

Violence in the Workplace

WPV

Nebraska Hospital Association
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1. Intro
2. Data
3. Risk Factors
4. Case Studies
5. Prevention Techniques
6. Wrap up

Agenda

Introduction to WPV

Healthcare Specific

- Forms of Workplace Violence
 - Verbal
 - Physical
- Types 1 – 4
- Why High-Risk Environments
 - Stress
 - Emotions
 - Resources
 - Location(s)

What is WPV?

Definitions

- The threat or use of physical force against an employee that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.
- An incident involving a threat or use of a firearm or other dangerous weapon, including the use of common objects as weapons, regardless of whether the employee sustains an injury.

What is WPV?

Types

- Type 1
 - Workplace violence committed by a person who has no legitimate business at the worksite, and includes violent acts by anyone who enters the workplace or approaches employees with the intent to commit a crime
- Type 2
 - Workplace violence directed at employees by customers, clients, patients, students, inmates, or visitors
- Type 3
 - Workplace violence against an employee by a present or former employee, supervisor, or manager
- Type 4
 - Workplace violence committed in the workplace by a person who does not work there, but has or is known to have had a personal relationship with an employee

Healthcare Data

Statistics

- 5x higher workplace violence rate than average worker across all industries
- 70% of non-fatal workplace violence injuries involve healthcare workers
 - Healthcare is only 11% of workforce
- 30% of nurses report being physically assaulted during their career
- Occupational impact:
 - 50% of health care workers subjected to workplace violence experience psychological distress, anxiety, PTSD & burnout
 - 20% of healthcare workers experiencing workplace violence leave profession entirely w/in a year due to trauma & stress

Data

High risk: Emergency Departments

- 75% ER nurses experience workplace violence annually
- \$2B cost of annual workplace violence in HC (medical care, legal fees, & lost productivity)
- Lost workdays healthcare = 16 days per incident
 - 8 days per in other industries
- Increased security costs
 - Security personnel, surveillance systems, training, etc.

Data

FBI Comparisons

- 77% spend a week+ for planning
- 83% communicated prior (person, digital)
 - Only 41% passed along to law enforcement
- 64% victim is specifically targeted
- Coworkers noticed concerning behaviors 40%

Risk Factors

Common Situations

- Patient conditions
- High stress environments (ED/ER's)
- Understaffing
- Long wait times
- Lone workers/isolation work

Risk Factors

Commonalities

- Lack of Training
 - De-escalation
 - Active Killer
- Frequency of interaction
 - Low v. High activities
- Medication handling
- Demographics – location, crime rates

Timelines

Active Killer Situations

- 15 minutes or less
- Path of least resistance
- High stress & confusion
- Preparation work
 - Multiple visits - recon
 - Blocking/slowing down EMS (V.Tech)

Coopers Color Code

Awareness levels

WHITE

Unaware, unprepared,
"Tuned out"

YELLOW

Relaxed, prepared, aware.
Good situational awareness

ORANGE

Identified potential
threat. Ready to act,
wargaming possible
reactions.

RED

Taking action, high alert,
actively engaged in emergency
response.

BLACK

Panicked, frozen, in shock, caught
off guard. Broken down mental
and physical response.

Case Studies - Healthcare

Virginia

- Patient in process of checking in for mental health evaluation
 - Opened fire striking another patient & police officer
- Former nurse expressed concerns about security at facility

Case Studies

Dallas TX

- 2 healthcare workers perish
- Maternity ward
- Hospital police officer shot & injured suspect
 - Was on parole from aggravated assault
 - Beat up on his girlfriend, threatened to kill her
- Hospital increased police staffing on campus

