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# Protecting Your Patients, Workforce and Visitors from Workplace Violence and Active Shooters

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# Meet Today's Speakers

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# Welcome

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- The slides for today's webinar are available at the right side of your screen in the Handouts pane.
- Type your questions into the Questions pane. We'll answer as many as we can at the end of the program.
- After the program, you'll receive an email with a link to a survey. Please take a moment to fill that out and give us your feedback.

# OSHA's Focus On Workplace Violence

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- OSHA developed guidelines to provide information to assist employers in meeting their responsibilities under the OSH Act.
- Why now? Between 2011 and 2013, workplace assaults ranged from 23,540 to 25,630.

# OSH Act: The General Duties Clause

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- Section 5(a)(1) of the OSH Act states:

“Each employer shall furnish to each of its employees employment and a place of employment which are free from recognized hazards that are causing or likely to cause death or serious physical harm.”

# Workplace Violence Defined

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- OSHA defines workplace violence as:
  - Any physical assault, threatening behavior, or verbal abuse occurring in a work setting.
  - Violence may occur at any location, either permanent or temporary, where an employee performs any work-related duty.

# Types of Workplace Violence

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- Beatings
- Stabbings
- Suicides, Near-Suicides
- Shootings
- Rapes
- Psychological Traumas
- Threats or Obscene Phone Calls
- Intimidation, Harassment
- Being Followed, Sworn At or Shouted At
- Violence by co-workers
- Violence by patients, visitors
- Violence by personal relations
- Violence by strangers

# Examples of Workplace Violence

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- Verbal threats to inflict bodily harm.
- Attempting to cause physical harm.
- Verbal harassment.
- Disorderly conduct.
- Making false or malicious statements.
- Inappropriate remarks.
- Bringing guns or other weapons into the workplace.



# Risk Factors: Setting-Related Risk Factors

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- Patient, client, customer, and setting-related risk factors:
  - Working directly with people who have a history of violence, abuse drugs or alcohol, gang members, and relatives of patients.
  - Transporting patients.
  - Working alone in a facility or in patients' homes.
  - Poor environmental design of the workplace that may block employees' vision or interfere with their escape from a violent incident.
  - Poorly lit corridors, rooms, parking lots, and other areas.
  - Lack of means of emergency communication.
  - Prevalence of firearms, knives, and other weapons among patients and their families and friends.
  - Working in neighborhoods with high crime rates.

# Risk Factors: Organizational Risk Factors

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- Organizational risk factors:
  - Lack of facility policies and staff training for recognizing and managing escalating hostile and assaultive behaviors from patients, visitors, or staff.
  - Working when understaffed – especially during mealtimes and visiting hours.
  - High worker turnover.
  - Inadequate security and mental health personnel on site.
  - Long waits for patients and overcrowded, uncomfortable waiting rooms.
  - Unrestricted movement of the public in clinics and hospitals.
  - Perception that violence is tolerated and victims will not be able to report the incident to police or press charges.

# OSHA Guidelines

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- Not a new standard or regulation.
- Advisory in nature and informational in content.
- Intended for use by employers seeking to provide a safe and healthful workplace through effective workplace violence prevention programs.

# Violence Prevention Programs

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- OSHA recommends a written program for workplace violence prevention, incorporated into the organization's overall safety and health program.
- A Violence Prevention Program should be comprised of five components:
  1. Management commitment and employee participation;
  2. Worksite analysis;
  3. Hazard prevention and control;
  4. Safety and health training; and
  5. Recordkeeping and program evaluation.

# Violence Prevention Program:

## Management Commitment and Employee Participation

- Management commitment is a motivating force to deal effectively with workplace violence.
- Management commitment includes:
  - Expressing organizational concern for employee emotional and physical safety and health.
  - Equal commitment to employee safety and health as to patient or client safety and health.
  - System of accountability for involved managers.
  - Create clear policy of zero tolerance for workplace violence.

# Violence Prevention Program: Management Commitment and Employee Participation

- Management commitment includes (cont'd):
  - Ensure no retaliation against employees who report incidents.
  - Encourage employees to promptly report incidents and suggest ways to reduce or eliminate risks.
  - Outline a comprehensive plan for maintaining security in the workplace.
  - Assign responsibility and authority for program to individuals with appropriate training and skills.
  - Set up organizational briefings as part of initial effort to address safety issues.

