

# Workplace Violence & Active Shooter Training Program Considerations



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Carolina HealthCare System

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# Patient Attacks Hospital Staff Video



## Definition of Workplace Violence

- Workplace violence can be defined as “any behavior which creates a work environment that a reasonable person would find intimidating, threatening, violent, or abusive, regardless of whether the behavior may affect a person’s psychological or physical well being.”



# Categories of Workplace Violence

According to the FBI's National Center for the Analysis of Violent Crime, there are four broad categories of workplace violence:

- **Type 1** – Violent acts by criminals who have no other connection with the workplace, but enter to commit a robbery or other crime
- **Type 2** – Violence directed at employees by customers, clients, patients, students, inmates or any others for whom an organization provides service
- **Type 3** – Violence against co-workers, supervisors or managers by a present or former employees
- **Type 4** – Violence committed in the workplace by someone who does not work there, but has a personal relationship with an employee (domestic violence)



## Types of Incidents Can Include:

- Intimidation
- Verbal Abuse
- Threats and Harassment
- Stalking
- Assault and Battery
- Sexual Assault
- Hate Crimes
- Suicide
- Homicide / Killing Sprees



## Why Increased Violence?

- Mass Layoffs / Bankruptcies
- Anxiety About Future
- Substance Abuse
- Family Structure
- Mental Health Issues
- Economic Issues
- Emotional Response to Diagnosis



## Question # 1

In today's healthcare environment, the rate of workplace violence vs. rates in other industries in the United States is:

- Much lower than the national average
- Slightly lower than the national average
- The same as the national average
- Slightly higher than the national average
- Much higher than the national average



## Unique Characteristics in Healthcare

- 80% female population
- Open access to public 24x7
- Numerous points of ingress/egress
- Vulnerable areas
- Microcosm of city
- Crisis mentality / Unpredictability
- Staffing shortages / Long waits / Forensic issues
- High tension environment



# Healthcare Security Issues

- Patient emotions already “on edge” upon arrival
- Family members and visitors concerned for patients
- Presence of drugs, cash and other valuables
- Domestic violence overflow
- Victims of criminal violence receiving treatment
- Forensic / prisoner patients common
- Behavioral Health long term boarding and elopements



## OSHA 3148

- The 2015 OSHA Healthcare Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers (OSHA 3148) reemphasized that there are five primary elements required for an effective workplace violence prevention program:
  - Management commitment and employee involvement
  - A detailed Worksite Analysis
  - Hazard prevention and control
  - Safety and health training and
  - Recordkeeping and program evaluation



## OSHA Directive CPL 052 / 016

- These recommendations were reinforced in September of 2011 with the issuance of OSHA Special Directive CPL 02-01-052, “Enforcement Procedures for Investigating or Inspecting Workplace Violence Incidents”.
- In April of 2012, OSHA also issued Special Directive 03-00-016, which was an update to the National Emphasis Program for Long Term Care Facilities, officially designating workplace violence as a known and recognizable hazard for the skilled, residential and long term care healthcare industry.
- While no specific OSHA standards for workplace violence exist, a strategy routinely adopted by surveyors is to cite healthcare facilities under the “General Duty” clause (5(a)-1) which states that employers must provide a safe work environment for employees.



# US Dept. of Labor & OSHA 3148

- A 2014 report from the US Dept. of Labor indicated in part, that “violence and other injuries by persons or animals accounted for 4 % of the cases in the entire US private sector in 2013, with a rate of 4.2 cases per 10,000 full-time workers.
- In the health care and social assistance sector, 13% of the injuries and illnesses were the result of violence and the rate increased for the second year in a row to 16.2 cases per 10,000 workers, up from 15.1 in 2012”.
- The April 2015 OSHA 3148 update states, in part, that “...Between 2011 and 2013, workplace assaults ranged from 23,540 and 25,630 annually, with 70 to 74% occurring in healthcare and social service settings”.