Case Studies

Tulsa OK

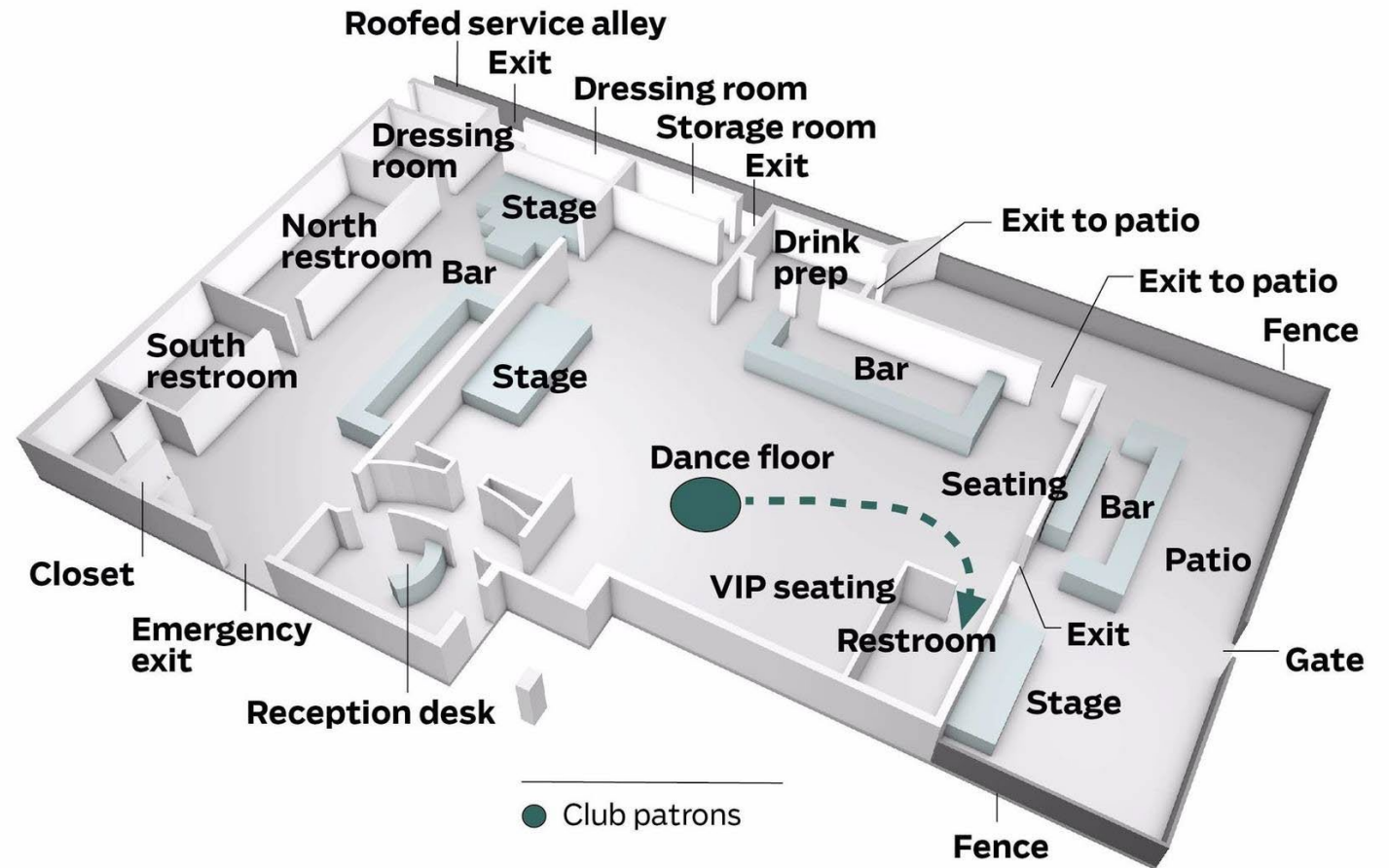
- 4 killed
 - 2 doctors, receptionist, a patient
- Upset about post op pain
- Took own life

- Ohio, same day
- 30yo wrestled gun away for 78yo guard
- Took own life in parking garage