## Violence Prevention Program: Management Commitment and Employee Participation

- Through participation and feedback, employees can provide useful information to employers to design, implement, and evaluate the program.
- Employee participation includes:
  - Involvement in safety and health committees that receive reports of violent incidents or security problems, making facility inspections, and responding to recommendations for corrective strategies.
  - Providing input on additions to or redesigns of facilities.
  - Identifying the daily activities that employees believe put them most at risk for workplace violence.

# Violence Prevention Program: Management Commitment and Employee Participation

- Employee participation includes (cont'd):
  - Discussions and assessments to improve policies and procedures.
  - Ensuring there is a way to report and record incidents and near misses, and that issues are addressed appropriately.
  - Ensuring that there will be no reprisals for employees who voice concerns or report injuries.
  - Employee training and continuing education programs.



## Violence Prevention Program: Worksite Analysis and Hazard Identification

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- Step-by-step look at the workplace, to find existing or potential hazards for workplace violence.
- Create “Threat Assessment Team” or Patient Assault Team.

# Violence Prevention Program: Worksite Analysis and Hazard Identification

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- Recommended worksite analysis includes:
  1. Analyzing and tracking records;
  2. Monitoring trends and analyzing incidents;
  3. Screening surveys; and
  4. Analyzing workplace security.

# Violence Prevention Program: Worksite Analysis and Hazard Identification

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- Records analysis and tracking is important to identify patterns of assaults or near misses that could be prevented or reduced through implementation of appropriate controls.
- Review should include medical, safety, specific threat assessments, workers' compensation, and insurance records.
- Should also include review of the OSHA Log of Work-Related Injuries and Illnesses (Form 300) if required to maintain one.

## Violence Prevention Program: Worksite Analysis and Hazard Identification

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- Job hazard analysis is an assessment that focuses on job tasks to identify hazards.
- Review procedures and operations connected to specific tasks or positions to identify if they contribute to hazards related to workplace violence or can be modified to reduce the likelihood of violence occurring.
- Worker participation is an essential component of this analysis.

# Violence Prevention Program: Worksite Analysis and Hazard Identification

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- After an incident or near miss, the analysis should focus on:
  - Analyzing those positions that were affected;
  - Identifying if existing procedures and operations were followed and, if not, why not.
  - Identifying if staff were adequately qualified and/or trained for the tasks required; and
  - Developing, if necessary, new procedures and operations to improve staff safety and security.

## Violence Prevention Program: Worksite Analysis and Hazard Identification

- Employee questionnaires or surveys are effective ways for employers to identify potential hazards that may lead to violent incidents, identify the types of problems employees face in their daily activities, and assess the effects of changes in work processes.

# Violence Prevention Program: Worksite Analysis and Hazard Identification

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- Sample survey questions include:
  - What daily activities, if any, expose you to the greatest risk of violence?
  - What, if any, work activities make you feel unprepared to respond to a violent action?
  - Can you recommend any changes or additions to the workplace violence prevention training you received?

## Violence Prevention Program: Worksite Analysis and Hazard Identification

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- After the systematic worksite analysis is complete, the employer should take the appropriate steps to prevent or control the hazards that were identified.
- Hazard prevention and control includes:
  - Engineering controls and workplace adaptation.
  - Administrative and work practice controls.
  - Post-incident response plan.



# Violence Prevention Program: Worksite Analysis and Hazard Identification

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- Engineering controls include:
  1. Identifying and evaluating control options for workplace hazards;
  2. Selecting effective and feasible controls to eliminate or reduce hazards;
  3. Implementing these controls in the workplace;
  4. Following up to confirm that these controls are being used and maintained properly; and
  5. Evaluating the effectiveness of controls and improve, expand, or update them as needed.

# Violence Prevention Program: Worksite Analysis and Hazard Identification

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- Administrative and work practice controls include:
  - Stating clearly to patients, clients, and employees that violence will not be tolerated or permitted.
  - Establishing a liaison with local police.
  - Requiring employees to report all assaults and threats.
  - Setting up trained response teams to respond to emergencies.