## OSHA 3826

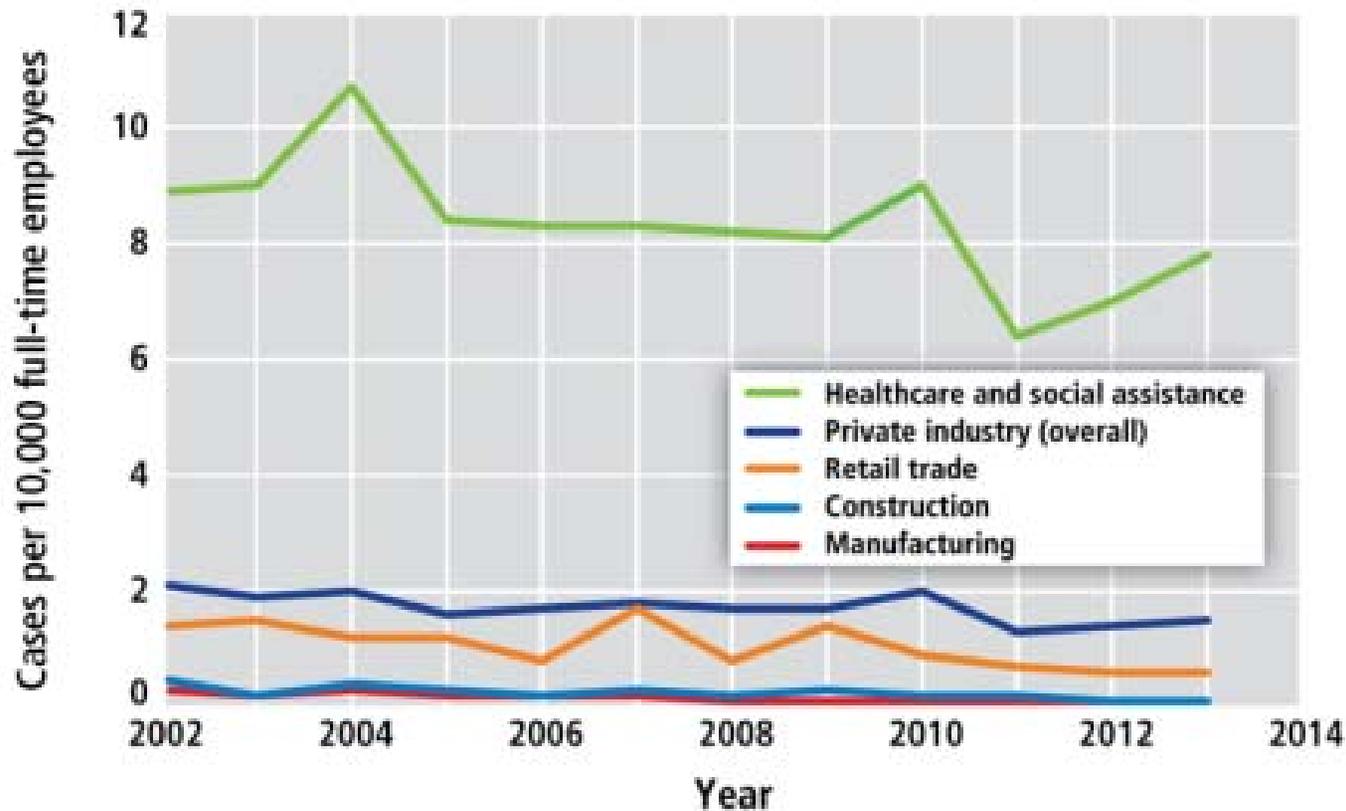
In early 2016, OSHA 3826, “Workplace Violence in Healthcare – Understanding the Challenge”\_was released to supplement previous OSHA documents on the subject. Among its findings:

- From 2002 to 2013, incidents of serious workplace violence (those requiring days off for the injured worker to recuperate) were four times more common in healthcare than in private industry on average.
- In 2013, the broad “healthcare and social assistance” sector had 7.8 cases of serious workplace violence per 10,000 full-time employees (see graph below). Other large sectors such as construction, manufacturing, and retail all had fewer than two cases per 10,000 full-time employees.



