

# **Emergency Department Violence: An Overview and Compilation of Resources**

## *An Information Paper*

### **Definition of Workplace Violence**

*World Health Organization (WHO):* Incidents where staff is abused, threatened or assaulted in circumstances related to their work, including commuting to and from work, involving an explicit or implicit challenge to their safety, well-being or health.

*OSHA/CDC/NIOSH:* Violent acts (including verbal and physical assaults either threatened or actual) directed toward persons at work or on duty. Violence includes overt and covert behaviors ranging in aggressiveness from verbal harassment to murder.

Workplace violence can be classified based on the correlation between the perpetrator and the victim of workplace violence:

- *Criminal Intent*  
The perpetrator has no legitimate relationship with the business or its employees and is committing a crime in concurrence with the violence (eg, robbery).
- *Customer/Client*  
The perpetrator has a legitimate relationship with the business or its employees and becomes violent while being served by the business (eg, patient becomes violent).
- *Co-worker*  
The perpetrator is a current or former employee who violently acts upon another employee
- *Domestic Violence*  
The perpetrator has no legitimate relationship with the business but has a personal relationship with his/her victim (eg, significant other or family member).

### **Magnitude of the Problem: Why Should We Care?**

According to the Bureau of Labor Statistics, health care workers are nearly four times more likely to be assaulted and necessitate time away from work due to workplace violence than all other workers in the private sector combined.<sup>1</sup> One national survey of emergency medicine residents and attending physicians revealed that 78% of physicians reported at least one physical or verbal attack against him/her in the prior 12 months, and 21% reported more than one episode.<sup>2</sup>

The true number of actual violent incidents is likely much higher than documented because of gross under-reporting in health care stemming from a lack of institutional reporting policies or the false belief that assaults are part of the job. Additionally, ED health care workers are more likely to not report assaults if no injury developed.<sup>3</sup> In the Emergency Department Violence Surveillance Study, the majority of the participants did not file a formal report for the physical violence (65.6%) or verbal abuse (86.1%) that they experienced at their workplace.<sup>4</sup>

The majority of violent acts in the health care setting are committed by patients, but visitors do account for a significant number as well.<sup>3</sup> Pushing/grabbing and verbal threats are the most prevalent types of violence. Eighty percent of cases documented occur in the patient's room.<sup>4</sup> Most incidents occur at night between 11pm and 7am.

Workplace violence is a threat to one's personal safety, decreases morale and productivity, and increases absenteeism, early burnout, and personnel turnover. The median number of days away from work after an assault or violent act is four days.

## **Risk Factors for Workplace Violence**

*Patient* risk factors include those with a history of abuse of drugs and alcohol, history of violence, psychiatric illnesses such as schizophrenia, gang membership, access to firearms, and urban young male of lower socioeconomic status.

*Environmental* risk factors including long wait time, overcrowding, uncomfortable waiting rooms, working understaffed, working alone, unrestricted movement of the public, inadequate methods of emergency communication, poorly lit corridors and rooms, and poor workplace design (eg, blocking employees' sight of view or pathway to escape from a violent incident).

*Organizational* risk factors include inadequate security methods (eg, personnel, metal detectors) and lack of staff training and policies for preventing and managing potentially violent patients and visitors.<sup>5</sup>

## **Prevention Strategies**

### OSHA Violence Prevention Guidelines

The essential elements of a violence prevention program include:

1. Management commitment and employee involvement
2. Worksite analysis
3. Hazard prevention and control including alarm systems, training and posting of security, adequate staffing
4. Safety and health training
5. Recordkeeping and program evaluation

Recordkeeping and program evaluation includes the OSHA 300 log of work-related deaths, illnesses and injuries that result in restricted work or days lost from work. The log can be helpful in identifying where hazards exist, who is getting hurt, and the work practices leading to injury and illness.