Case Studies

Orlando Night Club

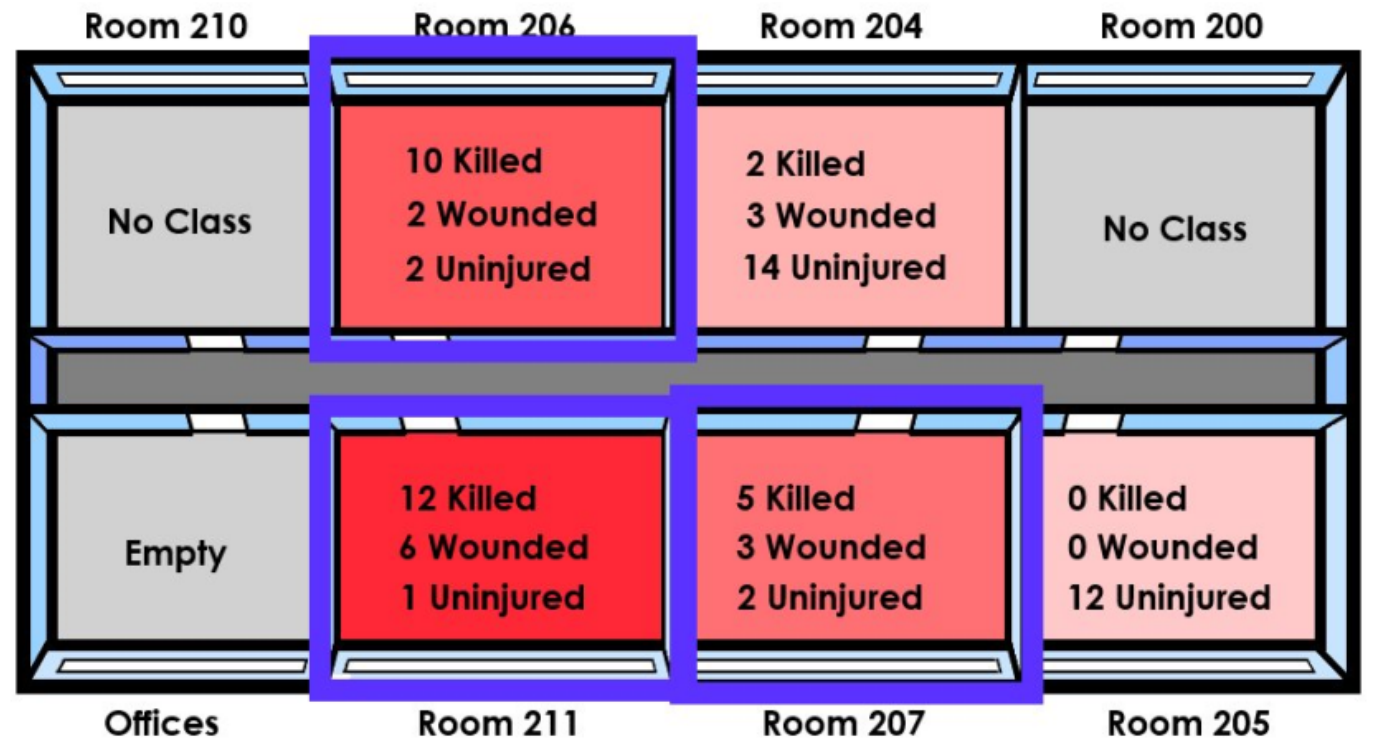
- Most fled to restroom
- 3+ hours



Case Studies

Virginia Tech

- 12 minutes



Traditional Lockdown-27 Killed

WPV Methodologies

Varieties

- RHF
- ALICE
- AVERT
- SRP

Run, Hide, Fight

Why – Who – How

- Run
- Hide
- Fight

ALICE

Evolution

- **A**lert
- **L**ockdown
- **I**nform
- **C**ounter
- **E**scape

AVERT

Training Technique

- **A**ctive
- **V**iolence
- **E**mergency
- **R**esponse
- **T**raining
 - Response
 - Bleeding Control
 - Barricade
 - Combative

Standard Response Protocol

Schools

- Similarities to Healthcare
- Quick deployment

IN AN EMERGENCY TAKE ACTION



HOLD! In your room or area. Clear the halls.