# Violence Prevention Program: Worksite Analysis and Hazard Identification

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- Post-Incident procedures include:
  - Providing comprehensive treatment for victimized employees and employees who may be traumatized by witnessing a workplace violence incident;
  - Providing trauma-crisis counseling;
  - Conducting critical incident stress debriefing; and
  - Engaging employee assistance programs to assist victims.

# Violence Prevention Program: Worksite Analysis and Hazard Identification

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- **Steps of a Post-Incident Investigation:**
  1. Report as required.
  2. Involve workers in the incident investigation.
  3. Identify root causes.
  4. Collect and review other information.
  5. Investigate near misses.

## Violence Prevention Program: Safety and Health Training

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- Education and training are key elements of a workplace violence protection program, and help ensure that all staff members are aware of potential hazards and how to protect themselves and their co-workers through established policies and procedures.
- Includes training for all workers, supervisors and managers, security personnel, and evaluation of that training.

# Violence Prevention Program: Safety and Health Training

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- Every employee should understand the concept of “universal precautions for violence.”
- Employee training can:
  1. Help raise the overall safety and health knowledge across the workforce;
  2. Provide employees with the tools needed to identify workplace safety and security hazards; and
  3. Address potential problems before they arise and ultimately reduce the likelihood of workers being assaulted.

# Violence Prevention Program: Safety and Health Training

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- Possible safety and health training topics:
  - The workplace violence prevention policy.
  - Risk factors that cause or contribute to assaults.
  - Policies and procedures for documenting patients' or clients' change in behavior.
  - The location, operation, and coverage of safety devices such as alarm systems.
  - Early recognition of escalating behavior or warning signs.
  - Ways to recognize, prevent, or diffuse volatile situations or aggressive behavior.
  - Proper use of safe rooms.

# Violence Prevention Program: Safety and Health Training

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- Possible safety and health training topics (cont'd):
  - A standard response action plan for violent situations.
  - Self-defense procedures where appropriate.
  - Progressive behavior control methods and when and how to apply restraints properly and safely.
  - Ways to protect oneself and co-workers, including the use of the “buddy system.”
  - Policies and procedures for reporting and recordkeeping.
  - Policies and procedures for obtaining medical care, trauma-informed care, counseling, workers’ compensation or legal assistance after a violent episode or injury.



# Violence Prevention Program: Recordkeeping and Program Evaluation

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- Recordkeeping and evaluation of the violence prevention program are necessary to determine its overall effectiveness and identify any deficiencies or changes that should be made.

# Violence Prevention Program: Recordkeeping and Program Evaluation

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- Key records include:
  - OSHA Log of Work-Related Injuries and Illnesses (Form 300).
  - Medical reports of work injury, workers' compensation reports and supervisors' reports for each recorded assault.
  - Records of incidents of abuse, reports conducted by security personnel, verbal attacks or aggressive behavior that may be threatening.
  - Information on patients with a history of past violence, drug abuse, or criminal activity recorded on the patient's chart.
  - Documentation of minutes of safety meetings, records of hazard analyses and corrective actions recommended and taken.
  - Records of all training programs, attendees, and qualifications of trainers.

# Violence Prevention Program: Recordkeeping and Program Evaluation

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- Elements of a program evaluation:
  - Establishing a uniform violence reporting system and regular review of reports;
  - Reviewing reports and minutes from staff meetings on safety and security issues;
  - Analyzing trends and rates in illnesses, injuries, or fatalities caused by violence relative to initial or “baseline” rates;
  - Measuring improvement based on lowering the frequency and severity of workplace violence;
  - Keeping up-to-date records of administrative and work practice changes;
  - Surveying workers before and after making job or worksite changes or installing security measures or new systems to determine their effectiveness;
  - Keeping abreast of new strategies available to prevent and respond to violence in the healthcare and social service fields; and
  - Requesting periodic law enforcement or outside consultant review of the worksite for recommendations on improving employee safety.