The National Institute for Occupational Safety and Health (NIOSH) offers a number of prevention strategies:

- Environmental Designs
  - Develop emergency signaling, alarms, and monitoring systems
  - Install security devices, such as metal detectors
  - Install other security measures, such as escorts to the parking lots at night
  - Design waiting areas to accommodate and assist visitors and patients who may have a delay in services
  - Install enclosed nurses' stations
  - Install deep service counters or bullet-proof and shatter-proof glass enclosures in reception areas
  - Consider curved mirrors and adequate lighting.
- Administrative Controls
  - Design staffing patterns to prevent personnel from working alone and to minimize patient waiting time
  - Restrict the movement of the public in hospitals by card-controlled access
  - Develop a system for alerting security personnel when violence is threatened such as panic/duress alarms, closed circuit video recording
  - Flag charts of high-risk patients

- Behavior Modification
  - Provide all workers with training in recognizing and managing assaults, resolving conflicts, and maintaining hazard awareness.<sup>6</sup>

### **Risk Assessment of a Potentially Violent Individual**

NIOSH identifies the following signals that may be associated with impending violence:

- Verbally expressed anger and frustration
- Body language, such as threatening gestures
- Signs of drug or alcohol use
- Presence of a weapon
- Verbal abuse (as physical violence rarely occurs without preceding verbal abuse)

Members of ACEPs Public Health and Injury Prevention Committee (PHIPC) reviewed resources for identifying and risk stratifying patients at-risk for violence, mitigating patient risk from self-directed or interpersonal harm and sharing patient information and compiled its findings in the information paper, [“Risk Assessment and Tools for Identifying Patients at High Risk for Violence and Self-Harm in the ED”](#):

The textbook, “Violence in the Emergency Department: Tools & Strategies to Create a Violence-Free ED” by Patricia Allen offers the STAMP tool which highlights high-risk behaviors such as staring and pacing (Exhibit 6.3, page 147).<sup>7</sup>

### **Approach to Dealing with a Potentially Violent Individual**

- Trust your feelings if you feel uncomfortable around a patient.
- Be vigilant.
- Don’t isolate yourself.
- Have security around.
- Call security when you first become aware of a threat.
- Maintain safe distance.
- Keep an open path for potential exit.
- Present a calm, caring attitude.
- Don’t match the threats.
- Don’t give orders.
- Acknowledge the person’s feelings.
- Avoid any behavior that may be interpreted as aggressive.
- Limit eye contact.

### **Strategies for Violence Prevention**

In “Violence in the Emergency Department: Tools & Strategies to Create a Violence-Free ED,” ten strategies for violence prevention are identified (Exhibit 8.1, pages 222-223). These include a 12 question violence risk self-assessment tool (Exhibit 8.2, pages 224-225), zero tolerance policy, installation of metal detectors and training staff in de-escalation and aggression management.<sup>7</sup>

## References

1. US Department of Labor. Nonfatal occupational injuries and illnesses requiring days away from work, 2014. Press Release, November 2015. [www.bls.gov/news.release/pdf/osh2.pdf](http://www.bls.gov/news.release/pdf/osh2.pdf)
2. Behnam M, Tillotson RD, Davis SM, et al. Violence in the emergency department: a national survey of emergency medicine residents and attending physicians. *J Emerg Med.* 2011; 40: 565-579.
3. Kowalenko T, Cunningham R, Sachs CJ, et al. Workplace violence in emergency medicine: current knowledge and future directions. *J Emerg Med.* 2012;43:523-531.
4. Emergency Nurses Association. Emergency Department Violence Surveillance Study. November 2011. [www.ena.org/practice-research/research/Documents/ENAEDVSReportNovember2011.pdf](http://www.ena.org/practice-research/research/Documents/ENAEDVSReportNovember2011.pdf)
5. [www.osha.gov/Publications/osh3148.pdf](http://www.osha.gov/Publications/osh3148.pdf)
6. NIOSH. Violence: Occupational Hazards in Hospitals. April 2002. [www.cdc.gov/niosh/pdfs/2002-101.pdf](http://www.cdc.gov/niosh/pdfs/2002-101.pdf)
7. Patricia Allen. Violence in the Emergency Department: Tools & Strategies to Create a Violence-Free ED. Springer Publishing Company. 2009.

