

Workplace Violence Prevention & Intervention

Grand Rounds
January 17, 2024





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Workplace Violence Prevention Chair

- **7+ Years Public Safety Experience**
- **Workplace Violence Prevention Master Instructor**
- **Nonviolent Crisis Intervention Instructor**
- **AVADE Active Shooter Response Instructor**



Workplace Violence Prevention

Learning Objectives

- Defining Workplace Violence
 - Workplace Violence in Healthcare
 - 5 Types of Workplace Violence
 - TJC Standards
- Evidence Based Programs & Education
 - AVADE Workplace Violence Prevention & Active Shooter
 - Crisis Prevention Institute – Nonviolent Crisis Intervention
- Mitigation & Prevention Strategies for Workplace Violence
 - The Assault Cycle
 - 10 Habits of De-Escalation
 - See Something, Say Something
- Response to Workplace Violence
 - Active Shooter
 - Debriefing, Defusing & Reporting



Workplace Violence Prevention

What is Workplace Violence?

“Any act of aggression, verbal assault, physical assault, or threatening behavior that occurs in the workplace environment and causes physical or emotional harm to guests, staff, or visitors.”



Workplace Violence in Massachusetts

MHA Report

Every 38 minutes in a Massachusetts healthcare facility, someone – most likely a clinician or employee – is either physically assaulted, endures verbal abuse, or is threatened.

A STEEP CLIMB: Frequency of abusive incidents at Massachusetts healthcare organizations; 2020-2022





Workplace Violence in Massachusetts MHA Report

Figure 4: Aggressors of Reported Incidents

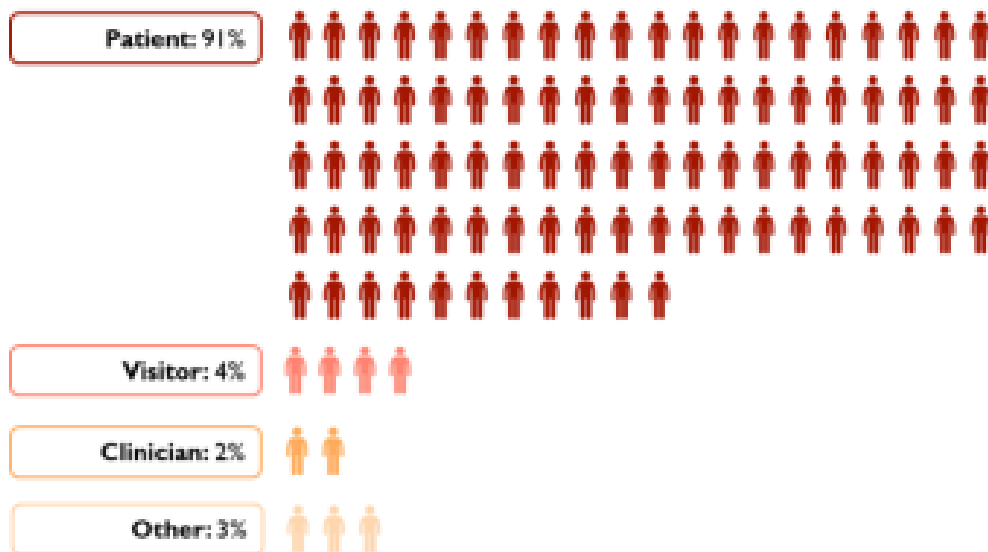
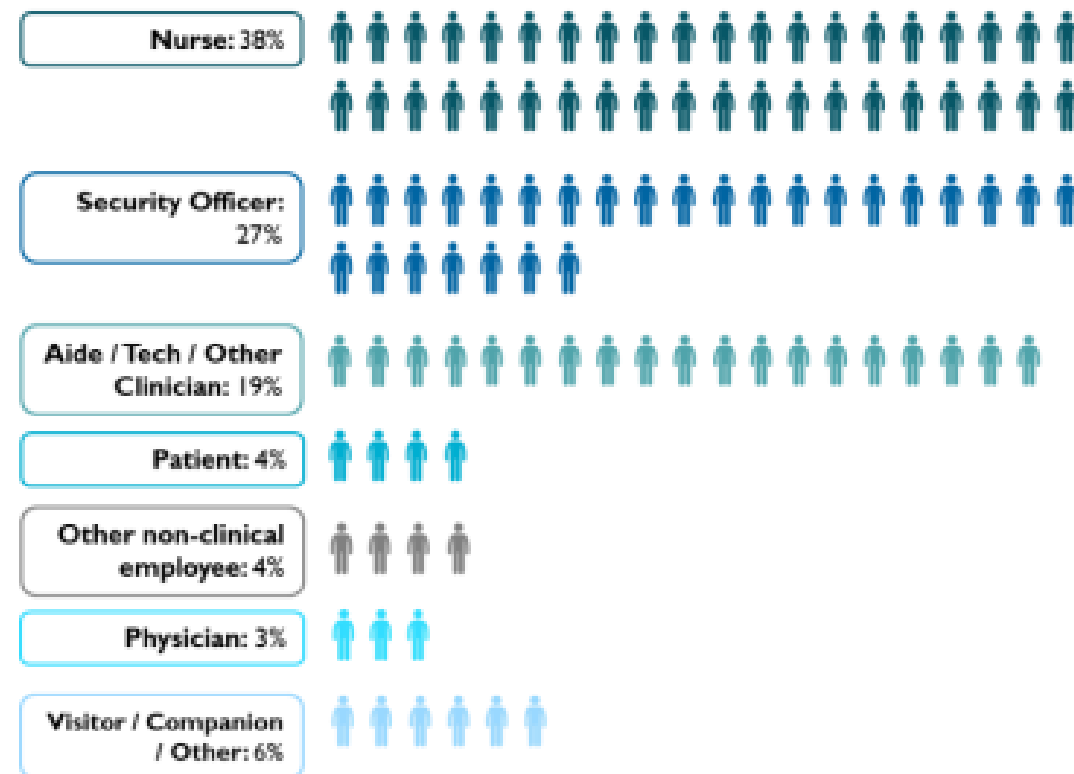


