

What Can You Do About Workplace Violence?

Tips for Nurses & Other Caregivers

Workplace Violence

It's NOT "normal"

It's NOT "part of the job"

It's NOT "OK"



Plan and Prepare



- Know your role and responsibilities within the organization's WPV policy and processes to manage and prevent violence
- Find out as much as possible about the patients' background and potential risk factors and/or triggers for violence such as, history of trauma or abuse, clinical diagnosis, and prior history of WPV
- At shift change/handoff, ask if your patient has exhibited verbal/physical indicators of aggression
- Check for violence alert notifications, e.g., flag alert for history of violence and notes in patient's chart, signage outside patient room, etc.
- Conduct a risk assessment using a validated, violence assessment tool to determine your patient's risk for violence. Follow established safety interventions (as described in the care plan/WPV protocols) to respond to the level of threat/risk for violence assessed
- Document and communicate a patient's risk and specific triggers for violence, changes in behaviors, etc.

Providing Care



- Maintain situational awareness in order to anticipate, prevent, and respond in crisis situations
- Know where panic and duress alarms, emergency telephones, and other communications are located
- If you are provided with a personal alarm – wear it and check it is working
- If working alone with a patient, communicate your location to co-workers
- Use the buddy system - ask for support, such as having a co-worker and/or security guard present in the room, when personal safety may be jeopardized
- Communicate and listen, using non-threatening presence and conflict resolution & de-escalation skills

It is critical that you know:

- How to quickly assess when a patient is not responding well to verbal de-escalation
- When and how to get help if the situation escalates
- When and how to safely remove yourself from the situation/vicinity to protect your physical safety
- Have an exit plan e.g., a clear path of exit from a patient's room
 - Do not turn your back on the patient and don't try to detain or block a patient if they are trying to leave or exit the care area
 - Be aware of equipment, furniture, or items of clothing that could be used as a weapon e.g., stethoscopes, walkers
 - Position yourself at an angle to the person rather than directly in front and maintain a 3–6-foot distance from the patient
 - Use a non-defensive posture- keep hands in front of the body, open and relaxed; maintain appropriate eye contact
 - Avoid sudden movements
- Limit stimulation and distractors, and the number of people in the immediate area of care when feasible and safe to do so
- Use your observations skills as a nurse and trust your gut

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What to Do if Violence Occurs



- You can attempt to de-escalate the situation
- If the situation escalates, safely remove yourself from the situation and get help by following your employer's response protocols
- If injured, seek first aid or medical care (if required) as soon as possible and notify your supervisor
- Immediately report any violent, threatening, or harassing behavior regardless of injury or severity
- Follow the approved workplace injury reporting and documentation process
- Create a detailed report of the incident that includes names of those involved, the date & time of occurrence(s), frequency, witnesses, and events leading up to the event. Take photos of any injuries to you. Keep a copy of the report for your personal records
- Use employer provided resources for support following an WPV incident e.g., employee assistance program (EAP); employee health services; trauma counselors
- If physically injured and/or psychologically harmed file a workers compensation report if your employer doesn't file one for you
- Participate in post-incident investigation/meetings and debriefing
- Depending on the nature of the violence e.g., criminal assault, seek help (HR, Union, EAP, etc.) to determine if you want to press charges against other employees or patients as the situation warrants (laws vary from state to state)
- Assist with referral of co-workers/others who are victims or witness violence to grief counseling or other health services when appropriate
- Express sympathy and support for all involved following an incident of WPV

What if De-escalation Doesn't Work?