## Summary of Resources

### Organizations

1. Occupational Safety and Health Administration, [www.osha.gov](http://www.osha.gov)
  - Guidelines for preventing workplace violence for healthcare and social service workers <http://www.osha.gov/Publications/osh3148.pdf>
  - Healthcare Wide Hazards: Workplace Violence (hospital e-tool) [www.osha.gov/SLTC/etools/hospital/hazards/workplaceviolence/viol.html](http://www.osha.gov/SLTC/etools/hospital/hazards/workplaceviolence/viol.html)
  - Safety and health program management guidelines: Issuance of voluntary guidelines. Federal Register #59:3904-3916 [www.osha.gov/shpmguidelines/SHPM\\_guidelines.pdf](http://www.osha.gov/shpmguidelines/SHPM_guidelines.pdf)
  - Oregon State OSHA's online [Violence Prevention Program](http://www.osha.gov/shpmguidelines/SHPM_guidelines.pdf) provides information about methods to recognize, evaluate and respond to workplace violence risk factors.
  - Washington State Department of Labor and Industries has a list of documents and training materials useful in developing a workplace violence prevention program. [www.lni.wa.gov/Safety/Topics/AtoZ/WPV/wpvhealthcare.asp](http://www.lni.wa.gov/Safety/Topics/AtoZ/WPV/wpvhealthcare.asp)[www.lni.wa.gov/Safety/Topics/AtoZ/W](http://www.lni.wa.gov/Safety/Topics/AtoZ/W)
2. Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, [www.cdc.gov/niosh](http://www.cdc.gov/niosh)
  - Information on how to prevent workplace violence in the hospital [www.cdc.gov/niosh/docs/2002-101/](http://www.cdc.gov/niosh/docs/2002-101/)
  - A course for health care workers to learn how to recognize the key elements of a comprehensive workplace violence prevention program, how organizational systems impact workplace violence, how to apply individual strategies, and develop skills for preventing and responding to workplace violence. [www.cdc.gov/niosh/topics/violence/training\\_nurses.html](http://www.cdc.gov/niosh/topics/violence/training_nurses.html)
3. [American Nursing Association \(ANA\)](http://www.nursingworld.org/ANA)  
Provides position statements on incivility, bullying and workplace violence. ANA has a “Zero Tolerance” policy for workplace violence and bullying including best practices and information on how to reverse the culture and a workplace violence toolkit.

4. USDA Handbook on Workplace Violence Prevention and Response  
[www.dm.usda.gov/workplace.pdf](http://www.dm.usda.gov/workplace.pdf)
5. International Association for Healthcare Security & Safety (IAHSS)  
Membership is composed of security, law enforcement and safety individuals involved in managing and directing security and safety programs in health care institutions. They provide safety officer training, staff training, policies and technology to address hospital security issues.  
<http://www.iahss.org/Default.asp>
6. [American Organization of Nurse Executives \(AONE\)](#) Provides Guiding Principles for mitigating violence in the workplace. These principles are supported by ENA.
7. American Association of Critical Care Nurses  
[www.aacn.org/WD/Practice/Docs/Workplace\\_Violence.pdf](http://www.aacn.org/WD/Practice/Docs/Workplace_Violence.pdf)
8. [Emergency Nurses Association](#)
  - Workplace Violence Research Initiatives – ENA Compilation of resources.  
[Emergency Department Violence Surveillance \(EDVS\) Study \(2011\)](#)  
Study was initiated to collect data via an online survey of emergency nurses on workplace violence and processes to address it. Collection of data is ongoing.
  - Position Statement: [Violence in the Emergency Care Setting](#)
  - ENA Workplace Violence Toolkit includes a workplace assessment tool for the ED, tool for the assessment of staff perceptions of workplace violence, project plan that outlines actions to improve safety and evaluation of project improvement in addition to other resources for addressing workplace violence. [www.ena.org/practice-research/practice/violencetoolkit/Documents/toolkitpg1.htm](http://www.ena.org/practice-research/practice/violencetoolkit/Documents/toolkitpg1.htm)
9. The Joint Commission  
[Quick Safety](#)- An advisory on safety & quality issues, July 2014 edition  
Resources to prepare for active shooter situations.  
  
