PHYSICAL SAFETY WHEN CARING FOR PATIENTS

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PATIENT STABS TWO NURSES AT KNOXVILLE, TENN. HOSPITAL

- MODERN HEALTHCARE, SEPTEMBER 14, 2015

PHYSICIAN DIES AFTER PATIENT ATTACK IN DALLAS HOSPITAL

- MEDSCAPE NEWS, JULY 8, 2016

HOSPITALS COMBAT VIOLENCE IN THE ER

- COURIER-POST, JUNE 23, 2016

WHY VIOLENCE AGAINST NURSES HAS SPIKED IN THE LAST DECADE - THE ATLANTIC, DECEMBER 1, 2016

POLICE RESPONDED TO 300 ASSAULTS AT N.J. HOSPITAL

- MODERN HEALTHCARE, MAY 17, 2016









600 STAFF ATTACKED PER YEAR IN HSE HOSPITALS

- IRISH EXAMINER, DECEMBER 5, 2016

PARAMEDICS TO BE FITTED WITH BODY CAMERAS AFTER VIOLENT ASSAULTS SOAR

- THE GUARDIAN, DECEMBER 16, 2016

CLAIMS WORKPLACE VIOLENCE AT SUNSHINE MENTAL HEALTH SERVICE 'ENDEMIC' AS STAFF FACE ASSAULTS

- *LEADER*, APRIL 6, 2016

VIOLENT ASSAULTS ON NURSES BY PATIENTS CONTINUE AT ABBOTSFORD HOSPITAL - VANCOUVER SUN,

NOVEMBER 14, 2016

THREE NURSES INJURED IN ATTACK BY A PATIENT IN A KOLKATA NURSING HOME

- THE TIMES OF INDIA, OCTOBER 6, 2016



PREVALENCE IN HEALTHCARE FACILITIES



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OSHA GENERAL DUTY CLAUSE: SECTION 5(a)(1)



OSHA[®]



Each employer shall furnish to each of his 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.

This includes the prevention and control of the hazard of workplace violence.

UNIVERSAL PRECAUTIONS FOR **INFECTOUS DISEASE** ECAUTIONS ST RE ORSERVED

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UNIVERSAL PRECAUTIONS

PREVENTION:

"UNIVERSAL PRECAUTIONS FOR VIOLENCE"

It should be expected but can be avoided or mitigated through preparation



VIOLENCE

FOR

PATIENT ASSAULT PREVENTION PROGRAM

FOCUSES ON THE PREVENTION OF ASSAULTS ON STAFF INCLUDING ASSAULTS FROM PATIENTS, FAMILY MEMBERS, AND OTHER PATIENT VISITORS. Environmental Designs

Process Designs

- Facility-wide Processes
- Staff Processes
- Patient-centered Processes
- Facility Maintenance Processes

Response to Events

- Immediate Response to Patient Aggression
- Immediate Response to Staff
- Identification of Issues and Improvement
- Education and Training for Staff

ENVIRONMENTAL DESIGNS



- All interior areas of the facility are well lighted.
- Generator systems are provided and maintained to provide necessary safeguards during power failures (lighting, duress, emergency responses, communication devices, etc.).



- All areas of are equipped with electronic and mechanical locks.
- Windows are fixed, tempered, break-resistant glass.
- External and parking lot areas are monitored with video surveillance.



PROCESS DESIGNS

PROCESS DESIGNS:

FACILITY-WIDE PROCESSES



COTT:	Leave Valuables In Car
	NO Cell Phones
	NO Purses/Bags
1	NO Weapons
and the second second	NO Tobacco Products
1	NO Camers or
100	Recording Devices
100	

- Controlled Access into the building
- Controlled Access within the building
- Identification of Persons within the building
- Access to the special areas
- Silent Alarms
- Weapons
- Vendor Management System





Weekends / Holidays 9:30 AM - 10:30 AM 1:30 PM - 4:30 PM 5:00 PM - 5:00 PM

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PROCESS DESIGNS:

STAFF PROCESSES



• Staffing

- No excessive jewelry including chains/necklaces
- Two-way radios
- Hand-held metal detection devices

• Alarms





PROCESS DESIGNS:

