PREVENT VIOLENCE IN THE HEALTHCARE INDUSTRY

Healthcare professionals are particularly vulnerable to violent situations, but that doesn’t make such incidents acceptable. In accordance with your written Workplace Violence Prevention Program and OSHA’s recommendations, train your employees on how to anticipate and deescalate potentially violent situations in the workplace.

In your training session:

1. Ask your employees to describe risk factors that may increase the likelihood of a situation becoming violent. Examples may include:
   - Frustrated or distraught patient family members
   - Frustrated patients (due to long waiting time, language barrier with caretaker, etc.)
   - Patient’s history of violence or behavior problems
   - Confused patient (i.e., someone with Alzheimer’s)
   - Low staffing
   - Medical staff alone with patient

2. Discuss engineering and administrative controls that your company implements to prevent violence. See examples in the yellow panel.

3. Explain the following guidelines for defusing a potentially violent situation with a patient, as defined by Doctor Avrim Fishkind in his Current Psychiatry article, “Calming agitation with words, not drugs: 10 commandments for safety”:
   1. Respect the patient’s personal space.
   2. Do not provoke the patient.
   3. Have one staff member verbally engage the patient.
   4. Be concise and repetitive.
   5. Address the patient’s feelings.
   6. Listen to the patient.
   7. Agree (or agree to disagree) with the patient.
   8. Explain that the violent behavior is unacceptable and state the consequences (not threats).
   9. Offer simple alternatives to violence.
   10. Debrief the patient and staff after the incident.

4. Read the following scenarios of when a situation could turn violent. Ask your employees to describe what can be done to defuse the situation, using the guidelines in step 3. Consider substituting these situations with other examples that are specific to your workplace.
   - A patient becomes agitated when a doctor enters the room after a long wait period.
   - A patient with a history of drug abuse angrily demands to be allowed to leave the rehabilitation center.
   - A confused Alzheimer’s patient becomes agitated when a nurse enters her room. She yells at the nurse to get out of her house.

ENGINEERING CONTROLS
- Locks and security
- Good lighting
- Furniture arranged to allow quick egress
- Multiple exits from exam rooms
- Enclosed nurses’ stations
- Alarm systems, including panic buttons

ADMINISTRATIVE CONTROLS
- Rules for when employees cannot be alone with a patient
- Tagging system to identify patients with violent histories or behavior problems
- Visitor registration procedures
- System to report and investigate incidents, as required by law

For more on violence prevention, see OSHA’s “Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers”.

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