# OSHA 3826 Injury Rate Data

## Violent Injuries Resulting in Days Away from Work, by Industry, 2002-2013

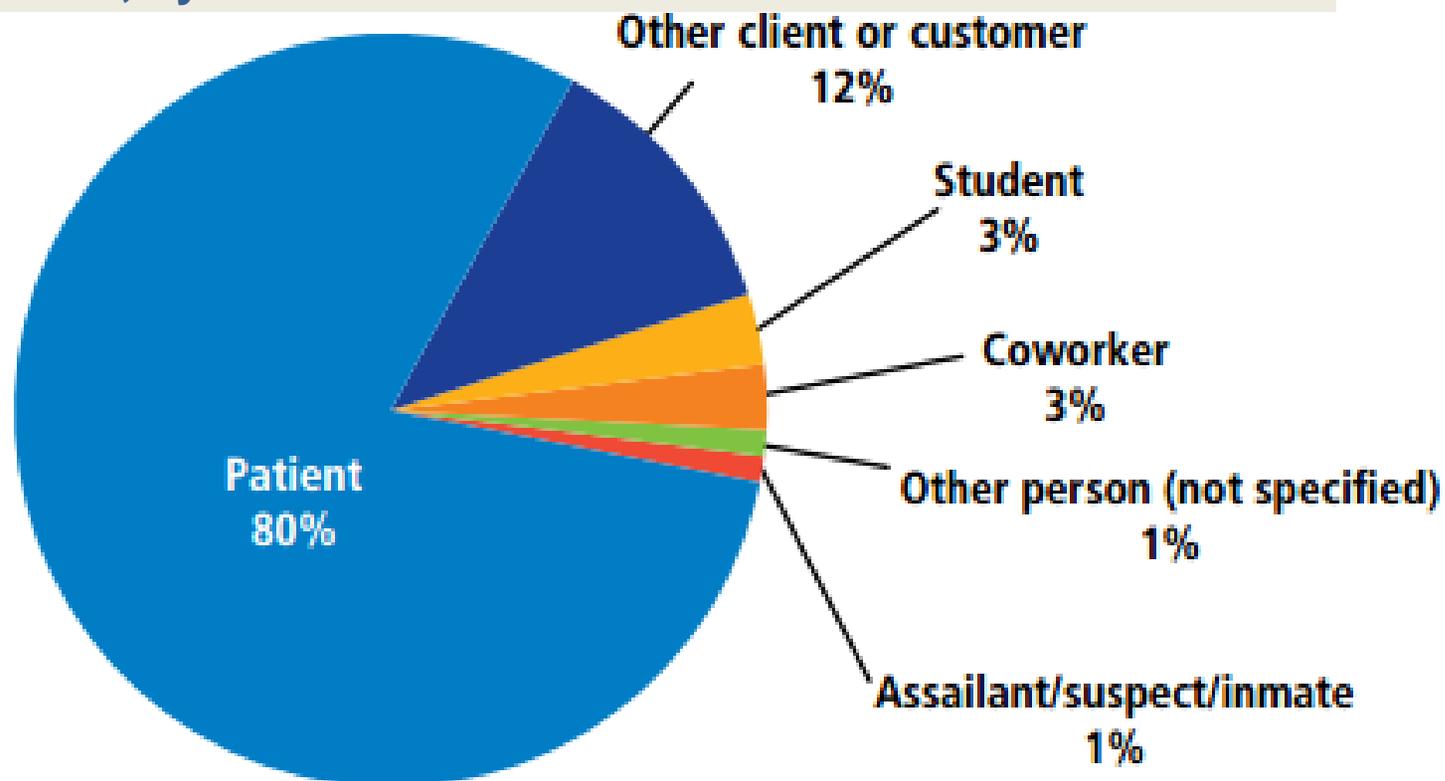


Data source: Bureau of Labor Statistics data for intentional injuries caused by humans, excluding self-inflicted injuries.



# OSHA 3826 Injury Rate Data

## Healthcare Worker Injuries Resulting in Days Away from Work, by Source



*Data source: Bureau of Labor Statistics (BLS), 2013 data. These data cover three broad industry sectors: ambulatory healthcare services, hospitals, and nursing and residential care facilities. Source categories are defined by BLS.*



## Question # 2

Despite the growing issue regarding workplace violence events in the healthcare industry, there still exists no specific regulatory standards regarding WPV acts from accrediting bodies. As a result, OSHA:

- Considers the issue an industry specific problem
- Lacks the authority to impact the healthcare industry
- Relies solely upon existing recommendations/guidelines
- Has begun issuing citations to healthcare facilities under existing OSHA requirements and standards
- Is waiting on healthcare accrediting bodies to take action



## Increased Focus on WPV

- On July 6<sup>th</sup>, 2015 OSHA officially announced a new and stricter enforcement policy for the healthcare industry, promising to crack down on the most common hazards in hospitals, nursing homes, and residential care facilities. The new federal enforcement policy, which OSHA expects states to adopt, as well, requires that OSHA inspections in these healthcare facilities focus on at least five major hazard areas, *regardless of the original reason for the inspection* (WPV is one of these top five hazard areas).
- This is the second time in two months that OSHA had warned the healthcare industry of its intent to increase enforcement of workplace violence related issues, citing in part “some of the highest rates of injury and illness” for these workplaces when compared with industries tracked nationwide. This includes “57,680 work related injuries and illnesses” in U.S. hospitals, a rate “almost twice as high as the rate for private industry as a whole”.



## Increased Focus on WPV (cont.)

In December 2015, OSHA issued a series of citations to Brigham and Women's Hospital in Boston, Massachusetts related to workplace violence issues. For the sixth time in 2015 alone, they refer to their “General Duty” clause (5A-1)\* as the reason for the citations. Their recommendations (fourteen in total) included:

- Ensure that security staffing is adequate in all areas to respond to incidents while security stations remain staffed
- Ensure all staff are aware of appropriate policies / procedures regarding WPV and their role in such events
- Create safety plans along with security for patients that have demonstrated behaviors of concern in the past
- Ensure that existing countermeasures are working properly
- Conduct periodic comprehensive reviews of high risk areas
- Develop a violence reporting program and tracking method

\* OSHA General Duty Clause, Section 5(a)(1), requires employers to provide their workers with a workplace free from recognized hazards that are causing or likely to cause death or serious physical harm.



# California Bill 1299

- In September of 2014, the Governor of California signed into law Senate Bill 1299, which requires the state's Occupational Safety and Health Standards Board, by July 1, 2016, to adopt standards requiring certain hospitals to implement a workplace violence prevention plan as part of their injury and illness prevention plans.
- The workplace violence prevention plan is aimed at protecting healthcare workers and other facility personnel from aggressive and violent behavior. By January 1, 2017, and annually thereafter, Cal/OSHA will be required to post a report containing specific information related to violent incidents at hospitals.



## California Bill 1299 (cont.)

Such workplace violence prevention plans must include:

- Procedures for investigating and responding to incidents of workplace violence;
- Procedures for evaluating the sufficiency of staffing levels and hospital security, in light of security risks associated with particular units or shifts;
- Education and training programs to help employees identify and respond to workplace violence;
- Provisions setting forth the hospital's duty to document and report incidents of violence to Cal-OSHA; and
- Provisions prohibiting retaliation against employees who seek help from law enforcement.



