Workplace Violence: Personal Safety for Home and Hospice Care Providers

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Learning Objectives

After this class, you will be able to:
- Define workplace violence and its typology.
- Describe how to recognize potential violence.
- Explain techniques to diffuse potentially violent situations.
- Describe how to respond effectively to workplace violence.

Much to the terrorists’ surprise the virgins awaiting them in paradise were not quite what they expected.
Perception or Reality?

Reporter & Cameraman Shot Live On TV
Man Beheads Co-Worker
Woman Opens Fire On Supervisor
Nurse Wounded at Hartford General
Planned Parenthood Colorado Springs
14 Killed in San Berdino, 17 Injured

Definition

Workplace violence is any physical assault, threatening behavior, or verbal abuse occurring in the work setting.

A workplace may be any location either permanent or temporary where an employee performs any work-related duty.

Examples of WPV:

- Threats or obscene phone calls
- Intimidation
- Harassment of any nature
- Being followed, sworn or shouted at
- Beatings
- Stabbings
- Suicides
- Shootings
- Rapes
- Psychological traumas
Violence Type I

CRIMINAL INTENT

The perpetrator has no legitimate relationship to your agency or its employee(s). Violence is incidental to another crime, such as assault, robbery, theft, or burglary.

Most workplace homicides (85 percent) are Type I violence.

RISK FACTORS:
- Handling cash, valuables or drugs
- High risk neighborhoods & locations
- Throwing, punching, shoving
- Being threatened
- Prevalence of guns and other weapons
- Inadequate training
- Dementia, substance abuse/use & mental illness

Violence Type II

PATIENT/CLIENT (and their families and associates)

Accounts for a majority of nonfatal workplace violence incidents. Victims are often patient care providers.

Healthcare occupations are 18% of workforce BUT 48% of WPV victims

RISK FACTORS:
- Handling cash, valuables or drugs
- Working alone or in isolation
- Prevalence of guns and other weapons
- Inadequate training
- Dementia, substance abuse/use & mental illness
Violence Type III
Worker On Worker

Employee (or former), vendor or contractor who attacks or threatens employees or former employees.
Worker-on-worker fatalities account for approximately 7 percent of all workplace homicides.

RISK FACTORS:
- Inadequate training
- Lack of E.A.P. program
- Lack of effective WPV Policies
- Inadequate pre-employment screening
- Worker who attacks or threatens employees or former employees

Violence Type III
Personal Violence

Perpetrator has no relationship with the business but does with the intended victim. This category includes victims of domestic violence who are assaulted or threatened while at work.
Accounts for about 5 percent of all workplace homicides.

RISK FACTORS:
- Lack of E.A.P. program
- Uncontrolled public access at work
- Lack of effective WPV Policies
- Inadequate training

A Simple Model
The Fire Triangle

Heat
Air
Fuel
The Violence Triangle

Ability

Intent

Violence!

Opportunity

Awareness
Tools & Resources:
- Patient’s Records
- Sex Offender Registry
- Crime Maps
- Criminal Justice Look Ups
- Background Checks
- Intuition

Warning Signs of Violence
- Fascination with weapons, acts of violence or both.
- Demonstrated violence towards inanimate objects.
- Evidence of earlier violent behavior.
- Threatening Behavior
- States intention to hurt someone.
- Holds grudges.
- Excessive behavior (phone calls, gift giving, obsessions).
- Preoccupation with violence.
Warning Signs of Violence

- Argumentative.
- Displays unwarranted anger.
- Uncooperative, impulsive, easily frustrated.
- Challenges peers and authority figures.
- An unreciprocated romantic obsession.
- Serious family or financial problems.
- Recent job loss.

Warning Signs of Violence

Spotting an agitated person:

- Speaking loudly, frantically or quickly.
- Gesturing wildly.
- Aggressive stances and gestures such as pointing, getting close, clinching fists.
- Making threats and personal insults.

Actions If Attacked or Threatened

Experts Agree...

The most effective precaution is...

*Having a plan ahead of time!*
Responses to Violence

PASSIVE
 Accept or Avoid
 Defuse
 Flee
 Get Help

ACTIVE
 Self-Defense

Action #1
Running Away

You’ll NEVER lose a fight
you run away from!

Action #2
Getting Help

✔ Call 911
✔ Coded Distress Signal
✔ Security System
✔ Elevators
✔ On the “Street”
Coded Distress Signal

Caller Components
• Your name- “This is Pat Young”
• Location or patient’s name- “I’m with patient Chris Smith at 1022 Main Street.”
• Distress Signal- “Dr. Strong, please.”
• Leave phone on, mute speaker if possible.

Responder Components
• Asks only “YES/NO” questions.
• Takes note of time, location and other details.
• Call 911 or sends other help.
• Continues to monitor phone line.

Action #3

Barriers
✔ Indoor Barriers
✔ Outdoor Barriers
✔ Psychological Barriers

Action #4

Verbal De-escalation
• Assess the situation.
• Project calmness.
• Be patient, empathetic, encourage the person to talk.
• Focus on the person so they feel listened to.
• Maintain a relaxed yet attentive posture.
• Ask for small favors and points of agreement.
• Be reassuring and point out choices.
• Position yourself with access to an exit
Verbal De-Escalation

- Verbal de-escalation tactics that are non-physical skills used to prevent a potentially dangerous situation from escalating into a physical confrontation or injury.
- Reasoning does not work with angry people.
- The first and only objective in de-escalation is to reduce the level of agitation to permit discussion.

Verbal De-Escalation

- De-escalation techniques are inherently abnormal as they conflict with natural “fight or flight” response.
- To be effective, remain calm and centered.
- Be professionally detached.
- THIS SKILL REQUIRES PRACTICE.

Defusing Strategies

- Create some space.
- Adopt a non-threatening body posture.
- Reduce eye contact and keep hands visible.
- Stay calm and confident.
- Speak slowly, clearly, gently.
- Lower your voice.
- Listen.
Defusing Strategies

- Listen and paraphrase with empathy
- Distracting person with a pattern interrupt
- Re-focus the person
- Give choices
- Set limits
- Check your breathing, voice, body language and vocabulary

Verbal Judo*

1. Ask
2. Set Context
3. Offer Options
4. Confirm
5. Next Step

Positive & Helpful Statements

- I want to help you
- Please help me understand how to help you
- I’d like to hear about it
- Why do you feel that way?
- What do you think the real problem is?
- What would you like us to do now?
- Will you let me try and help?
- Anything else?
Action #5
Self Defense

Rules for Self Defense
1. Last Resort
2. Always Full Power
3. Has Only One Purpose
4. MUST AVOID PAIN OR HARM TO PATIENTS!!!

Action #6
Self Defense Tools
✓ Firearms
✓ Stun Guns
✓ Blunt & Edged Weapons
✓ Improvised
✓ Self Defense Spray

After Incident Care

Signs of critical-incident stress include:
• Physical: Fatigue, chills, unusual thirst, chest pain, headaches, dizziness
• Cognitive: Uncertainty, confusion, nightmares, poor concentration, memory problems
• Emotional: Grief, fear, guilt, intense anger, irritability, anxiety, depression
• Behavioral: Inability to rest, withdrawal, increased alcohol consumption, loss of appetite
Additional Resources

“Workplace Violence Prevention for Nurses”
www.cdc.gov/niosh/topics/violence/training_nurses.html
www.BestDefenseUSA.com
www.gavindebecker.com/
www. www.shrm.org
http://www.osha.gov

Questions, Comments, Concerns?

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