We Have Your Back
A Worker Safety Collaborative
An Initiative of the Florida Hospital Association

WORKER SAFETY WEDNESDAY WEBINAR SERIES:
WORKPLACE VIOLENCE AND ACTIVE SHOOTER RESPONSE IN A HEALTHCARE SETTING
WEDNESDAY, JULY 26, 2017
WE HAVE YOUR BACK
A HOSPITAL WORKER SAFETY COLLABORATIVE

WELCOME!
Special Thank You to Our Sponsors!
WHYB: Promoting workforce safety as an organizational priority in our hospitals

FOCUS AREAS:

- Safe patient lifting, handling and mobility
- Sharps injury and blood exposure prevention
- Workplace violence
- Finding solutions to reduce work stress, fatigue, and burnout
WHYB: Promoting workforce safety as an organizational priority in our hospitals

**FOCUS AREAS:**

- Safe patient lifting, handling and mobility
- Sharps injury and blood exposure prevention
- **Workplace violence**
- Finding solutions to reduce work stress, fatigue, and burnout
Violence vulnerability/ threat assessment.
Workplace violence plan addressing risks.
“Say no to violence” program.
Standardized alert and notification guidelines.
“Zero tolerance” policy.
Prevention, response and recovery policy.
Violent behavior response training.
Workplace Violence and Active Shooter Response in a Healthcare Setting
Watch and Learn
<table>
<thead>
<tr>
<th></th>
<th>Straight Line</th>
<th>Crouch</th>
<th>Zig Zag</th>
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</thead>
<tbody>
<tr>
<td># Trials</td>
<td>12</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td># Shots Fired</td>
<td>21</td>
<td>20</td>
<td>24</td>
</tr>
<tr>
<td>% Hits</td>
<td>52%</td>
<td>55%</td>
<td>54%</td>
</tr>
<tr>
<td>% Center Mass or head hits (out of total shots fired)</td>
<td>47%</td>
<td>50%</td>
<td>36%</td>
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The runners were moving so fast that in three of the test runs (25%), the shooters were unable to fire a second round.

Running in a zig zag pattern did NOT reduce the percentage of hits. It did however, reduce the chance that the runner will get hit in the torso or head.
Objectives

- Define healthcare workplace violence
- Review healthcare workplace violence statistics
- Discuss the use of threat assessment teams
- Review healthcare active shooter response
- Discuss implementation strategies
Who is Medxcel FM? Practicing an integrated model to best serve large healthcare systems

**Facility Operations**

**Regulatory Compliance**
- Three phase approach to compliance assurance
- Compliant facilities means safe facilities

**Emergency Management & Safety**
- Local, regional and national support teams
- Business plan continuity

**Environment of Care**
- Baseline assessment, review of your data and a plan of action.
- Security, hazardous materials, fire safety, medical equipment and utility systems
STATISTICS

Approximately 20% of Catholic Health Services in the U.S.

- Number of Births >84k
- ED Visits >3M
- Outpatient Visits >23M
- Surgical Visits – Outpatient >400k
- Equivalent Discharges >1.5M

2,500 Sites of Care:
- 141 Hospitals
- 24 States and the District of Columbia

150k Associates

40k Affiliated Physicians

More than 22k Available Beds
From 2002 to 2013, incidents of serious workplace violence were four times more common in healthcare than in private industry on average.

**Definition:**
Violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty.
Serious Workplace Violence 2002-2013
Sources of Serious Workplace Violence

- Patient: 80%
- Other client or customer: 12%
- Student: 3%
- Coworker: 3%
- Other person (not specified): 1%
- Assailant/suspect/inmate: 1%
Who’s Receiving the Serious Violence

- **Psychiatric Aides**: 590/10,000
- **EMS Personnel**: 60/10,000
- **Nursing Assistants**: 55/10,000
- **Registered Nurse**: 14/10,000
- **Private Industry**: 4.2/10,000
Serious Violent Event Causes

- Nursing, psychiatric, and home health aides
  - Hitting, kicking, beating, shoving
  - Injury by physical contact with person while moving that person—unintentional
  - Injury by other person—unintentional or intent unknown—not elsewhere classified

- Registered nurses
  - Injury by physical contact with person while restraining or subduing—unintentional
  - Intentional injury by other person—not elsewhere classified

- Licensed practical and vocational nurses
  - Injury by physical contact with person while restraining or subduing—unintentional
  - Intentional injury by other person—not elsewhere classified
Bullying is Workplace Violence Too

AUGUST 12TH, 2012

Hospital unlawfully fired nurse who complained of bullying

Supreme Court of Indiana.