## Question # 3

Regarding workplace violence, those who perform such acts typically have a common attribute, which is:

- Age range of 18 - 40
- Demonstrate similar physical behaviors prior to the event
- Reside in a more urban environment
- Lower socio-economic status
- Prior history of violent behaviors or a criminal record



# First Steps: Behavior Identification Training

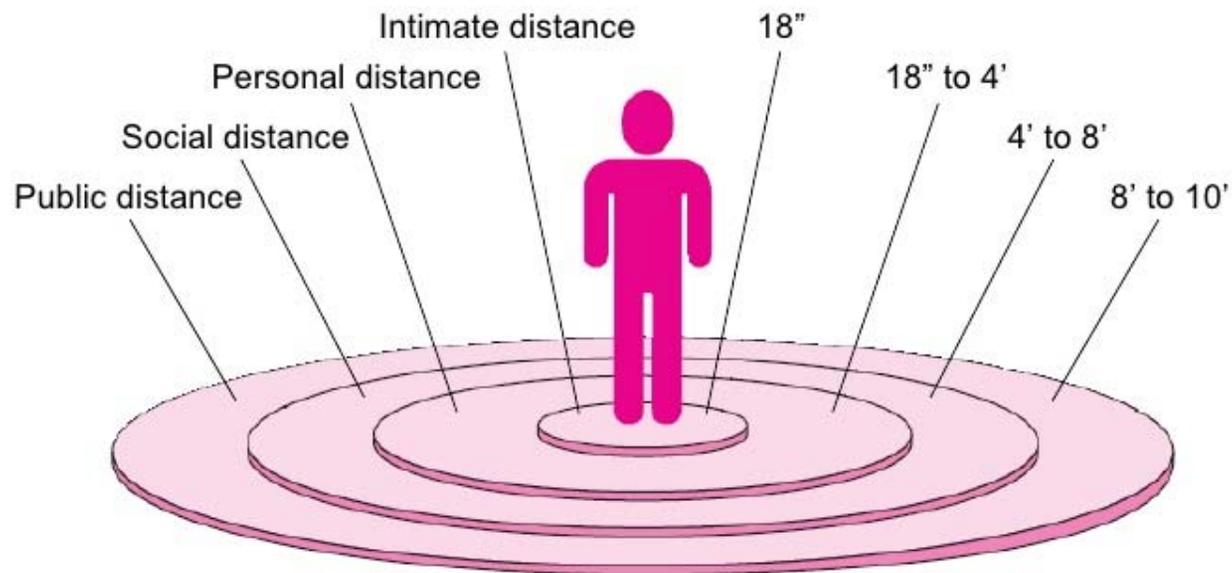
Many times in order not to injure him/herself, an angry person will attempt to 'win' a confrontation or verbal dispute through the use of words and/or aggressive and intimidating body language and gestures. Some external changes to watch for include:

- A flushed face
- Hand waving and finger pointing
- Clenched fists
- Direct, prolonged eye contact
- Deep and rapid breathing
- Person moves into your personal space (closer than three feet in the United States, but this can vary based upon cultural norms)



# Personal Space in the U.S.

## Personal Space in the U.S.



Adapted from Figure 7-3: Personal Space Categories for Those in the United States



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# Verbal Aggression

At this stage, the aggressor is testing you. Some strategies for handling verbal aggression and intimidation at this point include:

- Let them vent.
- Be assertive in your verbal communication.
- Use their name frequently when addressing them.
- Try and remain composed, use a firm but steady, even-toned voice. Set and enforce reasonable limits (“Please move away from the desk and sit down.”).
- If possible, redirect their anger to by using the substitution technique (e.g., “I can’t solve this problem, but let me check with Mr. Jones.”). Your subsequent call to ‘Mr. Jones’ can then actually a call for assistance.