STUDENTS

Remain in the area until the "All Clear" is indicated

ADULTS

Close and lock door
Business as usual
Account for students and adults



SECURE! Get inside. Lock outside doors.

STUDENTS

Return inside
Business as usual
Monitored entry or controlled release of students as information increases

ADULTS

Bring everyone indoors
Lock outside doors
Increase situational awareness
Business as usual
Account for students and adults



LOCKDOWN! Locks, lights, out of sight.

STUDENTS

Move away from sight
Maintain silence
Do not open the door

ADULTS

Lock interior doors
Turn out the lights
Move away from sight
Do not open the door
Maintain silence
Account for students and adults
Prepare to evade or defend



EVACUATE! (A location may be specified)

STUDENTS

Evacuate to specified location
Bring your phone
Instructions may be provided about retaining or leaving belongings

ADULTS

Lead evacuation to specified location
Account for students and adults
Notify if missing, extra or injured students or adults



SHELTER! Hazard and safety strategy.

STUDENTS

Hazard	Safety Strategy
Tornado	Evacuate to shelter area
Hazmat	Seal the room
	Drop, cover and hold

ADULTS

Lead safety strategy
Account for students and adults

Prevention Techniques

How to improve response(s)

- Training
 - Program(s)
 - Drills/Practice
 - De-escalation
- Weapon Detection
 - Metal detectors
- Coop with LEO's
- Mobile security patrols
- Access Control

Prevention Warning Signs

How to identify

- Attitude
- Relationships
- Aggression
 - Verbal
 - Physical
- Knowing coworkers

Prevention Strategies

After Hours

- Parking garages
 - Employee parking
- Awareness
- Vehicle Entry

De-escalation

Deconfliction of the threat



VERBAL COMMUNICATION

Tone + Volume + Rate of speech + Inflection of voice = Verbal De-Escalation

Tone: Speak calmly to demonstrate empathy.

Volume: Monitor your volume and avoid raising your voice.

Rate of Speech: Slower can be more soothing.

Inflection: Be aware of emphasizing words or syllables as that can negatively affect the situation.

Instead Of:

"Calm down."

"I can't help you."

"I know how you feel."

"Come with me."

Say...

"I can see that you are upset..."

"I want to help, what can I do?"

"I understand that you feel..."

"May I speak with you?"



BODY LANGUAGE

Instead Of:

Standing rigidly directly in front of the person

Pointing your finger

Excessive gesturing or pacing

Faking a smile

Try...