[Environment of Care Newsletter on Preventing Violence in the Health Care Environment](#)  
Article outlines use of violence codes and violence prevention program at Florida hospital.
10. American Society of Healthcare Risk Management (ASHRM)  
Healthcare Facility Workplace Violence Risk Assessment Tool  
[www.ashrm.org/resources/workplace\\_violence/index.dhtml](http://www.ashrm.org/resources/workplace_violence/index.dhtml)

#### *Legal Issues*

1. ANA—Offers update on newly enacted safe legislation  
[www.nursingworld.org/MainMenuCategories/Policy-Advocacy/State/Legislative-Agenda-Reports/State-WorkplaceViolence](http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/State/Legislative-Agenda-Reports/State-WorkplaceViolence)
2. ENA—Workplace Violence Laws Protecting Healthcare Professionals  
[www.ena.org/government/State/Documents/WPVPenalties.pdf](http://www.ena.org/government/State/Documents/WPVPenalties.pdf)
3. ENA—Survey of Criminal Laws Protecting Health Professionals  
[www.ena.org/government/State/Documents/StateLawsWorkplaceViolenceSheet.pdf](http://www.ena.org/government/State/Documents/StateLawsWorkplaceViolenceSheet.pdf)

### *Informational Brochures*

1. NIOSH. Violence: Occupational Hazards in Hospitals. April 2002.  
[www.cdc.gov/niosh/docs/2002-101/](http://www.cdc.gov/niosh/docs/2002-101/)
2. ANA Brochure: [Preventing Workplace Violence](#). 2006.

### *Joint Commission Standards*

Preventing Violence in the Health Care Setting. Sentinel Event Alert, Issue 45. June 3, 2010.  
[www.jointcommission.org/assets/1/18/sea\\_45.pdf](http://www.jointcommission.org/assets/1/18/sea_45.pdf)

### *Databases*

CDC National Violent Death Reporting System  
[www.cdc.gov/injury/wisqars/nvdrs.html](http://www.cdc.gov/injury/wisqars/nvdrs.html)

### *ENA Workplace Violence Prevention: Know Your Way Out*

[www.ena.org/education/onlinelearning/wvp/Documents/ENAWorkplaceViolencePreventionTraining.pdf](http://www.ena.org/education/onlinelearning/wvp/Documents/ENAWorkplaceViolencePreventionTraining.pdf)

### *De-escalation Training*

1. Healthcare Security Services  
[hss-us.com](http://hss-us.com)  
Five component ED Safe program: environmental controls, policies and practices, training, response plan and measurement
2. National Association of Social Workers (NASW)  
[www.naswma.org/?page=520](http://www.naswma.org/?page=520)  
offers tips on verbal de-escalation techniques
3. Crisis Prevention Institute, Inc (CPI)  
[www.crisisprevention.com/Resources/Knowledge-Base/De-escalation-Tips](http://www.crisisprevention.com/Resources/Knowledge-Base/De-escalation-Tips)  
offers de-escalation tips, case studies and courses
4. Handle With Care  
[handlewithcare.com/trainings](http://handlewithcare.com/trainings)  
offers verbal de-escalation, personal defense, restraint and instructor training
5. Crisis Consultant Group, Inc.  
[crisisconsultantgroup.com](http://crisisconsultantgroup.com)  
offers nonviolent verbal crisis and physical intervention training

### *Planning for Active Shooter Incidents*

1. The [California Hospital Association's Hospital Preparedness Program](#) provides numerous resources and links on an active shooter incident including organizational aspects of planning and training to increase survivability of patients, visitors and staff in an active shooter event.
2. [Active Shooter Planning and Response in a Healthcare Setting](#) (.pdf, 99 pages) April 2015. Includes: Prevention, Law Enforcement Tactics, Coordinated Response, and Behavioral Support. Produced by the Healthcare and Public Health Sector Coordinating Council.
3. [Incorporating Active Shooter Incident Planning Into Health Care Facility Emergency Operations Plans](#) (.pdf, 33 pages) November 2014 Produced by federal interagency groups including ASPR, DOJ, Homeland Security and FEMA.

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