MARYLAND
THE DAILY RECORD
YOUR TRUSTED SOURCE OF BUSINESS, LEGAL AND GOVERNMENT NEWS SINCE 1888.

The threat of violence in health care settings

By: Commentary: Jeffrey S. Janofsky August 2, 2017


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Health care workers are at an increased risk for workplace violence. Eighty percent of violent incidents in hospitals are by patients on staff. Incidents of serious workplace violence (requiring days off work) are four times more common in health care than in private industry. Psychiatric aides experienced the highest rate of violent injuries in 2013 at approximately 590 injuries per 10,000 full-time employees. This is compared to a rate of 4.2 injuries per 100,000 employees in U.S. workplaces as a whole.

In January 2015, the Occupational Safety and Health Administration revised its "Guidelines for Preventing Workplace Violence," noting that "Health care and social service workers face an increased risk of work-related assaults resulting primarily from violent behavior of their patients, clients and/or residents." The OSHA document noted that for health care workers, assaults comprise 10-11 percent of workplace injuries involving days away from work as compared to 3 percent of injuries of all private sector employees. Workplace violence in the medical occupations represented 10.2 percent of all workplace violence incidents. Violent incidents towards staff also tend to be underreported.

The OSHA document identifies multiple patient risk factors, settings-related risk factors and organizational risk factors for patient violence toward health care staff and makes many suggestions for violence prevention programs. OSHA emphasizes that systems must be improved to mitigate against the risk of patient-on-staff violence.

The FBI divides workplace violence into four separate types: Type 1: Violent acts by criminals, who have no other connection with the workplace but enter to commit robbery or another crime; Type 2: patient or visitor on staff; Type 3: Violence against co-workers by current or former employees; and Type 4: Violence committed in the workplace by someone who doesn't work there but has a personal relationship with an employee, such as an abusive spouse or domestic partner. In a 2015 Health Care Crime Survey, the International Healthcare Security and Safety Foundation found that in United States Hospitals, 90 percent of the assaults and 79 percent of the aggravated assaults were Type 2, patient on staff.

Hospital patients are sometimes injured by hospital staff seeking to maintain public safety. Recent reports have described situations in which clinical staff failed to use appropriate clinical responses to patient violence, resulting in weapons being used (handguns or Tasers) and patients being harmed.

Hospitals are designed as therapeutic environments. Many patients are admitted to the hospital to be treated for the physical and psychological consequences of weapon use. The vulnerability of many hospital patients increases the importance of maintaining a safe and secure environment. The use of weapons in hospitals warrants particular scrutiny.

‘Behavioral flag’

Further, the use of weapons in hospital clinical settings conflicts with hospitals’ therapeutic mission. The use of weapons in non-clinical areas of hospitals also places a vulnerable population at risk of physical and psychological harm. While weapons used by properly trained and authorized security staff will rarely be necessary to ensure the safety of patients and the public, there is now evidence that weapons are sometimes used on patients before the clinical options have been exhausted. The routine management of patient violence risk is a clinical task that should be properly resourced. Weapon-use is never part of usual clinical management.

The U.S. Department of Veterans Affairs has created a “behavioral flag” to the electronic record of patients who have committed violence against staff within the past two years, allowing the VA to take extra measures in dealing with high risk patients. These include: security stand-by; searching for weapons; and patient confinement to one area of the hospital. Such measures have led to a 90 percent reduction in patient on staff assaults.

Measures known to improve patient and staff safety are available. Hospital security personnel, the police and clinical staff should receive regular training in safely managing agitated, disruptive and violent behavior. Some state and federal hospital facilities use sworn police officers as part of their routine security force. Such sworn police officers need special training in dealing with agitated, disruptive or threatening psychiatric patients, and should not respond with weapons as a usual clinical response. Staffing levels should be sufficient to ensure that weapon use is a last resort. Medication usage in management of violent patients is complex, and requires input from psychiatrists. Rules and practice guidelines around seclusion and restraint have been developed for use in clinical settings that are sensitive to issues of trauma among patients and staff and reduce risk to staff and patients.

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