Keeping a relaxed and alert stance off to the side of the person

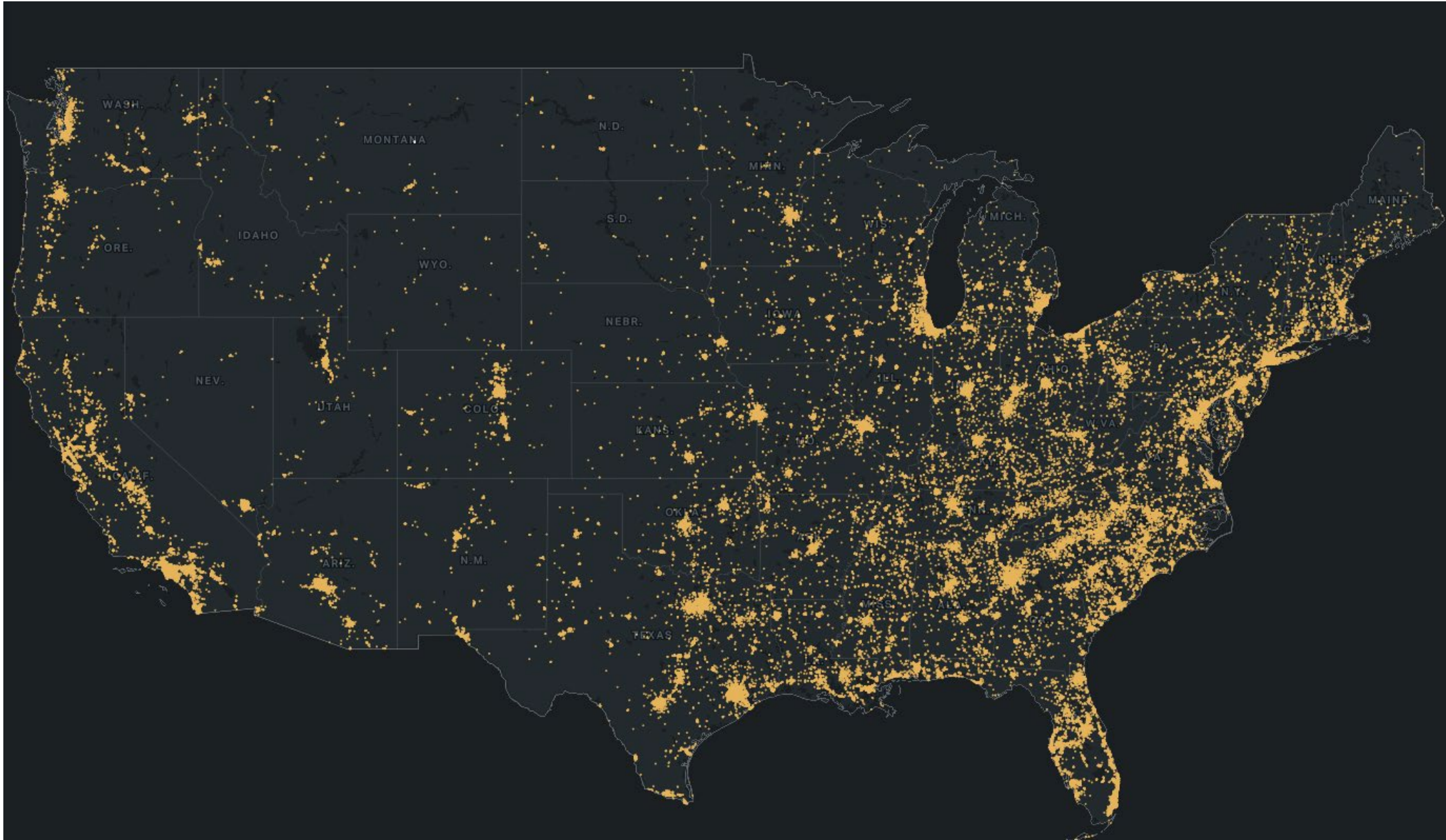
Keeping your hands down, open, and visible at all times