# L.E.A.P.S.

**L** = Listen to what they are saying

**E** = Empathize with their point of view

**A** = Ask reflective questions

**P** = Paraphrase what you heard

**S** = Summarize

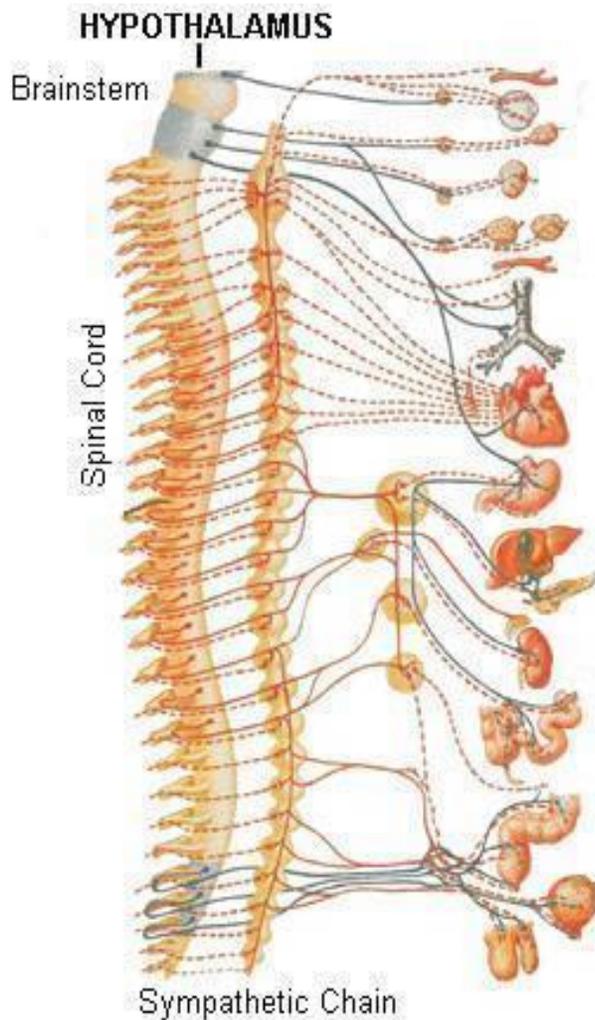


# “Fight or Flight”

- The HPA axis is triggered by fear (among other emotions)
- Hypothalamus secretes CRH (corticotrophin-releasing hormone)
- CRH activates the pituitary gland to release ACTH (adrenocorticotrophic hormone)
- ACTH activates the adrenal glands to release cortisol
- Cortisol stimulates heart, brain, glands, and skeletal muscle for the fight or flight response
- Cortisol suppresses the immune system
- The presence of cortisol in the blood eventually signals the hypothalamus to stop secreting CRH and the hypothalamus-pituitary-adrenal axis slows.



# “Fight or Flight” and its Effects



- Pupils → Dilate / “Tunnel Vision”
- Blood Vessels → Blood Flow Shifts to Large Muscles
- Heart → Heart Rate Increase  
Cardiac Output Up
- Trachea - Lungs → Respirations Increase  
Oxygen Consumption
- Stomach / Bowel → Digestion Stops / Bladder  
and Bowel Openings Contract
- Liver → Glucose / Fat Released
- Adrenal Gland → Epinephrine /  
Norepinephrine Dump
- Immune Cells → Immune Response  
Increases / Blood Clots  
More Readily
- Muscles → Muscle Tension Increase



# Physical Violence Precursors

- Rapid, Deep Breathing
- Clenched Teeth or Fists
- Rapid Pacing, or Other Nervous Physical Movements
- Total Lack of Response
- A Defensive/Offensive Stance
- Searching for an Exit, or a “Weapon of Opportunity”\*
- Direct Physical or Verbal Threats



- *\*A weapon of opportunity is any item that a person can take into their possession and physically use against another. This category includes chairs, ink pens, staplers, or anything that a person can pick up.*



## Question # 4

When dealing with a potentially violent person, one should consider doing which of the following first:

- Immediately call for police in their presence (as a warning to them to stop their aggression)
- Match the level / intensity of their verbal communication
- Take the person into a private area to talk one on one
- Rely upon the assistance of others to control the person
- Control your own reactions before attempting further communication



# De-escalation Principles

- Project a calm and confident demeanor
- Treat the Other Person with Respect
- Determine the Level of Resistance
- Control the Encounter
- Assume Proper Positioning
- Use Proper Techniques When Speaking and Listening
- Be mindful of any obvious physical warning signs and be prepared to react appropriately



## Use of a Code Word or Phrase

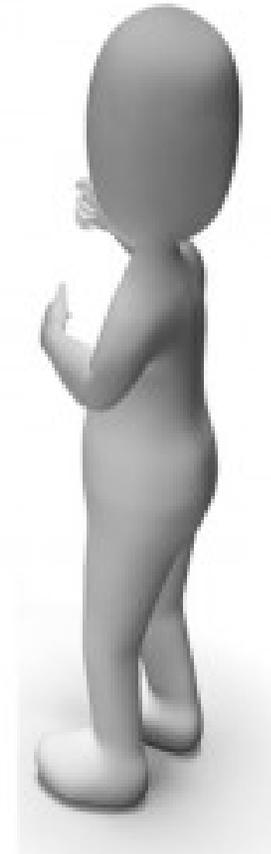
If you need to summon assistance right away when physical warning signs present themselves consider the use of a code word or phrase that only you and your teammates know the meaning of. If it is used, this means “I need help” and to contact either local police or security right away and have them respond immediately to the site.

- The code word or phrase should be simple and easy to remember
- It should not be something that can be confused for another issue
- All staff should learn this code word as part of their initial orientation to the work environment and it should be reinforced periodically at staff meetings and other educational and information sharing sessions
- The name “**NORA**” (**N**eed **O**fficers **R**ight **A**way) is a good example



# Defensive Stance

- Reactionary Gap of 4' or More (Social Space)
- Hands Up & Out
- Feet Shoulder Width Apart
- Knees Slightly Bent
- Attention on the Other Persons Movements (Especially the Hands)



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# NC Hospital Volunteer Video



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## Domestic Violence Spillover

- Domestic Violence spillover occurs when an employee, who is suffering from domestic violence issues, is targeted while on the job.
- Such situations create unique problems as far as mitigation efforts, as they not only affect the domestic violence victim, but also create a sphere of danger for other employees, visitors and clients in the immediate area. To further complicate matters, many domestic violence victims do not tell employers or co-workers of the issues they face at home



# Indicators of Domestic Violence

- Excessive/unexplained absences/tardiness
- Distracted
- Emotional distress
- Repeated physical injuries
- Relationships have changed
- Adverse reaction to phone calls
- Changes in work performance



## Perceived Barriers for Victims

- Fear of Losing Job
- Fears About Confidentiality
- Desire to Keep Personal Life Separate From Work
- Fear of Co-workers and Supervisors' Response
- Lack of Awareness of Resources



# Indicators for Managers and Co-Workers

- Excessive tardiness or absences
- Increased need for supervision
- Reduced productivity
- Inconsistency
- Strained workplace relationships
- Inability to concentrate
- Violations of safety procedures
- Changes in health or personal hygiene
- Unusual behavior
- Fascination with weapons
- Substance abuse
- Stress
- Excuses and blaming
- Depression



## How Can We Help?

- Respond to disclosures
- Be helpful and non-judgmental
- Maintain confidentiality
- Communicate safety concerns to security
- Have security information available
- Take action when indicators are present
- Engage employees in educational efforts



# DHS WPV Video



## DHS WPV Quiz

- What warning signs did the potentially violent subject display?
- What proactive steps could affected teammates have taken to mitigate the potential for workplace violence?
- In the 1-on-1 session with the HR representative, what actions placed the employee at risk?
- What would you have done differently???



