



# ASHNHA Workplace Violence Prevention Toolkit

## **Introduction**

Alaska’s hospitals have experienced a significant increase in workplace violence. Staff report feeling unsafe in the workplace. Being kicked, punched, spit on, or verbally threatened is NOT an acceptable workplace hazard. Unfortunately, for many of our nurses and other caregivers, such violence has become normal.

In response to member concerns, ASHNHA advocated for a legislative solution to address the unacceptable level of violence against healthcare professionals in hospitals. ASHNHA worked with Representatives Matt Claman (D-Anchorage) and Chuck Kopp (R- Anchorage) to introduce a bill that received broad bipartisan support in the Legislature. On June 14, 2018, Governor Walker signed into law House Bill (HB) 312, a crime bill which included provisions to address increasing levels of violence in health care facilities.

The law allows police to arrest without a warrant for misdemeanor assault in a healthcare facility. It gives police additional discretion to arrest and remove a medically stable person when evidence they have committed an assault exists. This legislation helps facilities keep the environment safe and provides a mechanism to remove violent individuals. It also adds a felony aggravator when the assault occurs at a health care facility and is directed at a caregiver. The law went into effect on September 12, 2018. ASHNHA believes HB 312 can help to remove violent offenders from health care facilities, resulting in a safer environment for health care workers. We also hope the legislation will convey to health care workers that they are valued and supported thereby improving employee morale and reducing turnover.

## **Toolkit**

Legislation is only one potential solution to this multifaceted problem. Equally important is the work hospitals are doing to ensure they have a comprehensive approach to prevent, identify, and de-escalate violence. Ongoing training is important to increase skills in de-escalation and support efforts to reduce the stigma associated with behavioral health issues.

This toolkit includes resources to support hospital leaders in communicating with staff, working with law enforcement, and developing comprehensive workplace violence prevention plans. In addition, it is critical to have a continuum of resources available to improve access to community behavioral health treatment and services that patients need so care can be provided at the most appropriate, least restrictive level and so that fewer individuals end up in the hospital.



### **Recommended Actions for ASHNHA members**

ASHNHA is committed to supporting facilities in their efforts to reduce workplace violence. There are important actions that hospital leadership can take to communicate and ensure policies and procedures are in place to support violence prevention efforts.

ASHNHA recommends hospitals focus on the following activities:

- Evaluate overall workplace violence prevention plan. Conduct a gap analysis as needed to identify areas of potential improvement and ensure all key elements are in place.
- Ensure that a model of trauma-informed de-escalation training is implemented facility-wide.
- Provide a clear statement of the organization’s position on workplace violence (i.e., violence in any form is not acceptable in the workplace and that all threats or incidents of violence will be taken seriously.) Clearly define the scope of workplace violence (i.e., acts of physical violence, harassment, intimidation, and other disruptive behavior.)
- Develop a plan to communicate to all hospital employees about how to report violence, and a process for interacting with law enforcement when needed.
- Inform patients, visitors, and others of their responsibilities and the conduct that is expected of them.
- Examine existing reporting procedures to determine if changes are needed. Encourage employees to report incidents or related concerns and explain the reporting process.
- Consider implementation of an interview process between a unit manager or hospital leader and the victim of violence and others involved to gather more information on what occurred and clearly communicate concern for the hospital staff who experienced violence. Providence Alaska Medical Center has developed a list of data elements to collect during a post-incident interview that can be adapted for use.
- Review policies and procedures related to workplace violence to address the unique needs of individuals with dementia or other cognitive impairment. Many individuals have plans of care or a personal safety plan. This information may be beneficial to staff in preventing avoidable escalation. It is also important to ensure these individuals are treated appropriately if a violent incident occurs and prevent criminalization of behaviors related to dementia or other medical conditions.
- Develop plans to incorporate security into a multi-disciplinary team which assesses the effectiveness of the organization’s workplace violence prevention plan and implement a process improvement cycle. Consider the need to develop agreements with local law enforcement officials on implementation of the law.



## Resources for Implementation

### Workplace Violence Communication and Assessment Tools

- Download [sample signage for facilities](#)
- Suggested Data Collection [Elements of WPV investigation-interview](#)
- [Health Care Facility Workplace Violence Risk Assessment Tool](#), from [ASHRM](#)

### EDIE/PointClickCare (formally Collective Medical)

The Collective interface delivers real-time notifications with insights at the point of care, not just to ED physicians, but the patient's entire care team. Establishing this real-time link for providers with relevant information about their patient allows them to drastically improve care coordination and communication. The insights and notifications have also been deployed to successfully prevent violence within hospitals. The majority of hospitals in Alaska have implemented EDIE functionality. If you are interested in learning more about EDIE or being connected with a representative at [Point Click Care](#), please contact [Elizabeth King](#).