Figure 5: Victims of Reported Incidents

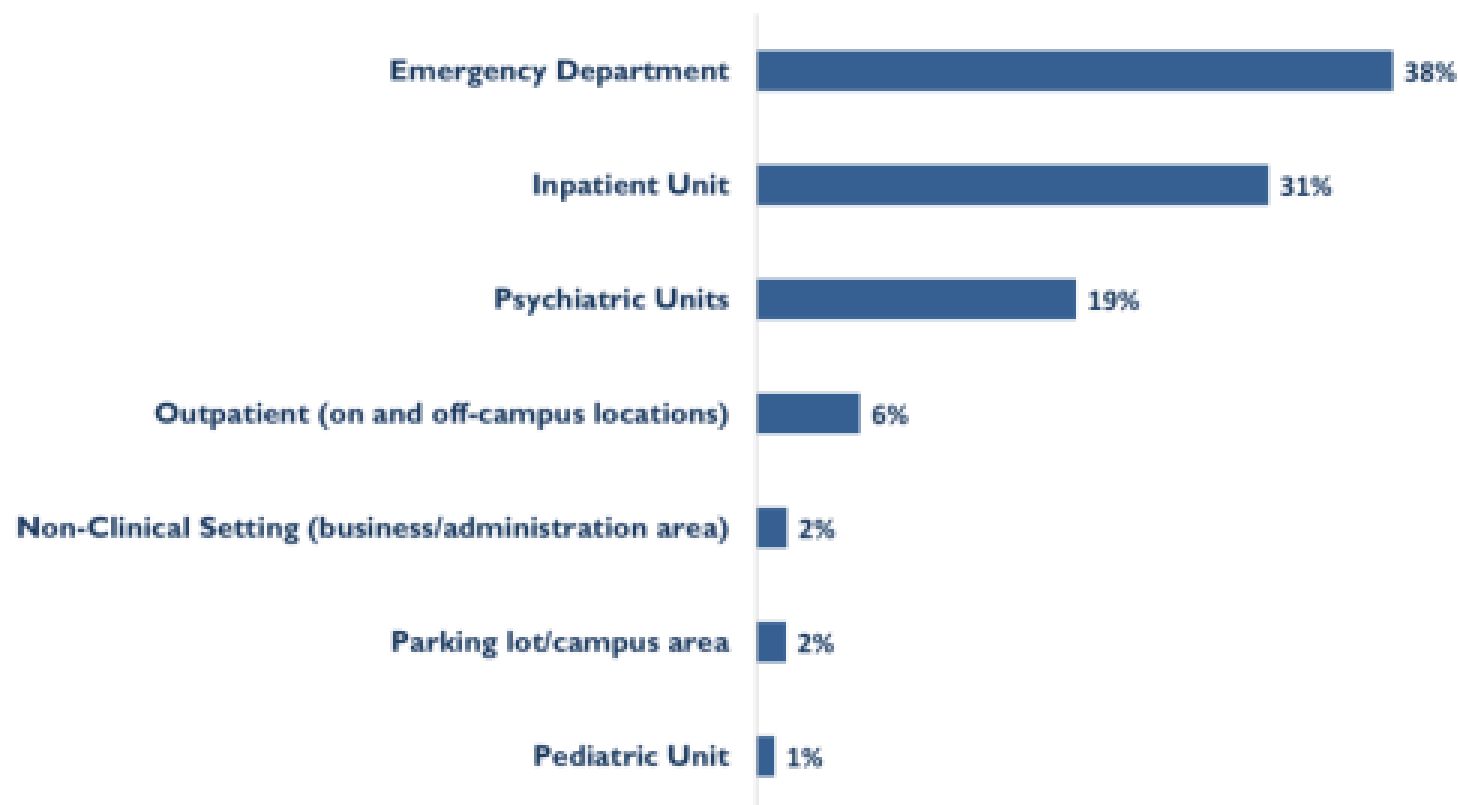




Workplace Violence in Massachusetts MHA Report

MHA's survey further reveals that the most common location of healthcare violence are hospital emergency departments (38%) followed by inpatient units (31%) and psychiatric units (19%) (Figure 6).

Figure 6: *Reported Incident Location Distribution*





5 Types of Workplace Violence

- Type I – Stranger
- Type II – Patient/Client
- Type III – Lateral
- Type IV – Domestic
- Type V – Extreme





Type I

Stranger Violence

Type I Stranger Violence is where the perpetrator has **no legitimate relationship** with the **business** or it's **employees**. The offender is usually involved in **committing a crime**.

- Accounts for most fatalities in the workplace
- Rape, Robbery, Assault, Gang Violence, etc.
- Predator vs. Prey
- Aware / Unaware
- Vigilance & Intuition



Type II

Patient/Client Violence

Type II Patient, Client, or Customer Violence can involve **verbal threats**, **threatening behavior**, or **physical assaults** by an assailant who either receives **services** from or is under the **custodial supervision** of the workplace.

- 95%+ of hospital Workplace Violence Incidents
- Intoxicated, Mental Illness, Angry, Stressed, etc.
- Trauma Informed Care
- Communication Skills



Type III

Lateral Violence

Type III Lateral Violence can be perpetrated by a **current, recently disciplined, or discharged** employee. It involves **verbal threats, threatening behavior, or physical assaults** by an assailant who has some **employment related involvement** with the workplace.

- Bullying and intimidating behavior amongst staff
- Disciplined / Discharged employees
- Recognize Early Signs of Violence



Type IV

Domestic Violence

Type IV Domestic Violence is the willful **intimidation, physical assault, battery, sexual assault**, and/or other **abusive behavior** as part of a systematic pattern of power and control perpetrated by **one intimate partner against another**.

- Child Custody
- Family & Partners
- Stalking



Type V

Extreme Violence

Extreme Violence goes beyond our **human understanding** of **how** and **why** members of the same species can inflict such **pain** and **harm** on one another.

- Active Shooter
- Terrorism
- Serial Killer
- Code Silver



Workplace Violence Prevention

TJC Standards - EOC

Standard EC.02.01.01: The hospital manages safety and security risks.

- EP 17: The hospital conducts an annual worksite analysis related to its workplace violence prevention program. The hospital takes actions to mitigate or resolve the workplace violence safety and security risks based upon findings from the analysis. (See also EC.04.01.01, EP 1)
- A successful approach to evaluating the effectiveness of a workplace violence prevention program requires the performance of a worksite analysis. Environmental modifications are then implemented based on findings from the analysis. With best practices and applicable laws and regulations constantly evolving, hospitals must also review the program's policies and procedures, training, and education for consistency with the latest recommendations.