No. 49S02-0710-CV-424.
Decided: April 08, 2008
**Definition:**
Workplace bullying is repeated, unreasonable behavior directed towards a worker or group of workers, that creates a risk to health and safety.
Why We Ignore Workplace Violence

“They’re just like that”
“Trying to get attention”
“They are a jerk”
“It’s tradition, suck it up”
“I am being bullied”
“I don’t know what to do!”
Threat Assessment Teams
What they do

- Address concerns about threatening or potentially threatening behavior that could result in violence.
- Formal training
- Patients and family members, visitors, staff, or other persons brought to the attention of the team.
Threat Assessment Teams
Who they are

- Healthcare facility administrators
- Counselors
- Current employees
- Medical and behavioral health professionals
- Residential life
- Public safety
- Law enforcement personnel
Types of Workplace Violence Perpetrators

- **Type 1:** No relationship to workplace
- **Type 2:** Customers or clients
- **Type 3:** Employment relationship (current or former)
- **Type 4:** Relationship with employee
1. Establish Crisis Management Team
2. Planning and Team Training
3. Violence Vulnerability Assessment
4. Policy, Procedures, and Protocols
5. Professional Threat Assessment
6. Training and Communication for Staff
7. Organizational Collaboration
8. Incident Response (timely)
9. Evaluate Efficiency
10. Sustain Process
Escalation Process

Inappropriate Violent Behavior

STAGE 1

- Objectifying and dehumanizing others
- Challenging authority
- Regularly becoming argumentative
- Alienating customers or clients
- Originating and spreading lies about others
- Verbal abuse
- Suicidal thoughts
- Angry outbursts / signs of frustration
Escalation Process

STAGE 2

Inappropriate Violent Behavior

- Arguing frequently or intensely
- Blatantly ignoring policies / procedures
- Setting traps for others
- Stealing / vandalism
- Suicidal threats
- Verbal threats / intent to harm others
- Conveying unwanted sexual attention / violence by voice, email, letter
- Holding others responsible for others / feeling persecuted
Escalation Process

Inappropriate Violent Behavior

STAGE 3

- Hands on violence
- Very dangerous, clear intent to hurt
- Risk of psychological harm
- Requires law enforcement or mental health intervention
Interventions

STAGE 1 or STAGE 2

Diffusing
- If employee, immediate manager or supervisor
- Record incident
- Notify chain of command

Call for Help

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Active Shooter in Healthcare

Active Shooter:
Actively engaged in killing or attempting to kill people in a populated area.

Mass Killing:
Three or more killed.

Active Shooter is *not*:
- Person with a gun
- Hostage situation
- Murder or murder/suicide
Healthcare Active Shooter Statistics

- 6 incidents between 2000-2015
- It’s not part of a bundle
Learn the signs of a potentially volatile situation and ways to prevent an incident.

Learn the best steps for survival when faced with an active shooter situation.

Be prepared to work with law enforcement during the response.
Case Report

Spontaneous Discharge of a Firearm in an MR Imaging Environment

Anton Oscar Beitia¹, Steven P. Meyers¹, Emanuel Kanal², William Bartell³

An incident recently occurred at an outpatient imaging center in western New York State, in which a firearm spontaneously discharged in a 1.5-T MR imaging environment with active shielding. To our knowledge, this is the first documented case of such an occurrence. The event secure the weapon in that room, where it would be safe. However, the officer recently misunderstood and took the gun to the MR suite. The technologist was entering the officer’s personal data into the computer, did not see him entering the MR suite. Once the officer was inside the MR suite...

Police officer has service gun wrenched from his hand by MRI machine while responding to burglary in medical center

By Snejana Farberov

Published: 12:42 EST, 9 February 2013 | Updated: 12:44 EST, 9 February 2013

Gunman 'disarmed' by MRI machine at hospital

Durgesh Nandan Jha, TNN Jun 27, 2012; 01:28AM IST

Tags: MRI machine | Medanta Medcity | Gunman 'disarmed' by MRI

NEW DELHI: The patient's personal security officer was not in the room — not with a gun tucked under his belt, at least, but he is of his life. In an incident that neither the gunman nor the doctor Gurgaon will forget, the MRI machine reportedly sucked out the belt.