### The Joint Commission

- [Workplace Violence Prevention Resources](#)
- [R3 Report Workplace Violence Prevention Standards](#) (Effective January 2022)
- [Workplace Violence Prevention Compendium of resources](#)
- [Sentinel Event Alert 59](#) (Updated June 2021)

### Health Care and Law Enforcement Collaboration

The Minnesota Health Care and Law Enforcement Coalition created a [road map of best practices and compiled resources](#) that provide leadership and direct care staff with tools to build relationships and improve collaboration between health care and law enforcement. The road map includes sample policies, procedures, court orders, and other resources. The road map can be used to supplement workplace violence prevention work and its accompanying gap analysis.

### American Hospital Association Resources

The American Hospital Association has a vast amount of resources on [Workforce and Workplace Violence Prevention](#) including [Creating Safer Workplaces: A Guide to Mitigating Violence in Health Care Settings](#), [Building a Safe Workplace and Community: A Framework for Hospital and Health System Leadership](#), blogs, podcasts, and much more.

- **Trauma Support** - Enable pathways to recognize physical and non-physical trauma, recover, build resiliency and avoid re-traumatization.
- **Culture of Safety** - Prioritize physical and psychological safety of the workforce, patients, families and communities.
- **Mitigating Risk** - Assess potential risks and work together to reduce risks and improve the environment.
- **Violence Intervention** - Collaborate with community partners, hospital-based programs and others to prevent ongoing or future violent incidents.



### **Emergency Nurses Association**

The [Emergency Nurses Association](#) has resources designed to help emergency nurses conduct and participate in research and quality improvement initiatives aimed at preventing, mitigating, and reporting workplace violence.

### **Oregon Association of Hospitals and Health Systems (OAHS) Workplace Violence Prevention Toolkit for Hospitals**

Workplace Violence in Hospitals: A Toolkit for Prevention and Management, 2nd Edition, 2020, Oregon Workplace Safety Initiative in collaboration with Washington Hospital Association. This [comprehensive toolkit](#), authored by Lynda Enos, RN, BSN, MS, COHN-S, CPE, will assist health care leadership and violence prevention committees and other stakeholders to:

- Evaluate the workplace violence program and individual violence prevention practices at their facility or within their organization, against current best practices in violence prevention.
- Identify and engage stakeholders and enhance the culture of worker and patient safety.
- Develop or strengthen their workplace violence program and policy by identifying processes that can be implemented to manage or control violence and proactively address the risk of violence.

### **Resources for addressing stigma**

According to the American Psychiatric Association, fear of stigma can lead patients to forgo treatment, leading to poor health outcomes. These resources focus on understanding and addressing stigma associated with opioid use disorder and other behavioral health issues. Helping staff better understand and reduce stigma in the hospital could improve patient outcomes and prevent violence.

Grayken Center for Addiction at Boston Medical Center [created a list of stigmatizing and non-stigmatizing language](#) in addition to a pledge that explains the importance of committing to using clinically appropriate and medically accurate terminology.

[Deconstructing Stigma: Changing Attitudes About Mental Health](#) is a series of larger-than-life photographs and interviews with people from across the United States and beyond who have been affected by mental illness.

The American Hospital Association, together with behavioral health and language experts from member hospitals organizations, [released a series of downloadable posters](#) to help your employees adopt patient-centered, respectful language - titled *People Matter, Words Matter*.



## Crime Omnibus Bill [HB 312](#) - What the law says about workplace violence

### Sections of the bill related to workplace violence

#### Sec. 8. [AS 12.25.030\(b\)](#) is amended to read:

(3) without a warrant may arrest a person when the peace officer has probable cause for believing that the person has: (D) violated [AS 11.41.230](#) at a health care facility, and the person (i) was not seeking medical treatment at the facility; or (ii) was stable for discharge.

#### Sec. 9. [AS 12.25.030](#) is amended by adding a new subsection to read:

(e) In this section, "health care facility" has the meaning given in [AS 18.07.111](#).

#### Sec. 17. [AS 12.55.155\(c\)](#) is amended to read:

(c) The following factors shall be considered by the sentencing court if proven in accordance with this section, and may allow imposition of a sentence above the presumptive range set out in [AS 12.55.125](#): (36) the defendant committed the offense at a health care facility and knowingly directed the conduct constituting the offense at a medical professional during or because of the medical professional's exercise of professional duties; in this paragraph, (A) "health care facility" has the meaning given in [AS 18.07.111](#); (B) "medical professional" has the meaning given in [AS 12.55.135\(k\)](#).