Workplace Violence Prevention

TJC Standards - EOC

Standard EC.04.01.01: The hospital collects information to monitor conditions in the environment.

- EP 1: The hospital establishes a process(es) for continually monitoring, internally reporting, and investigating the following:
 - Injuries to patients or others within the hospital's facilities
 - Occupational illnesses and staff injuries
 - Incidents of damage to its property or the property of others
 - Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence
 - Hazardous materials and waste spills and exposures
 - Fire safety management problems, deficiencies, and failures
 - Medical or laboratory equipment management problems, failures, and use errors
 - Utility systems management problems, failures, or use errors





Workplace Violence Prevention

TJC Standards - EOC

Standard EC.04.01.01: The hospital collects information to monitor conditions in the environment.

- EP 6: Based on its process(es), the hospital reports and investigates the following: Safety and security incidents involving patients, staff, or others within its facilities, including those related to workplace violence.
- Establishing a process to collect data by monitoring, reporting, and investigating workplace violence incidents allows the hospital and critical access hospital to identify risk factors in the vulnerable areas and implement environmental controls, education, and other mitigation strategies. Ongoing data collection can identify trends, patterns, gaps in the program, and effectiveness of the program. Underreporting of workplace violence incidents is thought to be a major problem. As more organizations adopt standard processes for collecting and reporting data on workplace violence incidents, it should be possible to benchmark the performance of workplace violence prevention programs so hospitals can judge their effectiveness and make modifications to further reduce incidents.



Workplace Violence Prevention

TJC Standards - HR

Standard HR.01.05.03: Staff participate in ongoing education and training.

- EP 29: As part of its workplace violence prevention program, the hospital provides training, education, and resources (at time of hire, annually, and whenever changes occur regarding the workplace violence prevention program) to leadership, staff, and licensed practitioners. The hospital determines what aspects of training are appropriate for individuals based on their roles and responsibilities. The training, education, and resources address prevention, recognition, response, and reporting of workplace violence as follows:
 - What constitutes workplace violence
 - Education on the roles and responsibilities of leadership, clinical staff, security personnel, and external law enforcement
 - Training in de-escalation, nonphysical intervention skills, physical intervention techniques, and response to emergency incidents
 - The reporting process for workplace violence incidents





Workplace Violence Prevention

TJC Standards - Leadership

Standard LD.03.01.01: Leaders create and maintain a culture of safety and quality throughout the hospital.

- EP 9: The hospital has a workplace violence prevention program led by a designated individual and developed by a multidisciplinary team that includes the following:
 - Policies and procedures to prevent and respond to workplace violence
 - A process to report incidents in order to analyze incidents and trends
 - A process for follow up and support to victims and witnesses affected by workplace violence, including trauma and psychological counseling, if necessary
 - Reporting of workplace violence incidents to the governing body



Workplace Violence Prevention

AVADE Workplace Violence Prevention

The AVADE® Workplace Violence Prevention Training provides informative, proactive prevention strategies, and interventions that can help prevent and mitigate fear, conflict, and aggression while creating a culture of safety. This course teaches verbal and non-verbal de-escalation skills, disengagement skills, blocking and active defense throughout training levels I and II.





Workplace Violence Prevention AVADE Active Shooter Response

The AVADE® Active Shooter Training is modular-based and can be adapted into a variety of scheduling and training dynamics. The training involves lecture, discussion, group interaction skill drills, practice exercises, and simulation drills.