# Active Shooter Incidents

# Agency Guidance

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- “Incorporating Active Shooter Incident Planning Guidance into Health Care Facility Emergency Operations Planning,” (November 2014)
  - U.S. Department of Health and Human Services
  - U.S. Department of Homeland Security
  - U.S. Department of Justice
  - Federal Bureau of Investigation
  - Federal Emergency Management Agency
- [www.phe.gov/Preparedness/planning/Documents/active-shooter-planning-eop2014.pdf](http://www.phe.gov/Preparedness/planning/Documents/active-shooter-planning-eop2014.pdf)

# Agency Guidance

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- “Active Shooter Planning and Response in a Healthcare Setting” (April 2015)
  - Healthcare and Public Sector Coordinating Council
    - A private and public partnership within the HHS Office of the Assistant Secretary for Preparedness and Response
  - <https://www.fbi.gov/about-us/cirg/active-shooter-and-mass-casualty-incidents/active-shooter-planning-and-response-in-a-healthcare-setting>

# Agency Guidance

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- Encourages facilities to consider how to prepare for an active shooter incident
- Highlights issues and challenges unique to health care facilities

# Unique Challenges

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- Complex Buildings/Operations
- Operations at Capacity
- Potential Targets
- Numerous Regulators
- Sensitivity of their Operations
- Professionals whose mission is to care for others
- Demanding business, little time for proactive planning



# Agency Guidance

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- Prevention
- Protection
- Mitigation
- Response
- Recovery

# Active Shooter

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“...actively engaged in killing or attempting to kill people in a confined and populated area.”

The Federal Bureau of Investigation,  
*Active Shooter and Mass Causality Incidents*,  
[www.fbi.gov/about-us/cirg/  
active-shooter-and-mass-casualty-incidents](http://www.fbi.gov/about-us/cirg/active-shooter-and-mass-casualty-incidents)

# Prevention and Protection

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## Education

What to expect from an Active Shooter:

- 98 % act alone
- 90 % end own life at the scene
  - Most do not take hostages or negotiate
  - Shooters usually have no exit strategy and only have goal of creating chaos and damage
  - Police intervention is most effective way to end the situation

# Prevention and Protection

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- 80 % use a shoulder fired weapon
- 75 % bring multiple weapons
  - Preparing for longer engagements
- Often the weapon used is from a security officer
- Most incidents happen in the ER, followed by parking lots and patient rooms
- Employees are most common victims
- Response time is the crucial factor
  - *An average of 1 victim every 8 seconds*

# Prevention and Protection

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## Planning

- Establish an internal security team
  - Creates and implements emergency policies and procedures
  - Lead in an emergency situation
  - Threat assessment team
- Create emergency policies specific to an active shooter
  - Communication protocols (internal and external)
  - Evacuation, lockdown, safe-room procedures
  - Patient specific considerations

# Prevention and Protection

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- Incorporate local law enforcement
- Communication is key throughout
- Operational Protocols
  - Consider unique aspects of facility and populations
- Training
  - Process and procedures
  - Incorporate law enforcement
  - Identifying an active shooter

# Response

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1. RUN
2. HIDE
3. FIGHT

# Response

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- RUN
  - Leave - get far away from situation
  - Call for help/911
  - Bring others with you



# Response

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- HIDE
  - Lock/barricade
  - Turn off lights, no shadows
  - Silence
  - Stay out of sight

# Response

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- FIGHT
  - Never required
  - Could be only option

# Response

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- Health care providers
  - Duty to care v. self protection
  - Open dialogue with health care providers
  - Avoid imposing requirements
- Real-time response will be uncertain
  - Instincts take over
  - Frequent training helps prepare for a quick response
- Act quickly (1 in every 8 seconds)

# Response/Mitigation

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- Understanding a First Responder's role
  1. Find and stop the shooter
  2. Secure the area
  3. Assist the injured

# Response/Mitigation

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- Communication and information is critical
  - Location of shooter
  - Number of shooters
  - Description of shooter
  - Kind of weapon
- Guidance and aid to law enforcement

# Recovery

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- Mass casualty plans
- Notification procedures
  - Other providers
  - Local businesses
  - Other law enforcement
- Rescue procedures
- Areas may be restricted
- Counseling resources, EAP
- Post – event assessment

# Recovery

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- Understand who returns after the incident and where
- Area for concerned family friends
- Media communication

# Questions?

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The Q&A box  
is located on the right side  
of your screen.



# More questions? Contact us.

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