PATIENT-CENTERED PROCESSES





Identification of High-risk Patients

- Patient Responsibility and Legal Charges
- Patient Assessment
- •Searches
- Contraband and Patient Treatment Items
- Supervision of Patients and Limitation on Patient Movement
- Availability of Restrictive Interventions
- Forced Medications
- Communication of Patient Information



PROCESS DESIGNS:

FACILITY MAINTENANCE PROCESSES

All equipment required to maintain environmental and process safety is inspected regularly and maintained:



- ✓ Immediate repair or replacement of burned out lights, broken windows, and locks.
- ✓ The personal duress system is tested and maintained according to manufacturer and policy requirements.
- ✓ Automobiles utilized for transportation are inspected and well maintained. They are locked when not in use.
- ✓ Generators to provide emergency power to all systems are inspected, tested, and maintained on a routine schedule.



RESPONSE TO EVENTS

RESPONSE TO EVENTS:

IMMEDIATE RESPONSE TO PATIENT AGGRESSION



Trained Therapeutic Response Team



- Following an event, a debriefing is held to help reduce the chances of future events.
- Response to the patient to help prevent further escalating assaultive behavior following an aggressive event.



RESPONSE TO EVENTS:

IMMEDIATE RESPONSE TO STAFF



Medical Care

Psychological Care



Legal



IDENTIFICATION OF ISSUES AND IMPROVEMENT



- Environmental Safety Inspection
- Staff surveys
- Staff Focus Groups
- OSHA 300 log
- Incident Reporting System
- Exit interviews



EDUCATION AND TRAINING FOR STAFF







- Periodic Training
- Ongoing Training



Evaluation of Training

WORKPLACE VIOLENCE COMMITTEE

- Nursing Department including nurses and health care technicians
- Executive Leadership Team
- Clinical Services
- Police Department
- Social Work Department
- Employee Health
- Recovery/Trauma Informed Care

- Psychology Department
- Therapeutic Programming
- Human Resources
- Maintenance
- Information Systems
- Performance Improvement
- Staff Education



Risk Factors



ENVIRONMENTAL-CENTERED RISK FACTORS

- 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
- Working in neighborhoods with high crime rates



CONTRABAND

Weapons – including any type of knife Illegal substances Substances containing SD alcohol, denatured alcohol, or isopropyl alcohol Any type of medication or supplement Any type of consumable – food, drink, gum

<u>Nicotine</u> All tobacco products Nicotine delivery systems/replacements Lighters, matches

<u>Lotions</u> Any lotion/cream/salve including medicated lotions, body sprays, body oils, body lotions

<u>Personal Hygiene Items</u> Tweezers Eyelash curlers Makeup, perfumes, aftershaves, colognes Q-tips Douches Electric/manual razors

<u>Hair Items</u> Hard plastic combs, picks, brushes Hair accessories containing metal Curling irons Hair dryers Hair relaxers, hair colors, hair sprays

<u>Oral Hygiene Products</u> Dental floss Mouthwashes Toothbrushes except hospital-provided

<u>Nail Products</u> Nail clippers, emery boards, nail files Nail polishes, nail polish removers Long false finger nails

<u>Writing Items</u> Ink pens, magic markers, highlighters, pencils Spiral notebooks Glues <u>Financial Items</u> Checkbooks Credit/debit cards

Clothing Pantyhose Neckties, scarves High heel shoes Steel toe shoes Boots Overalls Garments with strings Shoe Laces Belts Suspenders Crocheted Hats



Electrical/Electronic Any form of electrical/electronic device (including batteryoperated) including: Radios Media players (MP3/MP4, etc.) Electrical appliances TVs Computers/Electronic tablets Cell phones Cameras

Miscellaneous Plastic bags Cups/drinking glasses/cans Picture frames Sports balls Scissors Tools Tape Safety/straight pins CDs, DVDs Magazines or other items with staples Keys Bath towels outside bedroom/community bathroom

<u>Requires physician order:</u> Crutches, canes Medical devices

IN THE EMERGENCY DEPARTMENT





- Electric cords phones, beds
- Unsecured glass/metal objects
- Unsecured equipment IV poles, oxygen tanks
- Sharps containers
- Door egress