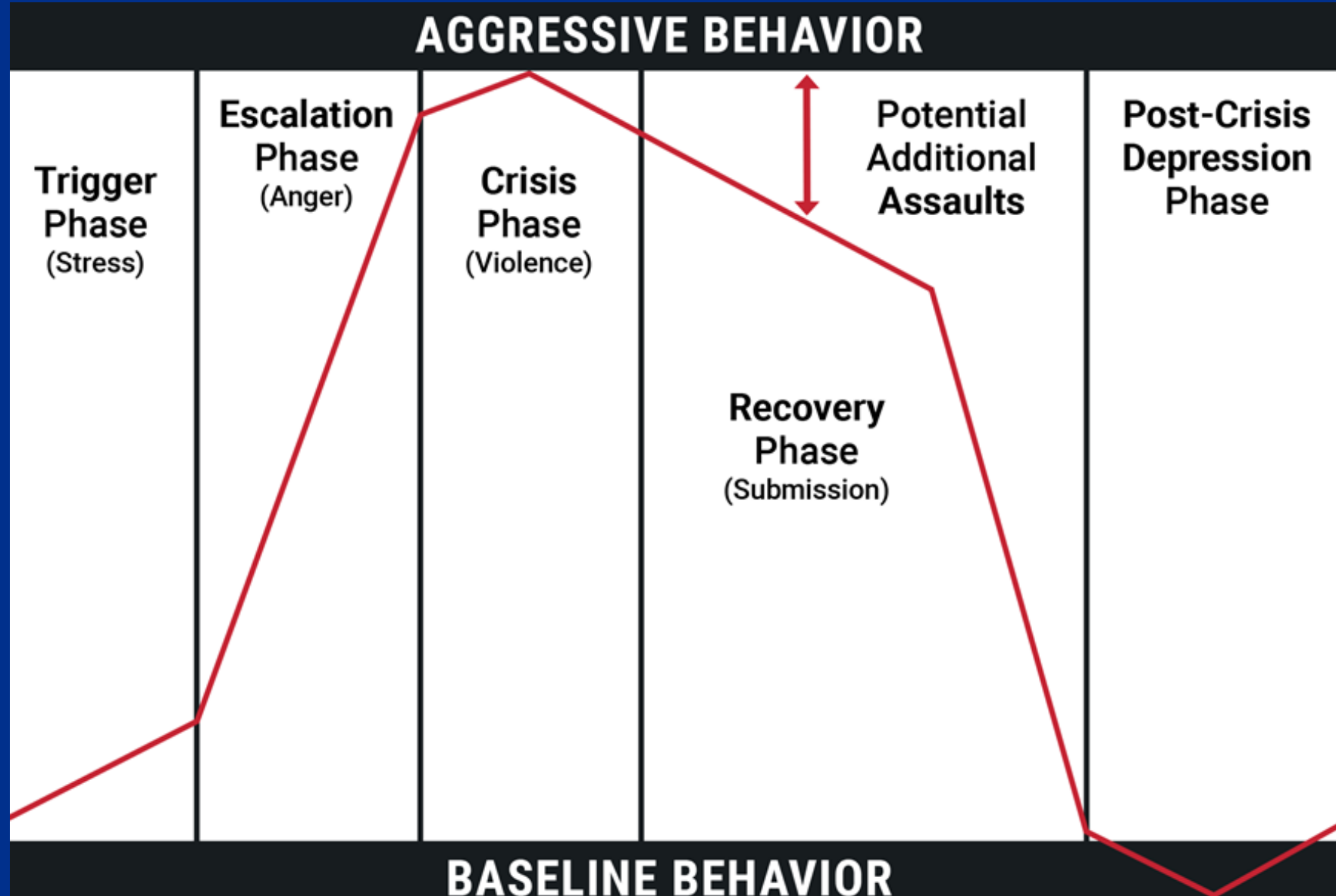


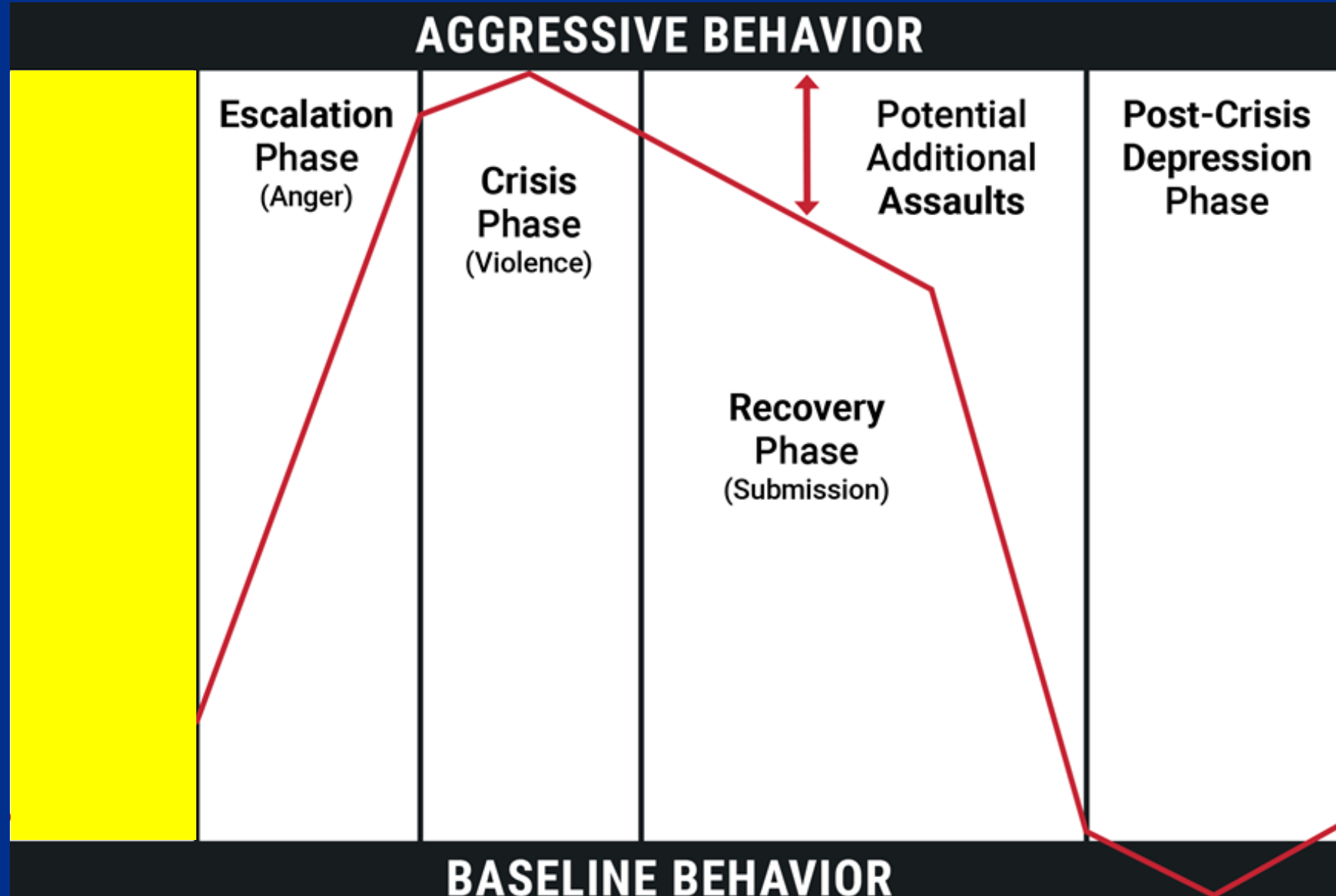


Workplace Violence Prevention CPI Nonviolent Crisis Intervention

Crisis Prevention Institute's Nonviolent Crisis Intervention certification is designed to help staff identify crisis situations and develop plans proven effective in resolving potentially violent situations. The training includes verbal and non-verbal de-escalation strategies, as well as personal safety techniques.