### Definitions:

#### Sec. [11.41.230](#). Assault in the fourth degree.

(a) A person commits the crime of assault in the fourth degree if (1) that person recklessly causes physical injury to another person; (2) with criminal negligence that person causes physical injury to another person by means of a dangerous instrument; or (3) by words or other conduct that person recklessly places another person in fear of imminent physical injury.

(b) Assault in the fourth degree is a class A misdemeanor.

#### [AS 18.07.111](#) "Health Care Facility"

Health care facility means a private, municipal, state, or federal hospital, psychiatric hospital, independent diagnostic testing facility, residential psychiatric treatment center, tuberculosis hospital, skilled nursing facility, kidney disease treatment center (including freestanding hemodialysis units), intermediate care facility, and ambulatory surgical facility; the term excludes (A) the Alaska Pioneers' Home and the Alaska Veterans' Home administered by the Department of Health and Social Services under [AS 47.55](#); and (B) the offices of private physicians or dentists whether in individual or group practice;

#### [AS 12.55.135\(k\)](#) "Medical Professional"

Medical professional means a person who is an anesthesiologist, chiropractor, dental hygienist, dentist, health aide, nurse, nurse aide, advanced practice registered nurse, mental health counselor, osteopath, physician, physician assistant, psychiatrist, psychologist, psychological associate, radiologist, surgeon, or x-ray technician, or who holds a substantially similar position.



## **Workplace Violence Prevention Plan**

There are a variety of toolkits and resources that identify the critical elements necessary to prevent violence in healthcare facilities. Completion of an annual gap analysis or risk assessment is important.

The following is a summary of the essential focus areas in a successful workplace violence prevention program. ASHNHA recommends all facilities have these elements in place.

### **1. Violence prevention program & policy**

- Clearly disseminated zero tolerance policy toward any form of violence (signage and patient education)
- Senior leadership makes violence prevention a priority
- Violence prevention team oversees action plan for violence prevention program
- Collaboration and communication with local law enforcement

### **2. Accurate and concurrent reporting**

- Collect data on all incidents of violence
- Streamline and simplify the violence reporting process

### **3. Facility culture and accountability**

- Management commitment and staff involvement so employees feel staff safety is as important as patient safety
- Ongoing communication that violence is not an accepted part of the job

### **4. Staff training and education**

- Training of staff in recognizing and managing potential and actual violence
- Ensure all staff are familiar with emergency policies and procedures

### **5. Risk identification**

- Identify patients & visitors at high risk for violence (inpatient and outpatient)
- Flag patient charts for history of violence in healthcare setting
- Identify risks in the physical environment

### **6. Incident response**

- Detailed violence response plan including interaction with law enforcement
- Comprehensive follow-up care for staff members who have been assaulted or threatened



## **Comprehensive workplace violence solutions**

The following is a list of recommendations provided by the ASHNHA workplace violence task force to comprehensively address workplace violence.

- Support hospitals in sharing best practices and challenges in a way that promotes learning from each other.
- Encourage all facilities to implement best practices to reduce aggressive behavior such as risk identification, environmental changes, staff education, data collection, facility culture and leadership, and incident response. Complete an annual gap analysis or risk assessment to ensure all critical elements are in place.
- Develop a training plan with an emphasis on train-the-trainer models to support member hospitals in training staff in de-escalation, crisis intervention, and reducing and managing violence and aggressive behavior.
- Develop hospital violence response plans that include reporting crimes against health care workers and comprehensive follow-up care for staff members who have been assaulted or threatened.
- Develop common definitions for workplace violence, near misses, intentional and unintentional violence that can be used by all interested facilities to better track data.
- Fully implement the Emergency Department Information Exchange (EDie) to facilitate early identification of patients at risk for security events and utilize security alerts in the system to support communication across facilities.
- Support hospitals' work with local law enforcement as they develop memorandum of agreements/understanding on how to work together to prevent violence and intervene when violence occurs. Agreements could include police shifts/timing of patrols, how police respond to hospitals, and what information hospitals will provide. This process could be lengthy but may help hospitals and law enforcement entities speak a common language.
- Provide training to health care staff on interaction with law enforcement, what to do if violence occurs, and the importance of reporting of incidents – “know your rights card.”
- Further develop a communication strategy to help the public and legislators become aware of workplace violence at healthcare facilities and the impact on the workforce.