PROCESS-CENTERED RISK FACTORS

- Lack of facility policies and staff training for recognizing and managing escalating hostile and assaultive behaviors
- Unrestricted movement of the public in clinics and hospitals
- Long waits in overcrowded, uncomfortable waiting rooms
- Isolated work with patients during examinations, in a facility, or in homes
- Inadequate security and mental health personnel on site
- Transporting patients
- Lack of staff training
- Low staffing levels



PATIENT-CENTERED RISK FACTORS

- Increasing number of individuals with mental health disorders in emergency departments
- Drug/alcohol Abuse/Intoxication
- Prevalence of handguns and other weapons among patients/family/ friends
- Victim of Violence
- Distraught families
- Increasing presence of gang members




SAFELY CARING FOR THE PATIENT



COMMUNICATION FOR ALL BEHAVIORAL PATIENTS

- Build a rapport
- Empathetic Listening
- Nonjudgmental
- Collaborate
- Promote trust and transparency
- Promote respect
- Validate feelings
- Provide choices and explanations
- What approach is helpful and what is hurtful?



CONTRIBUTING FACTORS TO AGGRESSION

- Anxiety
- Anger
- Impulsivity





- Alcohol/substance intoxication/withdrawal
- Pain/discomfort/temperature
- Social (e.g., gang behaviors)



- Psychosis/distorted reality (e.g., schizophrenia, dementia)
- Mood disturbances (e.g., major depression, bipolar disorder)
- Other specific disorders (e.g., autism, PTSD, traumatic brain injury, stroke)

TRIGGERS FOR AGGRESSION

- Waiting for extended periods of time
- Strange environment
- Fear of unknown
- Judgement
- Sudden illness or accident
- Other patients
- Noise



FEELINGS THAT MAY PRECIPITATE AGGRESSION

- Insecure
- Threatened
- Tired or Sedated
- Discounted
- Embarrassed
- Guilty

- Out of control of the situation
- Vulnerable
- Unheard
- Rejected
- Ignored
- Humiliated



POSSIBLE CUES FOR AGGRESSION

- Pacing and/or restlessness (most important predictor)
- Voice raised
- Clenching fist
- Gritting teeth
- Lack of eye contact or intense eye contact
- Vital signs elevated: heart rate increase, sweating, short of breath
- Fixed and tense facial expression
- Verbal abuse: Cursing and argumentative



ENVIRONMENTAL HAZARDS

- Wider space to feel comfortable not closed in
- Do not block exits
- Furniture and things you could throw
- Objects that could be used to barricade a door
 - Furniture
 - IV poles



DANGEROUS PHYSICAL MOVES

- Being alone without a means of obtaining immediate help
- Reaching across patient
- Turning your back
- How close is too close?
- Where are your hands?
 - Hands crossed or on hips
 - Pointing finger
 - hand up toward other person's face
- Sometimes touch is not therapeutic





BODY LANGUAGE

- Calm and confident even when you don't feel it
- Eye contact (depending on culture)
- Open and relaxed posture
- Same eye level
- Position at an angle, feet hip width apart, one foot in front



APPEARANCE CONSIDERATIONS: WEAPONS AND RISKY ITEMS

- Hair Styles:
 - Long hair
- Clothing
 - Short dresses/skirts
 - Ties
 - strings
- Footwear
 - Open-toe shoes
 - High heels
 - boots
- Jewelry
 - Earrings
 - Necklaces









PROFESSIONAL ATTIRE DANGERS

- Stethoscope
- Scissors
- Tape
- Pens
- Identification badges
- What is part of your uniform, in your hands, or within eye view that could be used as a weapon?
- What is in your pockets?



DE-ESCALATION TECHNIQUES

- Remain calm with clear tone of voice
- Assess the patient and situation
- Identify triggers and stressors
- Maintain a large personal space
- Avoid verbal struggles or arguing with the patient
- Give options and choices
- Empathize feelings not behavior: "That must be frustrating.."
- Show interest and listen: "I would like to learn more about..."
- Distraction: "Would you like a cup of water?"



SCENARIOS

REFERENCES INTERACTING WITH PATIENTS

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Questions?????