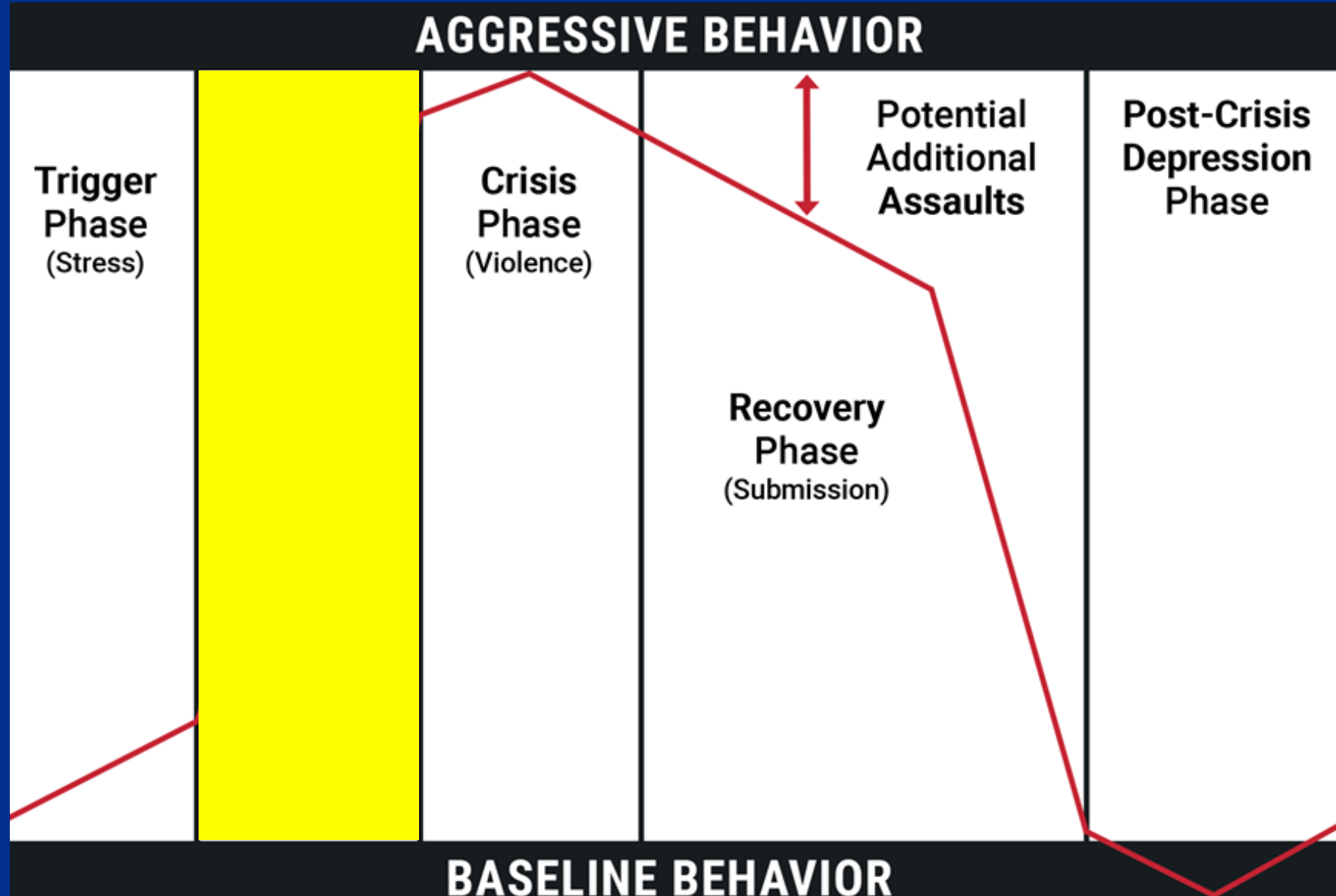






The Assault Cycle Trigger Phase

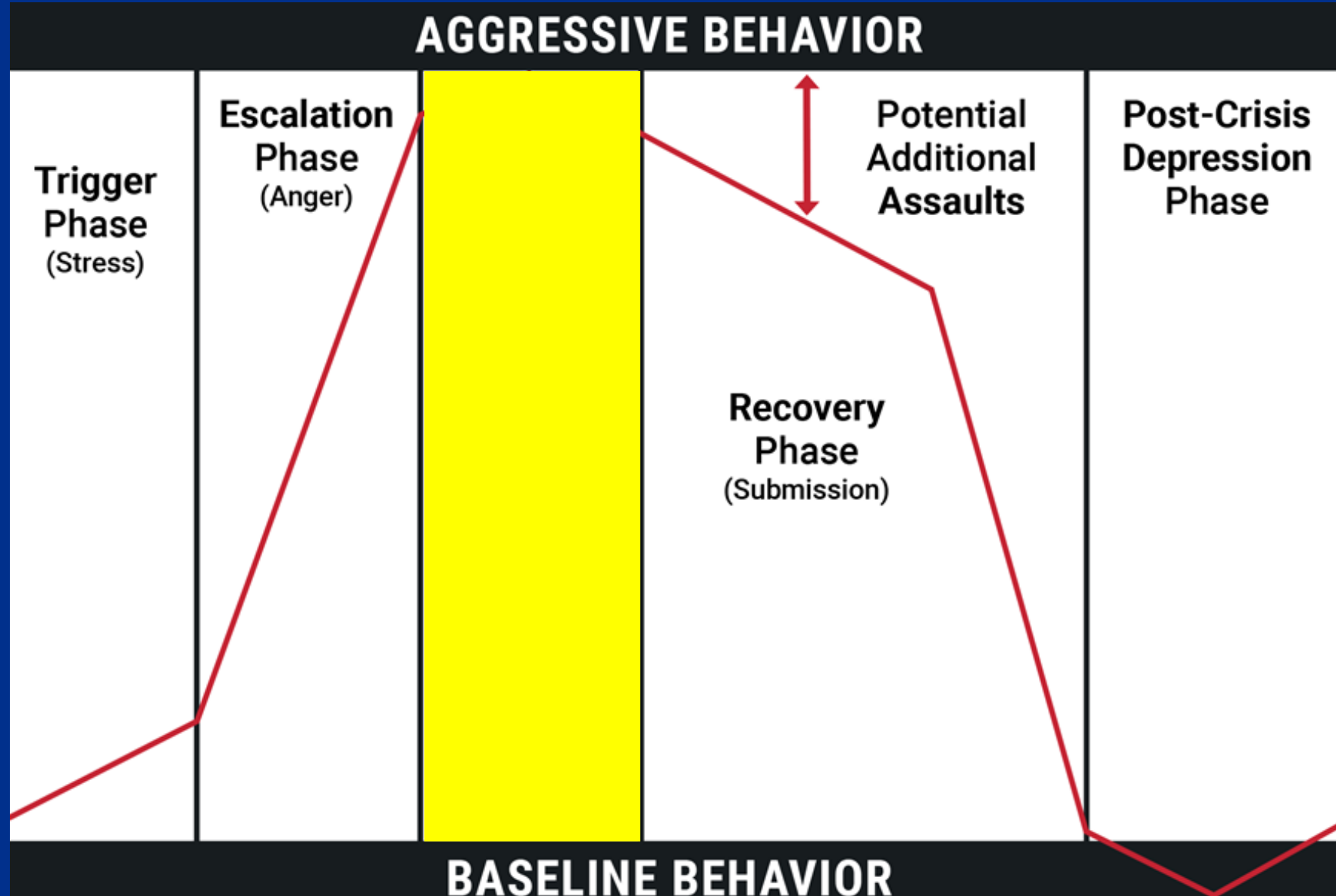
- Identifying early signs of escalating anxiety behavior.
 - Pacing
 - Fidgeting
 - Hyper-verbal / Hypo-verbal
 - Questioning
- Signs & Symptoms of Stress
 - Emotional, Physical, Cognitive, Behavioral