## Procedures for Dealing with an Armed Subject

Unlike typical de-escalation methods mentioned earlier that may be attempted with a potentially violent subject, one should never attempt to disarm a subject if a weapon is seen or suspected. When possible, always retreat to safety and contact local Law Enforcement via the 911 system and give them the following information:

- Location of the incident, including the exact area where the armed subject was last seen
- Description of the subject, including their relative position in the area
- Information on what type of weapon they are armed with (knife, handgun, rifle, etc.)
- Your name, telephone number, and how many people are involved



## Question # 5

Active Shooter events in the United States:

- Are decreasing in number of events and in victims
- Remain constant in number of events and in victims
- Are increasing in number of events with fewer victims
- Are decreasing in number of events with more victims
- Remain constant in number of events with more victims



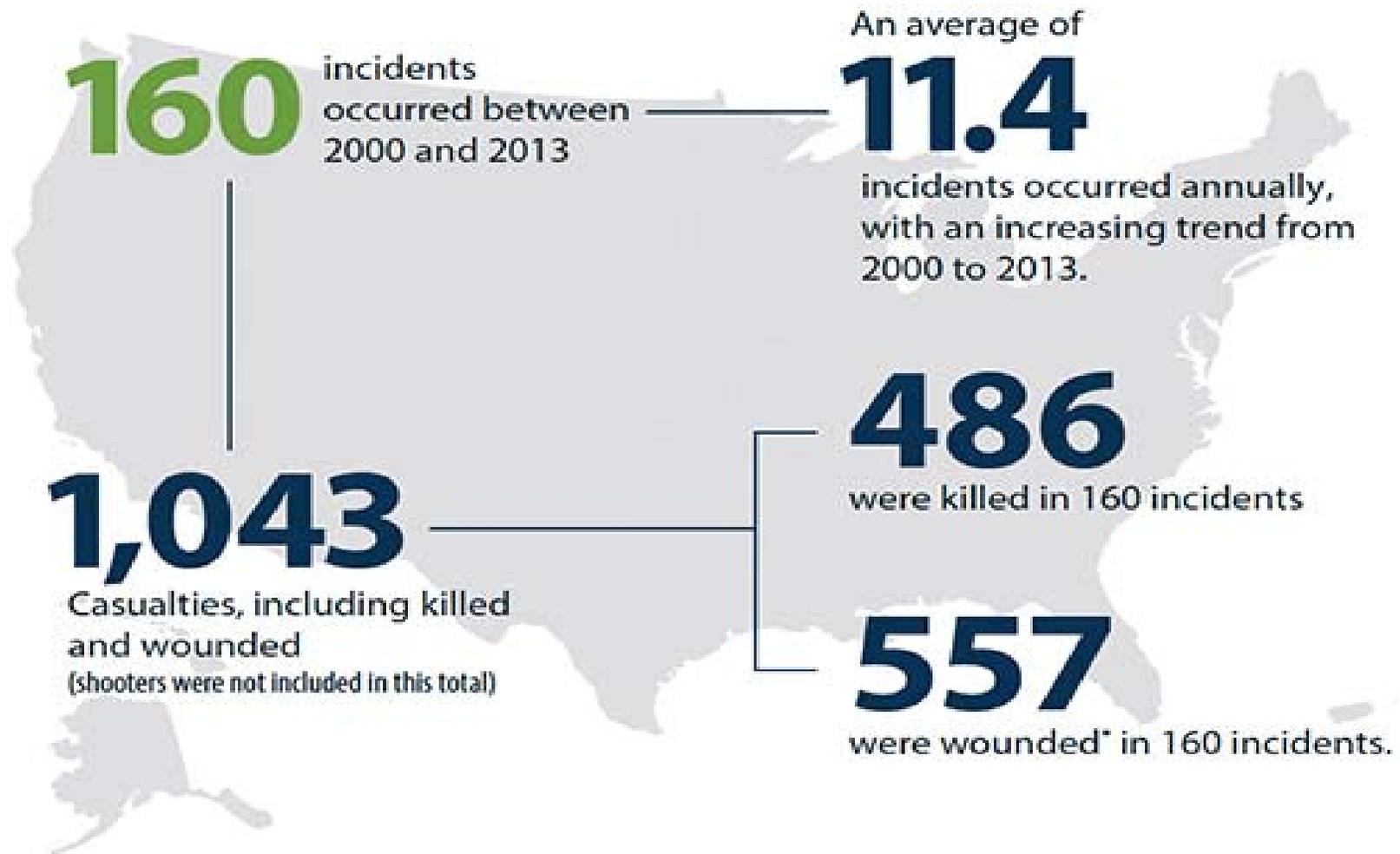
# What is an Active Shooter?