MRI machines that are used to visualize the internal structures of bodies in magnetic fields, thousands of times stronger than the earth's...
Active Shooter in a Healthcare Setting

- What is a healthcare setting?
  - Hospital (teaching, critical access)
  - Clinic
  - Physician practice
  - Medical school
  - Free standing MRI
  - Oncology clinic
  - Ambulatory surgery center
  - Long term care
Commonality

- Vulnerable population
- Hazardous materials
- Openness
- Visitors
- “Duty to Act” and “Abandonment” concerns
- Ability to provide care
Active Shooter Planning and Response in a Healthcare Setting

- Updated guidance released February 2017
- Additional content includes
  - Warm zone operations
  - Updated law enforcement tactics
  - IED’s
  - Unified command
  - PSYStart triage
  - Quick guide
  - Workplace violence
Run, Hide, Fight

- People tend to make a choice of run or hide, and stick with it

RUN

- During the process of running, you may need to hide and fight, but keep running
The Elephant in the Room

- Is running abandonment?
- Is there an ethical or moral obligation to stay?
- Can you require someone NOT to run?
- Helpless patients
  - Operating room
  - Ventilators
  - Non-ambulatory
What We Know

- **Golden Rule:**
  - Less People in Hot Zone = Less Victims

- **Healthcare facilities can be large**
  - Multiple buildings
  - Multiple floors/wings
  - Educational campus

- **Response depends on where it is occurring**

- **Run, hide, fight are un-numbered options**

- **Situations are fluid**
Training will decrease deaths
Individual facilities will make a plan appropriate for them
Pre-planning how to “barricade” at the unit level will decrease deaths
As shooter moves, response will change
Self preservation is a personal issue
People do heroic things, but not by policy
Planning

- A preferred method for reporting active shooter incidents
- An evacuation policy and procedure
- Emergency escape procedures and route assignments (i.e., floor plans, safe areas)
- Lockdown procedures for individual units and locations and other campus buildings
- Integration with the facility Emergency Operations Plan and Incident Command System
- Information concerning local area emergency response agencies and hospitals (i.e., name, telephone number, and distance from your location)
Communication

- Panic
  - Research shows warnings do not induce panic
  - People need accurate information and clear instructions

- Codes vs. Plain Language

- Communication barriers (multilingual, hearing impaired, learning disabled)

https://healthinfotranslations.org
Working with First Responders

- Share plan with responders
- Consider pre-placed maps and access badges
- Exercises
- Equipment cache location
- Integrating into the care/security teams
- Transport or treat at the facility decisions
- Integrated command post
- Warm zone operations
- Casualty collection points
- Hemorrhage control
Law Enforcement Tactics

- First officer arrival
- Visiting LE duties/off duty officer duties (ED)
- Force protection teams
- Integration of special operation teams
- Facility clearing
- Video control rooms
- Hazardous materials
- Clearing staff to assist with care
- Crime scene operations
Maintaining the Program

It’s great to implement a plan, but tougher to maintain it.
Leadership

It does not do to leave a live dragon out of your calculations, if you live near him.

- J.R.R. Tolkien

If you don't know where you are going, you'll end up someplace else.

- Yogi Berra
Questions?

Thank you for all you do in keeping our communities safe!

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Medxcel Facilities Management

WE HAVE YOUR BACK
Workplace Violence Events

- **August 1 and 2 - Certified Aggression Managers (CAM) Training**
  - FHA Corporate Office - Orlando, Florida
  - Details and Registration online at: [http://www.fha.org/health-care-issues/workforce.aspx](http://www.fha.org/health-care-issues/workforce.aspx)
WHYB Events

- **September 19-20** - WHYB Worker Safety Annual Conference
  - The Westin Lake Mary, Lake Mary, Florida
  - Details and Registration online at: [http://www.fha.org/health-care-issues/workforce.aspx](http://www.fha.org/health-care-issues/workforce.aspx)
Eligibility for Nursing CEU requires submission of an evaluation survey for each participant requesting continuing education: https://www.surveymonkey.com/r/JXNPWYD

Share this link with all of your participants if viewing today’s webinar as a group

Be sure to include your contact information and Florida nursing license number

FHA will report 1.0 credit hour to CE Broker and a certificate will be sent via e-mail

We would appreciate your feedback even if you are not applying for CEUs!!

Web participants can stay logged in as the webinar closes to be redirected to the online survey (the link will also be provided in a follow up email)
THANK YOU!
WHYB Questions and Information –
407-841-6230

whyb@fha.org
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