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Learn to Spot ED Violence Before It Hits

Look Around-Chances are You Have One of These Potentially Violent People Sitting in Your ED

Violent incidents in hospitals, especially in the emergency department where 24/7 operations can expose a facility to all kinds of people, continue to pose one of the biggest challenges to healthcare workers.

As the security expert at your facility, you probably already know this, and maybe part of your daily routine is to take a long walk around and see where the potential hazards are in your ED. The hazards aren't always easy to see, and the conditions are always changing. But stopping violence from happening may be as easy as taking a closer look at the people sitting in your emergency room and recognizing the signs of trouble brewing.

That closer look may even be what stops your workers from being injured or killed on the job. According to a report last year in *Journal of Healthcare Protection Management*, there were more than 150 shootings at hospitals across the United States from 2000 to 2011, and more than a third of them occurred in emergency rooms. In the two years since then, at least 47 gun discharges in U.S. hospitals have led to more than 39 deaths and 19 injuries, according to the report.

Consider also that a report last year from the Emergency Care Research Institute (ECRI) found that as many as 80% of all hospital staff have been "physically assaulted at least once during their career," with nurses "at the greatest risk" for such assaults, and the picture becomes a little clearer.

"Violent individuals appear in the ED at any time of day or night," writes **Lisa Pryse Terry, CHPA, CPP,** director of hospital police and transportation at the University of North Carolina Hospitals in Chapel Hill, in the new HCPro book *Preventing Emergency Department Violence: Tips, Tools, and Advice to Keep Your Facility Safe*. "Although there are some noticeable signs of impending violence among individuals, it can erupt

unexpectedly and with no warning."

What makes the situation worse is that once violence escalates past the verbal point, there is often little healthcare workers can do to stop it or to defend themselves, since the ER is generally a weapons-free environment. Most anti-violence training for healthcare workers centers around de-escalation techniques that focus on recognizing the signs of imminent violence, which could be as easy as reading a person's body language as they progress through the stages of violent behavior.

"Anyone in the ED has the potential to be violent at any time, because by nature they can be very stressful places," says -**Matthew Daniel,** security director for ODS Security Solutions at Sampson Regional Medical Center in Clinton, North Carolina. "There are a ton of training programs out there with insight on how to keep a safe environment if an individual becomes violent. A lot of times verbal aggression is what escalated into someone being physically aggressive." Let's take a quick walk through your facility and identify the types of individuals who could pose the biggest risk of violence:

The Calm But Frustrated Patient. This could account for about 90% of the people in your ER waiting room, and let's face it we've all been there. The ER is filled with people of all ages who are waiting to be seen for ailments ranging from the sniffles to broken bones to chest pain. How quickly they are triaged and seen by a doctor depends on many different factors, including staffing, time of day, and even weather. All it takes is an influx of critical patients-say, from a serious car accident-to turn that wait into hours. Take a waiting room full of anxious people who don't understand triage protocols, and the next thing you know, there's an upset parent or spouse yelling at your nurses, wondering why it's not their turn yet to be seen. "Whether it's a family member of someone hurt or if they themselves are in pain, they can get aggressive," says Daniel.

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What to Look For: About 50% to 70% of all communication is non-verbal, according to Terry, so there's a good chance that if someone is going to get aggressive, you'll see it in their actions first. In a busy waiting room, look for the worried parent reaching out for the nurse's arm for attention, writes Terry. Eyes that dart back and forth, a clearly agitated person walking back and forth across the room, and clenching of jaws and fists can be indicators that a person is under stress and ready to take things to the next level.

How to Handle It: First, put yourself in the patient's place. You wouldn't want to be the one waiting for five hours to get a Band-Aid put on your daughter's finger. But people are generally reasonable, and keeping them calm could be as simple as just recognizing their frustrations. If it gets busy and waiting times are long, perhaps it's time to get out and greet people, apologize, explain the reason for the delay, and maybe offer some coffee or pizza for those waiting. "Responding to nonverbal cues may be as simple as providing a brief update on the status of a loved one or giving a person a reassuring smile and greeting," Terry writes. "Eye contact can also indicate genuine interest and concern for a person and alleviate anxiety. In an overcrowded ED, speaking to the agitated person and offering to help him find a more comfortable place to wait can defuse anger."