An active shooter is an individual actively engaged in or attempting to kill people in a populated area. In a 2014 study, the FBI identified 160 active shooter incidents in the United States between 2000 and 2013. Among the study results:

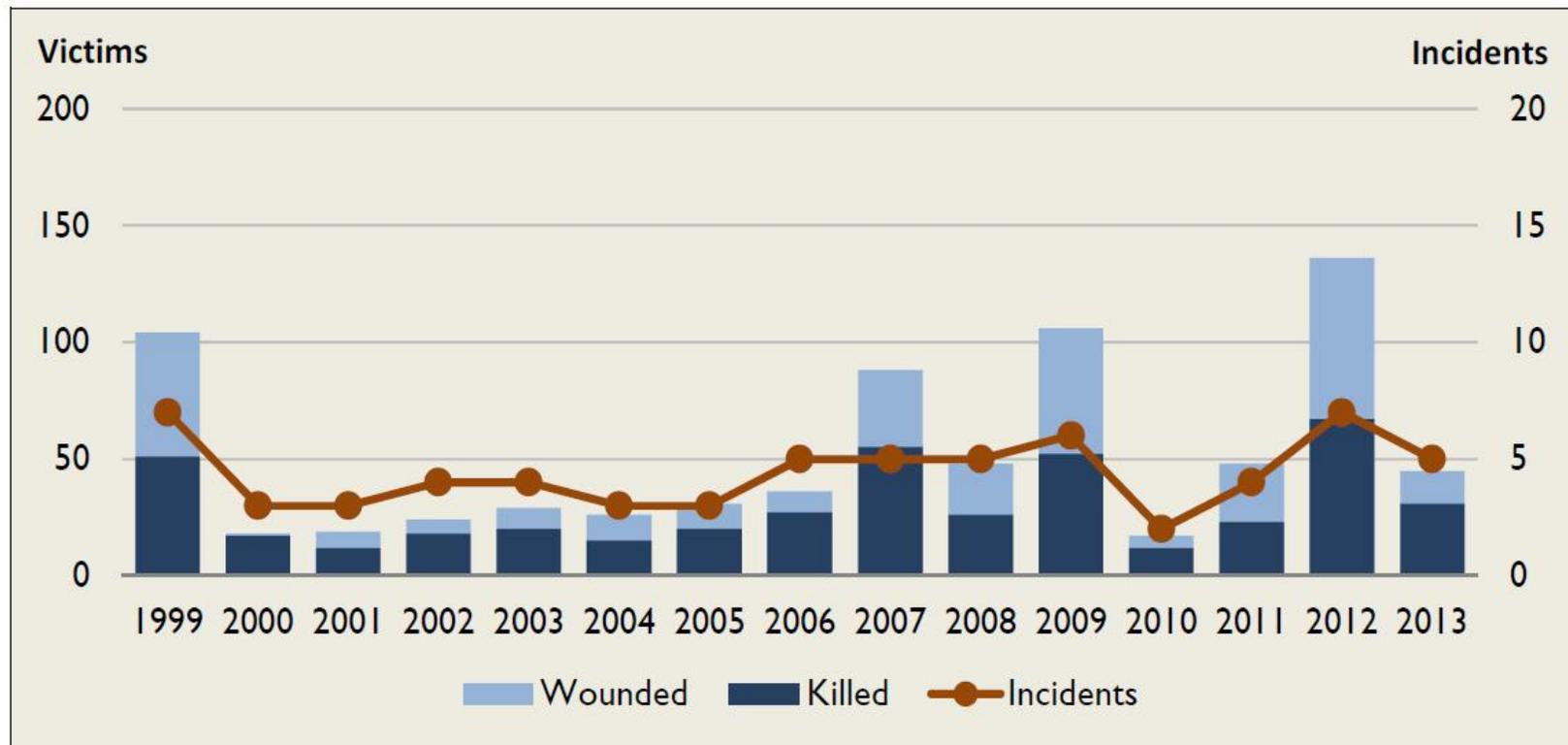
- An average of 11.4 incidents occurred annually with an increasing trend from 2000 to 2013 (an average of 6.4 occurred in the first 7 years studied and an average of 16.4 occurred in the last 7 years).
- Incidents occurred in 40 of 50 states and the District of Columbia.
- 70% of the incidents occurred in a commerce (46%) or education (24%) environment.
- 60% of the incidents ended before police arrived.
- In 63 incidents where duration of incident could be ascertained, 44 ended in 5 minutes or less, with 23 ending in 2 minutes or less.
- 64 (40%) incidents fell within the parameters of the federal definition of “mass killing” (3 or more killed in one incident).



# FBI Report on Active Shooter Events (9/24/14)



# Congressional Report on Mass Killings 7/15



**Table 2. Mass Public Shootings: Five-Year Annual Averages**

	Incidents	Victims Killed	Victims Wounded	Total Casualties
1999-2003	4.2	23.6	15.2	38.8
2004-2008	4.2	28.6	17.2	45.8
2009-2013	4.8	37.0	33.4	70.4

# Recognizing Potential Active Shooters

- An active shooter in your workplace may be a current or former client, current or former employee, an acquaintance of a current or former client or employee, a family member of a current or former client or employee or a stranger (in order of likelihood).
- Intuitive teammates may notice characteristics of potentially violent behavior in an client or coworker.
- Alert someone if you believe a client or coworker or visitor exhibits potentially violent behavior.