The Assault Cycle Escalation Phase

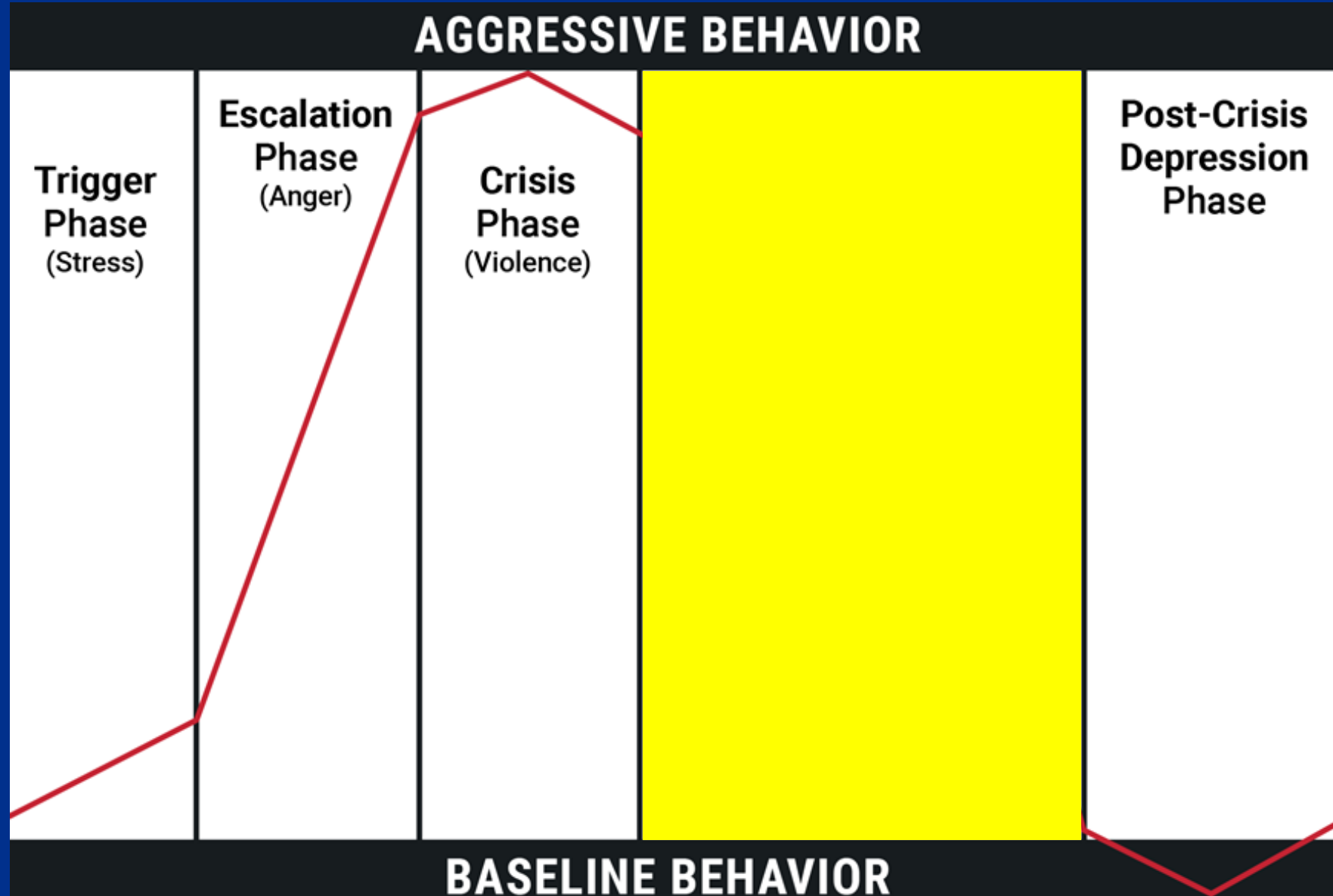
- Signs & Symptoms
 - Exaggerated Movements
 - Threatening Behavior (verbal)
 - History of Violence
 - Loud Voice
 - Cursing
 - Vulgarity
 - Demanding
- Setting clear behavioral limits
- Stance & Spacing
- Allow Venting & Identify the Problem
- Seek to Agree