- Just as clinical interventions work sometimes and not others, de-escalation may not always work
- Violence is never the fault of the victim
- Don't second guess yourself – could have, should have, etc.
- It's OK to ask for help

General Tips about WPV Prevention



- Consider what to do if a co-worker is escalating a patient's agitation – have standardized protocols to alert them when they should excuse themselves from the situation e.g. 'Dr. Armstrong needs to see you immediately'
- Know your triggers e.g. past trauma
- Apply the principles of Trauma Informed Care in your practice
- Avoid threatening situations and use extra care in elevators, stairwells, parking areas, and unfamiliar residences
- Inform your supervisor and manager of any situation where there is potential for violence because of domestic abuse, custodial disputes, order for protections or restraining orders, and other threats posed
- Remember to keep the information about a patient's risk and management of violence up to date so other caregivers e.g., rehabilitation, imaging, transportation, dietary, environmental service and laboratory staff are aware of the risk
- Check that your coworkers including traveling nurses and other contract/temporary providers, students, and volunteers, know your facility's WPV policy and prevention, control, response & reporting procedures
- Attend and actively participate in WPV training provided
- Engage in self-reflective practice and examine how your behavior impacts others and how the behavior of others impacts you

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Duty to Care vs. a Nurse's Personal Safety



- WPV policy and procedures must address maintaining a safe environment including reassignment protocols, having a 2nd staff person present, use of Behavioral Health Rapid Response Teams (BHRRTs) for early intervention and support, etc.
- Know your state WPV laws about refusal to provide care when working alone with a patient and your rights to request assistance
- ANA Patient Safety: Rights of Registered Nurses When Considering a Patient Assignment
<https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/patient-safety-rights-of-registered-nurses-when-considering-a-patient-assignment/>
- OSHA Workers' Right to Refuse Dangerous Work
<https://www.osha.gov/workers/right-to-refuse>
- If you feel your employer is complicit in the incident or has been negligent with your safety, you can contact OSHA (<https://www.osha.gov/workers/file-complaint>) and seek further legal counsel outside of your place of employment
- Employee Workplace Rights OSHA Publication 3021
<https://www.osha.gov/sites/default/files/publications/OSHA3021.pdf>
- You can call Federal OSHA for workplace safety and health complaints <https://www.osha.gov/workers/file-complaint> or your State OSHA (if you have an OSHA approved state plan) <https://www.osha.gov/stateplans/faqs>
- OSHA whistleblower protection
<https://www.osha.gov/sites/default/files/publications/OSHA3638.pdf>
- Know your state's felony laws and reporting rights related to workplace assault

References/Resources

- [Workplace Violence in Healthcare – A Toolkit for Prevention and Management, 2020](#). Enos, L. Hospital Association of Oregon
- [OSHA: Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers](#)
- American Nurses Association (ANA). [Workplace Violence](#)
- [Quick Safety: De-escalation in healthcare](#), (Issue 47). The Joint Commission. (January 2019).
- [De-escalation of aggressive behaviour in healthcare settings: Concept analysis](#). Hallett N, Dickens GL. (2017). International Journal of Nursing Studies, (OCT 75) 10-20.
- [Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup](#). Richmond JS, Berlin JS, Fishkind AB, Holloman GH Jr, Zeller SL, Wilson MP, Rifai MA, Ng AT (2012). West J Emerg Med. Feb;13(1):17-25.

Where to find information about the WPV Program and Protocols at your Facility

- Your Manager/Supervisor
- WPV Coordinator and WPV Committee
- Employee Health and Safety Staff
- Employee Safety & Health Committee
- Patient Safety Manager/Quality & Risk depts.
- Human Resources
- Security Manager/Coordinator
- Labor Representative
- Behavioral Health dept.

Get involved in your Facility's WPV Prevention Program by:



- Reporting workplace injuries, violence related hazards, or concerns
- Knowing & following your facility's WPV policy and prevention, control, response, & reporting procedures
- Providing feedback to your supervisor and WPV coordinator/committee regarding weaknesses in WPV prevention and control policy and procedures, including education and training
- Identifying and sharing your ideas for solutions to WPV including ways to improve WPV reporting, designing workflow & staffing plans
- Participating in the facility's WPV/Employee committee
- Attending WPV training
- Talking about specific WPV concerns in 'Safety' huddles/shift change handoff
- Participating in WPV/safety audits, surveys & walkthroughs and 'After Action' reviews
- Encouraging and allowing co-workers to put their safety first

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