# Indicators of an Active Shooter Profile

- People typically do not just “snap,” but display indicators of potentially violent behavior over time.
- If these behaviors are recognized, they can often be managed and treated.
- Potentially violent behaviors may include one or more of the following (this list of behaviors is not comprehensive, nor is it intended as a mechanism for diagnosing violent tendencies):



# Behaviors of Concern

- Increased use of alcohol and / or drug abuse.
- Unexplained increase in absenteeism; vague physical complaints.
- Noticeable decrease in attention to appearance and personal hygiene.
- Depression / withdrawal or severe mood swings.
- Resistance / overreaction to changes in procedures.
- Repeated violations of work policies.
- Fascination with weapons or acts of violence.



# Preparing Staff for an Active Shooter Situation

- To best prepare your staff for an active shooter situation, or any workplace violence event, create an Emergency Operations Plan (EOP) and educate your teammates.
- Conduct realistic training exercises with local law enforcement assistance and support.
- Together, the EOP and training exercises will prepare your staff to effectively respond and help minimize loss of life and provide for operational resiliency.



# Components of an Emergency Operations Plan

- A preferred method for reporting emergencies and a means of timely communication to other staff members.
- Emergency escape procedures and route assignments (i.e., floor plans, stairwells, elevators).
- Shelter in place considerations (locations of safe rooms).
- Contact information and responsibilities of individuals to be contacted under the Emergency Operations Plan.



## Components of Training

- An effective way to train your staff to respond to an active shooter situation is to conduct dynamic active shooter training exercises.
- Local police and other law enforcement agencies are excellent resources in designing and participating in such exercises.
- Consider video recording as much of the exercise as possible for later review and use as “game footage” for participants.
- Create learning objectives to measure success and conduct de-briefings to discuss lessons learned.



## Exercise Objectives

Each exercise should have pre-determined objectives to that competency and improvement can be measured. Some examples of exercise objectives might include:

- Objective 1: Test the notification process of an Active Shooter (Timeliness / Effectiveness) for opportunities for improvement.
- Objective 2: Test the education of staff regarding Active Shooter (Knowledge and Roles / Responsibilities) for opportunities for improvement based upon previous training and education.
- Objective 3: Identify and enhance first responder tactics, techniques, and procedures in combating an active shooter threat and improve relationships between local law enforcement and your organization.



## Lessons Learned / After Action Report

To facilitate effective planning for future emergencies, it's important to analyze recent active shooter drills and create an after action report. The after action report:

- Serves as documentation regarding response activities.
- Identifies successes and failures during the exercise.
- Provides an analysis of the effectiveness of your EOP.
- Describes and defines plans for making improvements to the EOP and additional opportunities for staff training



# Additional Ways to Prepare for an Active Shooter Situation

## Preparedness:

- Ensure that your work area has at least two evacuation routes.
- Post evacuation routes in conspicuous places throughout the facility.
- Include local police and other law enforcement during exercises.
- Encourage and support the use of law enforcement and emergency responders to train for an active shooter scenario at your location.

## Prevention:

- Foster a respectful workplace and adopt a “See Something, Say Something” culture.
- Be aware of indications of workplace violence and take remedial actions accordingly.



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# Active Shooter Video



## No Cost & Low Cost Answers

The following are some no or low costs solutions that you can employ at your organization for Workplace Violence prevention. Some you may already be using, some you may not.

- Do your research and learn about the applicable existing statutes / laws as related to WPV and domestic violence resources
- There are many free reference materials (US Dept. of Labor website, US Postal Service, FBI and many others)
- Creating your own WPV drills to test readiness
- Partnering with your IS / IT depts. to create a security website
- Creating a Security Alert or Mass Notification process via existing internal networks
- Forging relationships with local Law Enforcement for educational programs and assistance should an incident occur



# What Else Can Be Done?

## “7-Step Prevention Method”

- Pre-employment screening
- Management trained to see early warning signs
- Management understanding of the “golden rule” of employee treatment
- Education programs to teach incident response
- Counseling services for employees and families
- Proper security measures for protection
- Workplace violence aftermath training



## The Common Thread ...

In almost EVERY instance of workplace violence, coworkers suspected or knew there was a problem.

### THE QUESTIONS:

- What Did Management Know?
- When Did They Know It?
- What Did They Do About It?
- When Did They Involve Security?



# Ultimately

The Best Strategy To Prevent Workplace Violence Involves Developing The Right Corporate Culture, One That Supports:

- Respect
- Open Communication
- Effective Supervision
- Employee Involvement, Participation & Development



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## CHS Resources

- CHS Corporate Security
- Behavioral Health, Psychiatric Emergency Dept.
- Employee Assistance Program (EAP)
- Human Resources



## To Contact Carolinas HealthCare System Security:

- To report any security related incident, or to speak to an Officer please contact the Carolinas HealthCare System Security Operations Center, 24 hours a day at
- To schedule security related programs for your department or facility or for additional information regarding Carolinas HealthCare System's Training and Investigations Division, please call:

**(704) 355-3333**

**(704) 355-1093**

or

**(704) 446-1092**



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# Discussion