The Assault Cycle Crisis Phase

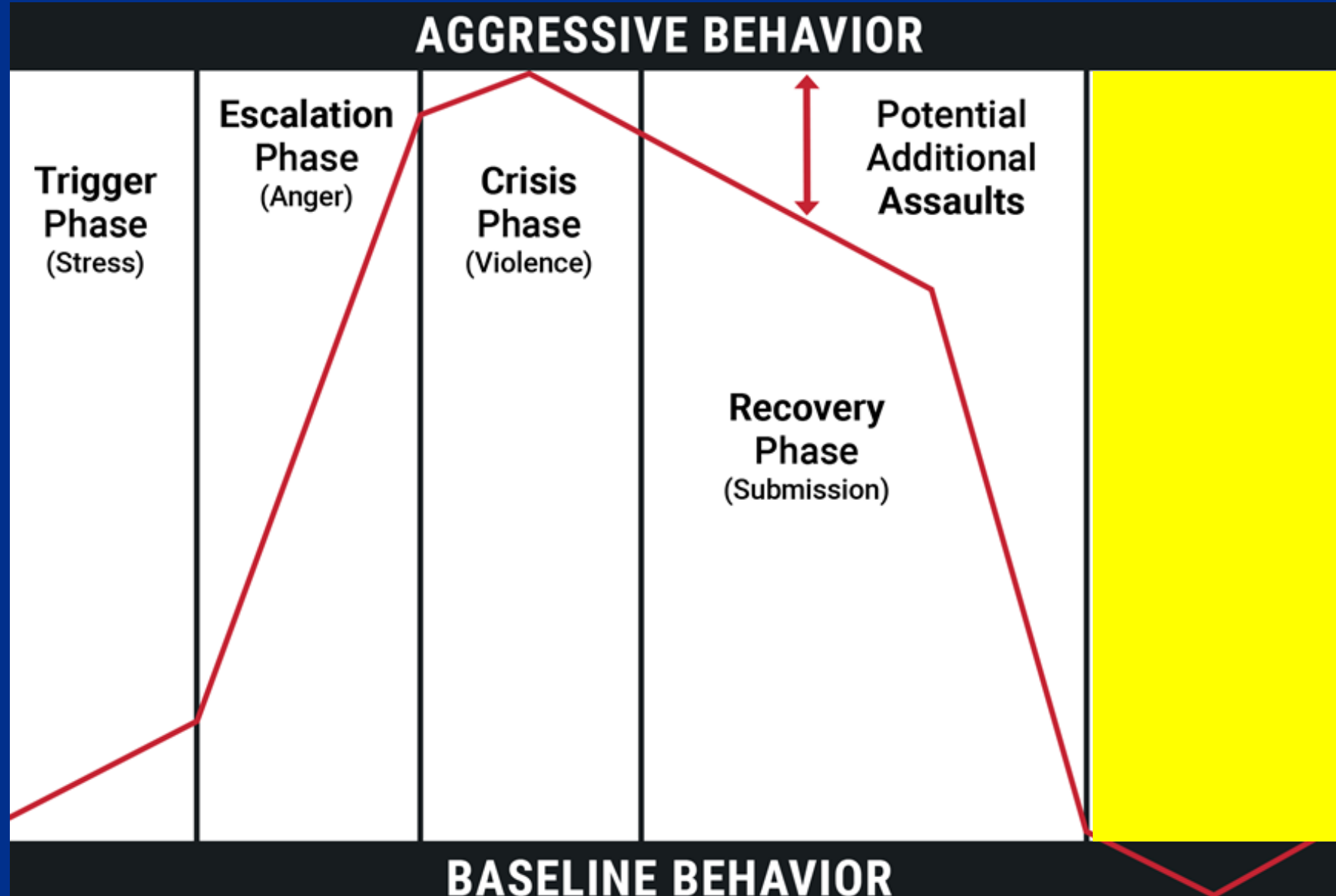
- Physical Threats of Violence
- Escape Immediately
- Call for Help
- Defensive Verbalization
- Defend or Control as a last resort
- Mental Conditioning & Preparation
- Stance & Spacing
- Own the Door





The Assault Cycle Recovery Phase

- Chance for re-escalation and additional assaults
- Waiting to regain physical and emotional control
- Personal emotional involvement
- Rational detachment
- Managing Stress





The Assault Cycle Post-Crisis Phase

- Submissive gestures
- Decrease in physical & emotional energy
- Decreased body posture
- Rebuilding rapport
- Apologetic & Regretful
 - Is it OK to Shake Hands?



10 Daily Habits for **De-Escalation**

1. **360° View of Awareness & Plan Escape**
2. **Approach at a 45° Angle**
3. **Hands Open, Palms Up**
4. **Introduction**
5. **Quit Taking it Personally**
6. **Tap Out When Your Buttons Are Pushed**
7. **Rephrase Wording**
8. **Ask Questions vs. Give Orders**
9. **Present Options**
10. **Goal of Cooperation**



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See Something, Say Something



EXPRESSED OR IMPLIED THREAT

Threatening to commit a crime that could harm or kill people or damage a facility, infrastructure, or secured site



THEFT/LOSS/DIVERSION

Stealing or diverting items—such as equipment, uniforms, or badges—that belong to a facility or secured site



SURVEILLANCE

A prolonged interest in or taking pictures/videos of personnel, facilities, security features, or infrastructure in an unusual or covert manner



BREACH/ATTEMPTED INTRUSION

Unauthorized people trying to enter a restricted area or impersonating authorized personnel



MISREPRESENTATION

Presenting false information or misusing documents to conceal possible illegal activity



SABOTAGE/TAMPERING/VANDALISM

Damaging or destroying part of a facility, infrastructure, or secured site



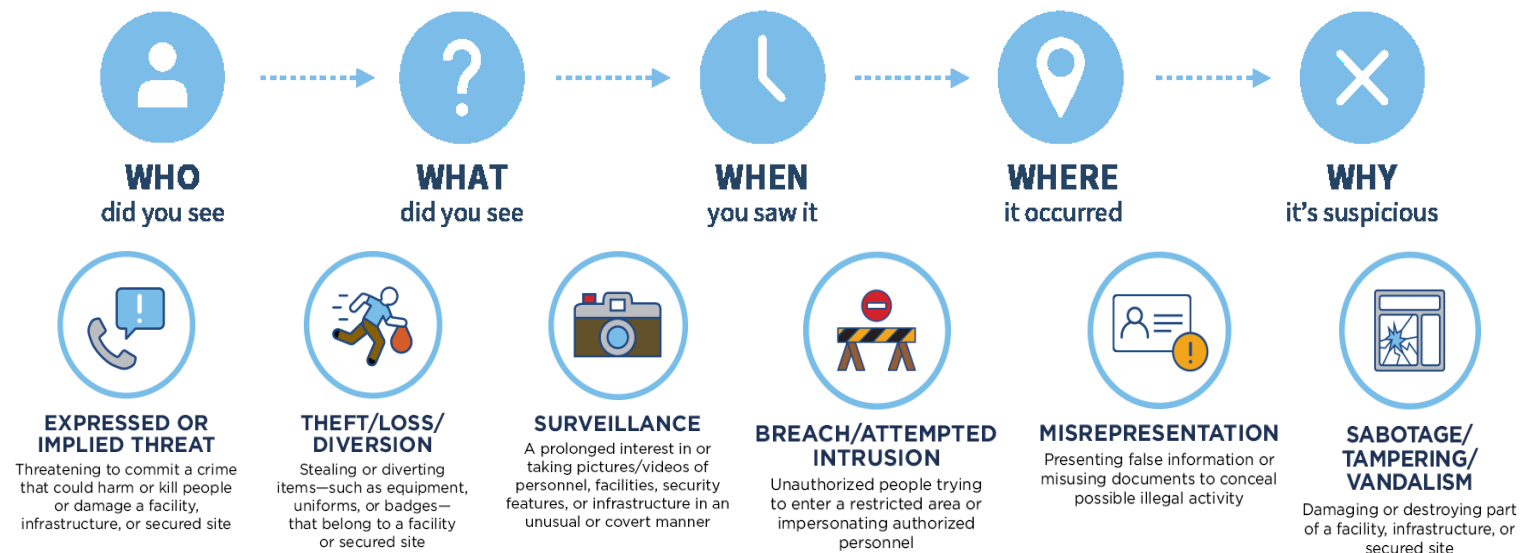
See Something, Say Something, **DO** Something

