership and dialing <b>177777</b> to report the situation to security.</li> <li>Situations that may require initiation of this pathway include, but are not limited to:                             <ul style="list-style-type: none"> <li>Immediate or imminent threat to life or safety.</li> <li>Brandishing a weapon</li> <li>Property actively being destroyed or damaged</li> <li>Active shooter elsewhere in the facility</li> <li>At the direction of Law Enforcement, Security or Hospital Leadership</li> <li>Evacuation – Department</li> <li>Mass Casualty Incident</li> <li>Hazardous materials/ decontamination incidents in the immediate unit/dept</li> <li>Non-compliant group or crowd</li> <li>Severe weather events</li> </ul> </li> <li><b>Notify Security &amp; Department Leadership</b> <i>FOLLOW UNIT LOCKDOWN ALGORITHM and ASSESSMENT TOOL GUIDANCE</i></li> </ul>
	Unit/Department Leadership and Security	<ul style="list-style-type: none"> <li>Implement applicable procedures per policy and/or Emergency Operations Plan</li> <li>On-scene security officer will have dispatch notify House Supervisor (HS) team if not already notified</li> </ul>
2. Notify both the Ruby and Children's Hospital Administrator On-Call (AOC)	House Supervisor	<ul style="list-style-type: none"> <li>Call/page CH AOC, determine need for ICC Teams Call</li> <li>Contact Ruby House Supervisor team to inform them of the situation, and ask them to advise Ruby AOC of the situation (Ruby &amp; CH AOC should be in regular contact)</li> </ul>
3. Notify Marketing On-Call and Emergency Management	House Supervisor	<ul style="list-style-type: none"> <li>Call/page Marketing on call and EM Team as appropriate (AOCs will determine if this step is necessary)</li> </ul>
4. Set-up ICC Teams Call	House Supervisor	<ul style="list-style-type: none"> <li>HS will organize an ICC teams call at the direction of the AOC</li> </ul>
5. Send out appropriate <u>LiveProcess</u> Communication message	House Supervisor	<ul style="list-style-type: none"> <li>At the direction of AOCs appropriate <u>LiveProcess</u> notifications will be sent out. The level of communication is situation dependent and will be one of the following:                             <ul style="list-style-type: none"> <li>Leadership Notification (CH &amp; Ruby)</li> <li>CH All Staff notification</li> <li>WVUH Campus-wide notification</li> </ul> </li> </ul>

# Proactive Strategies ~ Next Steps

- ASPR recommendations
- Staff Feedback – safety surveys
- Pilot Programs
- Data-driven decision making



# Questions/Discussion?

Every 30 minutes in the  
US a nurse is assaulted

- Colorado Hospital Association

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