Using slow, deliberate movements

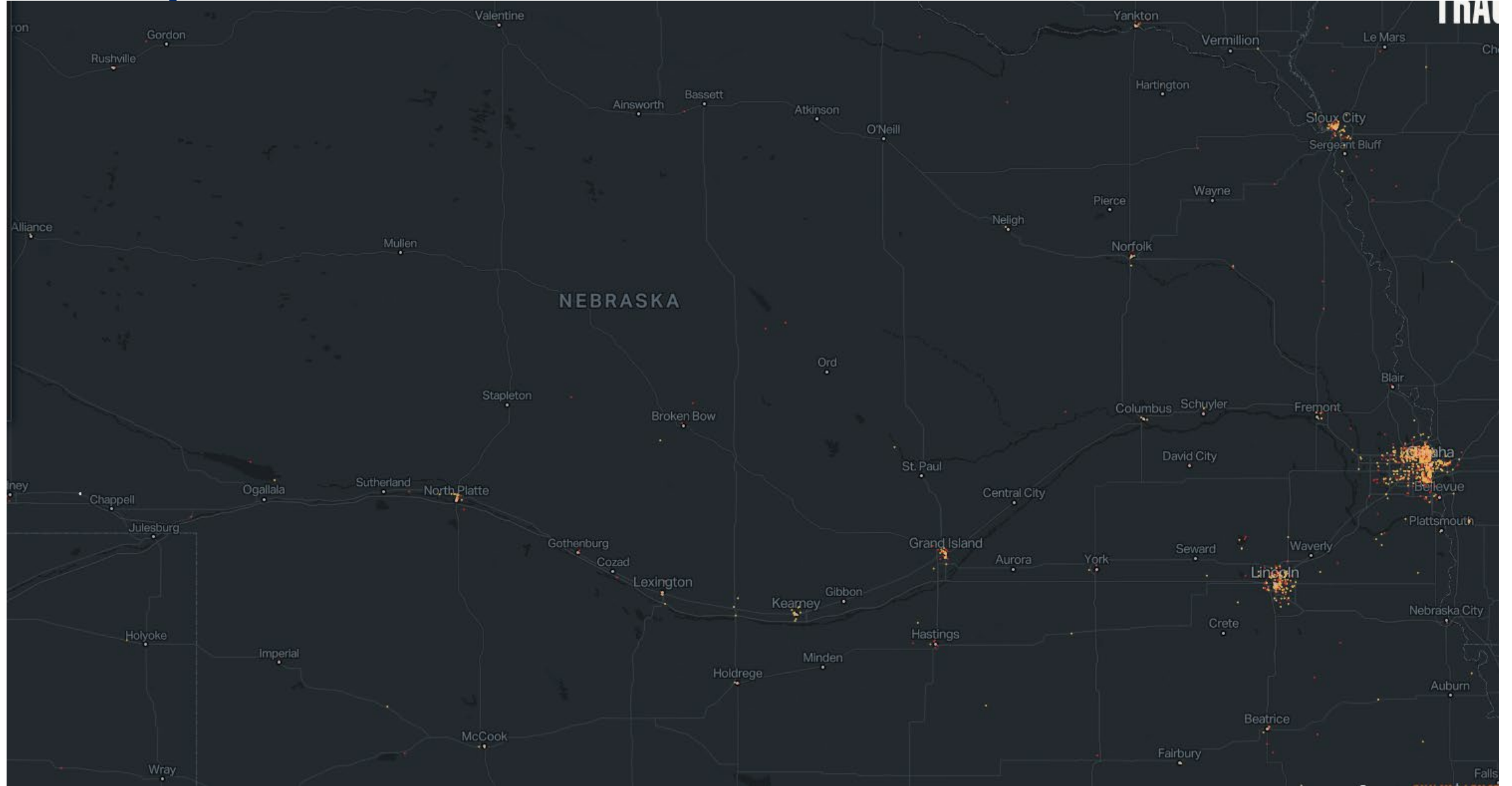
Maintaining a neutral and attentive facial expression