REPORT SUSPICIOUS ACTIVITY

Main Campus Security: x87552

Saints Campus Security: x22691

Emergency Code Response: x3333





Active Shooter Response

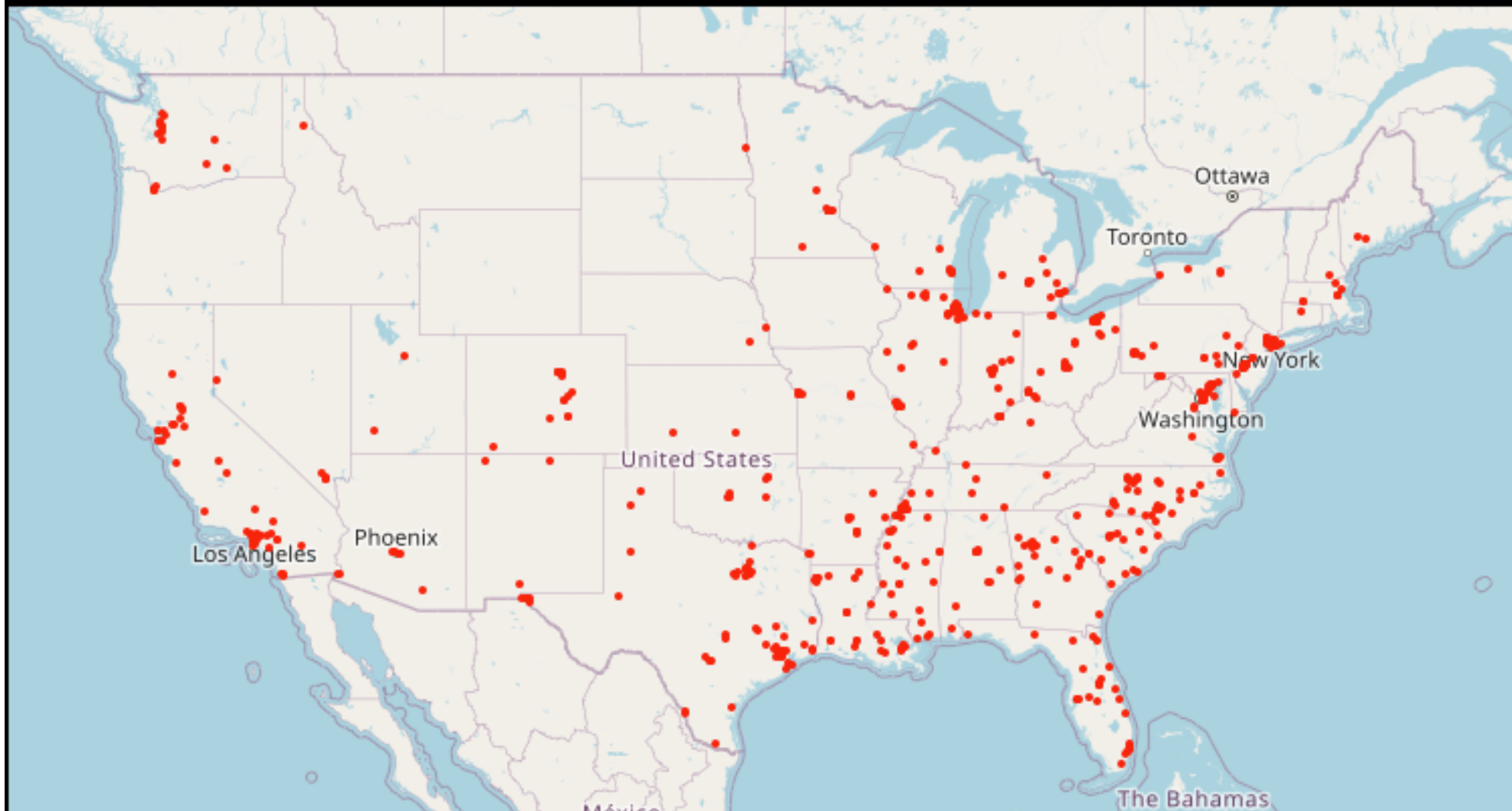
The FBI defines an active shooter as one or more individuals actively engaged in killing or attempting to kill people in a populated area. Implicit in this definition is the shooter's use of one or more firearms.

- CODE Silver / Active Shooter Code
- Plain Language
- **Run – Hide – Fight**
- Reactive vs. Proactive Response
- Early Warning Signs
- Commonalities Amongst Active Shooters
- Environmental Awareness



GUN VIOLENCE ARCHIVE

MASS SHOOTINGS IN 2023



January 1 - December 26, 2023

gunviolencearchive.org



Workplace Violence Prevention Debriefing, Defusing & Reporting

- **Critical Incident Stress Debriefing – CIPST**
 - *Research demonstrates that individuals who are subject to a critical incident are less likely to experience short and long term crisis reactions, physiological effects, and PTSD if they are provided CISD within 24 – 72 hours*
- **Employee Assistance Program**
 - Call 800-252-4555 or visit HealthCareEAP
- **Talk to Each Other, Support Co-Workers, Follow Up With Staff**
 - Always debrief and acknowledge humanness
- **Report ALL Workplace Violence Events**
 - SafetyNet Reporting
 - Email & EPIC Notifications
 - Alerting Leadership, Public Safety, Law Enforcement

Questions or Concerns?



Thank You

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