If that doesn't work, it's time to put your security department on alert. Extra patrols from uniformed officers could send the message that violence won't be tolerated, but you also don't want to create the illusion of a police state-at the very least, a security officer can help reassure people that the problem is being worked on.

The Forensic Patient (Prisoner). Prisoners are often brought in for treatment by law enforcement personnel, and their presence can add drama to an already stressful environment. Police officers who bring in patients in custody often are anxious to get back to their jobs on the streets, and many prisoners are not happy about being brought into the hospital against their will, whether it be for a psychological exam or to treat a gunshot wound.

"Prisoner patients introduce added stress levels to an already overtaxed ED staff dealing with high patient volumes, crowded conditions, and lifesaving emergency situations," writes Terry. "Nurses and other staff who are fearful are not able to completely focus on delivering optimal medical care. This not only affects the forensic patient, but all other patients under their care." It's also important to remember that these patients are always at risk for an escape attempt, so it's a good idea to make sure there are plenty of staff watching them. "These individuals have the potential to escalate a situation, but luckily they are usually escorted by an officer," says Daniel.

What to Look For: The good news is that most hospitals do (or should!) have in place protocols that help them handle forensic patients, and those protocols usually start with making sure that the police or sheriff's department gives the security department a heads up about who is coming through the doors. In addition to the usual signs of impending violence, it's a good idea to

check the patient for signs of intoxication and weapons-there have been many instances where a patient introduced a knife or gun into the ER that a police officer never found. "Maintaining a safe environment even in the absence of prisoners requires vigilance and planning on the part of healthcare security professionals and hospital administration," Terry writes. "Add prisoner patients to the mix, and the potential for violence just escalated."

How to Handle It: The trick here is advance notice. If you don't already have a good working relationship with the local police department, now is a good time to meet with the police chief and work on protocols that will encourage them to contact your facility ahead of time and let them know if you have a patient prone to violence coming in. Next, you don't want weapons to be a surprise to caregivers. You should have a protocol in place to check for weapons before a patient ever gets to the treatment areas-some security departments pat down patients, while others employ high-tech tools such as metal detectors. "Law enforcement, company police, and armed security professionals may carry department-issued firearms while on duty admitting and guarding a patient prisoner," writes Terry. "These weapons must be holstered and not accessible by prisoner patients. Officers must ensure their weapons are not vulnerable in the event of a violent outburst."

Lastly, it's important to remember that prisoners are people too; they are just as entitled to healthcare as anyone else. This means HIPAA privacy laws must be adhered to-hospital staff should never divulge information about the patient's crimes, and security protocols need to be worked out if a physician needs to have a private consultation with the patient. "This creates a particularly high-risk situation for the doctor, staff, and others, unless the patient is effectively secured," Terry says. "Handcuffs, ankle restraints, and other methods of security can be used. Officers may choose to ensure a safe and secure environment by deploying multiple law enforcement officers to guard the patient room, depending on their professional assessment of risk."

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The Intoxicated/Behavioral Health Patient. These patients are either those who show up at the hospital drunk and looking for a place to sleep it off, or those who are looking for a hit of their favorite drug-usually painkillers-and are posing as a patient to get it. "It could be someone who is currently on drugs/alcohol, or someone who is detoxing," says Daniel. "Chances are they are about to get to that stage where they are detoxing. If they are not offered the drugs they want, they have a potential to become aggressive very fast." Substance abuse-particularly of heroin and other opiates-