Heat Maps

Big Picture

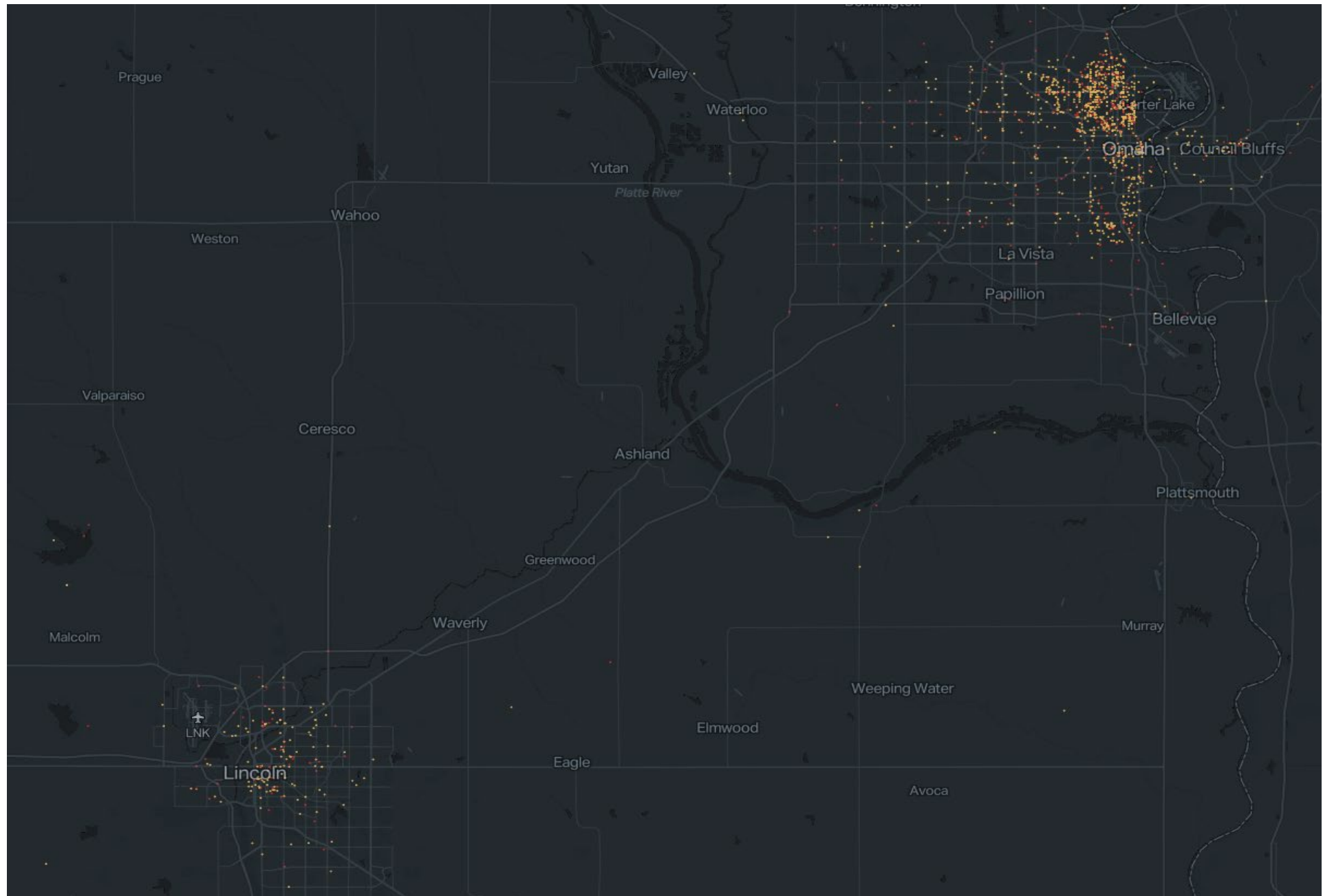


Heat Map



Heat Map

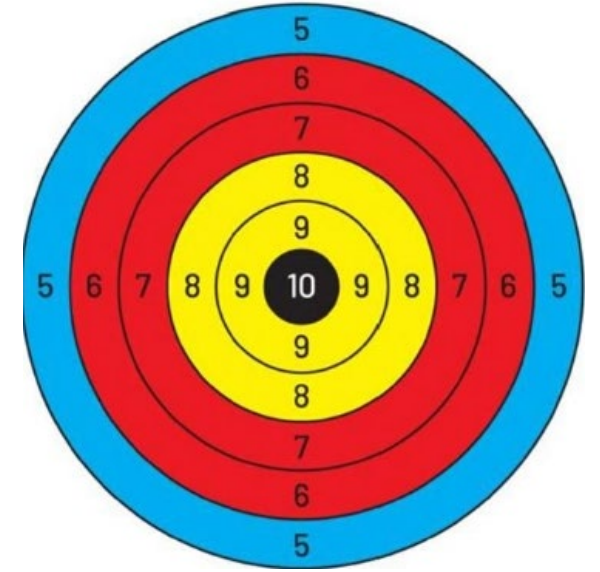
Population Centers



Drills

Practice

- Volunteers



Wrap Up

Action > Inaction

- Plan
- Do
- Train
- Act



Your future is limitless.SM

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