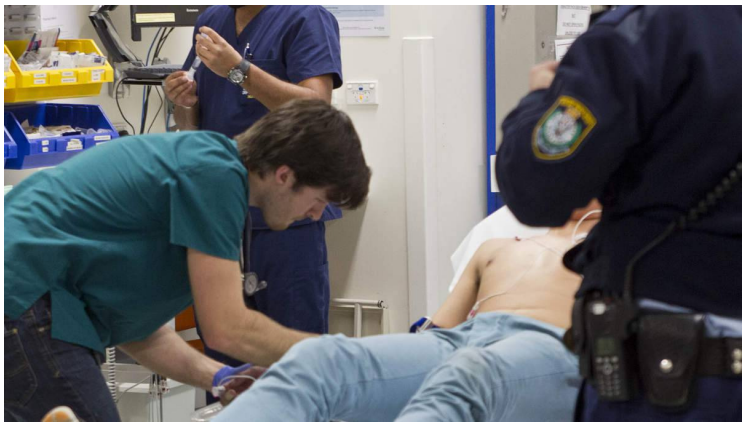
has become such a problem in some states that hospitals have started to form in-hospital "intervention teams" that are designed to rapidly identify substance abuse problems in patients and get them to treatment quicker.

What to Look For: Although it's not always easy to spot someone who is addicted to drugs, there are plenty of signs to look for when spotting someone who is intoxicated. First of all, many people under the influence get brought in through the ambulance bays, and returning patients may already be known to hospital staff to have an addiction. Look for people who are either combative or withdrawn and have trouble focusing, standing, or sitting up straight. You may also detect an odor of alcohol, or slurring of speech. Also, patients who are insisting on being prescribed a certain drug-e.g., OxyContin-may be there just in the hopes of getting a fix.

How to Handle It: Think de-escalation and isolation. It's often impossible to reason with an intoxicated individual, so if you approach the individual in a threatening way, it can escalate the situation. "A crowded ED, long wait times, depression, and anxiety can cause patients to become violent," writes Terry. "Best practice in the ED is to establish a room or area within the ED, separate from other patients, for treatment of behavioral health patients. The area should be clearly visible to staff, including security. All items that could be used as potential weapons should be

removed or carefully secured. This includes any items that could be used as weapons against others, or for self-injury."

Training for staff members includes learning verbal de-escalation tactics, and providing staff members with reminders about small things like never letting a potentially violent patient get between them and a door to ensure they have an escape route from the situation. As with forensic patients, behavioral health patients have a right to fair treatment; they should never be made to feel like they are being discriminated against, and their privacy should be respected. "It's important to respect behavioral health patients without bias toward their personal issues," writes Terry. "They should be treated as considerately and politely as any other patient is treated."



The Wild Card. These are the violent people you generally can't see coming into your ER, and they represent the most dangerous threats to your facility-and highest profile, if they succeed.

What to Look For: Specifically, these people may not even be patients. They may be the active shooters who just want to harm a lot of people. They could be disgruntled former employees or spouses at the end of their rope. Or they could be gang members looking to inflict harm on one or more of your patients.

How to Handle It: Drills, hypervigilance, and better ER design. It's up to you as the security professional-along with help and support, hopefully-to decide what your facility's response will look like should a shooting or other violent incident occur. It's also up to you to help decide whether your hospital's security team will be able to use weapons.

"As a security professional, uniformed official, or manager, people are more likely to turn to you for direction and protection," Terry writes. "It's important to remain calm and authoritative in the midst of chaos and fear."

Many hospitals have begun holding regular active shooter drills that test not only the response of staff members, but also the coordination of outside responses from police departments and other agencies. Others have been testing arming their security forces with less-lethal solutions, such as Tasers, to help end a violent situation.

In an actual active shooter situation, the typical attempt to de-escalate a crisis has failed, and the response must turn to survival. "No one can be taught exactly what to do in an active shooter situation, because situations are always different," Terry writes. "Training can mean the difference between life and death-literally. A lack of planning and not testing the plan with well-trained security personnel before an incident occurs can have disastrous consequences if an event occurs."

Because of this, many healthcare security experts recommend a series of steps, starting with a comprehensive assessment of threats to the facility, periodic lifelike exercises, and upgrades to the facility's response plan. Such upgrades include lockdown policies, access restrictions to certain areas of the hospital, and even simple changes to the way nurses' stations and patient treatment areas are designed to make it more difficult for a perpetrator to jump over the counter or break down a door.

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