

Preventing Violence in the Emergency Department

Ensuring Staff Safety



Health care workers can face verbal and physical violence on the job.

An angry and confused patient punches a physician after an exam. A patient high on drugs holds a nurse in a headlock and threatens her. A gang member intimidates a front desk clerk with a handgun. All these incidents can and do occur with alarming frequency in emergency departments (EDs) throughout the country. While you may not think this type of event could happen in your hospital, the statistics tell another story. A survey of emergency room physicians in Michigan revealed that annually, 75%

had been subject to verbal threats, and 28% had been victims of physical assaults.¹ Similarly, according to a recent study, 98% of emergency room nurses in the United States reported verbal harassment, and 67% reported physical violence.² “These statistics just refer to the United States,” says Alan Butler, health care security expert in Denver, Colorado. “But statistics from around the world are just as worrisome and show that violence in the ED is becoming an increasing and worldwide problem.”

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The Reasons Behind ED Violence

No single reason exists for the violence that occurs in EDs; rather, a combination of stressors create an environment conducive to violence. “There is a misconception that the likelihood for violence in a hospital’s ED depends on the violence in the hospital’s community,” says Butler. “In other words, people mistakenly think that if your hospital is located in a large urban area where gang violence often occurs, you will be more likely to experience violence in the ED than will a rural hospital. This is not always the case. Certainly violence in the community is a driver for violence in the ED, but it is not the only driver.”

Other factors that contribute to the potential for violence include the following:

- **Alcohol.** “This is a big contributing factor because a large majority of violent incidents involve the presence or abuse of alcohol,” says Butler.
- **Stress.** “Consider the types of situations that bring someone to the ED—acute illness, accidents, victims of violent acts, and so on,” says Butler. “Coming to the ED is not like spending a day in the park—people are out of their element, feel out of control, and experience high levels of stress. This can be a recipe for people doing things they wouldn’t do anywhere else.”
- **Staffing levels.** Recent nursing shortages mean that the ED is not always operating with a full complement of staff. This can contribute to long wait times and poor communication with patients and families, which can also foster the potential for violence.
- **Inadequate training on violence prevention.** “Training ED staff members

to react and respond to violent acts is important; however, even more important is training them to prevent violent behavior and situations in the first place,” says Butler. “This type of training is often lacking in the ED environment.”

■ ***The presence of at-risk patients.***

Certain patients are more prone to violent behavior than others. For example, patients with recurring psychological issues or who are intoxicated or high on drugs when they visit the ED are more likely than others to show violent tendencies. Likewise, gang members, violent offenders, and victims of violence may be more likely to lash out in the ED setting. “While you cannot stop at-risk patients from entering your ED, you can have security measures in place that specifically respond to at-risk patients and proactively reduce the risks involved in treating them,” says Butler.

Developing a Security Approach That Addresses Violent Behavior

Despite its prevalence, violence in the ED does not have to be a foregone conclusion. Organizations can and should develop a security approach that proactively reduces the threat of violence and appropriately responds to violence when it does occur. According to Butler, such an approach involves adopting several key components, including environmental controls, policies and practices that support violence prevention, security training, and planned response.

Environmental Controls

“Environmental controls can help ensure a safe environment in the ED from ‘door in’ to ‘door out,’” says Butler. “In other words, from the moment that a patient enters the ED until the moment he or she exits the

building, the environment should promote and ensure safety.” Such controls include the following:

- *The design of the environment.* “In this context, environmental design could include the positioning of the check-in desk, the way the waiting room is laid out, and any other design considerations that could help improve communication, produce a calming environment, and minimize the risks for violence,” says Butler.
- *Access control.* To have effective access control, organizations need to define where people can go and how they can get there. “Depending on your organization, only certain personnel may have access to certain areas,” says Butler. “All staff should know how access is controlled and abide by those policies.”
- *A visible security presence.* To have a visible security presence means that an organization must have security officers, in uniform, in place. “In some cases, these officers may have a ‘strength instrument’ that can be used during escalating situations,” says Butler.

Policies and Practices That Support Violence Prevention

Organizations must clearly define their security policies. As previously mentioned, certain patients are more at risk for violent behavior than others. Organizations should consider creating and documenting specific policies and practices that can be implemented when at-risk patients appear or when certain situations that could lead to violent behavior—such as long wait times—arise. “You can’t have a one-size-fits-all security plan and have it be effective,” says Butler. “An organization can’t maintain an intense security posture at all times, or it would take away from patient care. Conversely, a more relaxed security approach will not effec-

tively address all the security needs during a violent event. For this reason, it can be helpful to have a baseline security plan that is in place during normal operations and an event-driven plan that responds to a heightened need for security.”

In addition to having baseline and event-driven security plans, organizations should also develop effective throughput processes that help minimize wait times in the ED. Long wait times can lead to frustration, fear, and increased stress—all of which can contribute to the potential for violence. By developing policies and practices that increase efficiency and decrease wait times, organizations can reduce the likelihood for violence.

Security Training

As previously mentioned, effective training does not focus on just how to respond to a violent event but also on how to prevent one from happening. “Such training must balance the need to provide patient-focused care with the need to protect one’s personal safety,” says Butler. “For example, staff members should know the safest place to stand in a room when talking to patients, how to communicate with potentially hostile patients, and when it is appropriate to call for help or leave the room.” Fundamentally, staff members need to understand that they play a critical role in reducing the likelihood of ED violence. “Security personnel cannot effectively secure an environment without the understanding, commitment, and participation of the people who work in that environment,” says Butler.



Train employees to defuse potentially violent situations.

While training can take many forms, it should offer simple and straightforward ways to help staff members understand and retain information about their specific role in violence prevention efforts. “There’s a lot of room for improvement in the area of violence prevention training,” says Butler. “While everyone who works in a hospital knows and understands the ‘RACE’—Rescue, Alarm, Contain, Extinguish—acronym for responding to a fire, there isn’t a similarly straightforward acronym for preventing violence. Yet people who work in the ED are much more likely to experience a violent event than they are a fire.”

Planned Response

Despite an organization’s best efforts, violent situations might occur. When they do, an organization must be prepared with an integrated and effective response. “Proactively anticipating how the organization will respond and involving security and the local police in developing response protocols is important,”

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says Butler. “When possible, the police should be involved in developing the response plan, training staff on how to respond, and participating in the response itself. This not only benefits the health care organization, it also helps the police department learn how it should interact with the ED during violent situations. This may, and probably will, be different than the way it behaves during nonemergency situations.”

One response strategy: Security escalation lights. To take a proactive approach to security response, organizations may want to designate specific stages of security escalation and determine how to notify staff of the different stages. This process should be simple, easy to understand, and easy to implement. “For example, an organization may want to use visual cues to show staff the status of security within the department,” says Butler. “Lights posted within the department could show green during normal circumstances, yel-

low when the need for a higher level of security is present, and red when the ultimate level of security is warranted. Organizations could use an audible cue to signal when the level changes.” To change the level of security, a multidisciplinary group—including members such as the charge nurse, lead physician, house supervisor, and security officer—can huddle to discuss the need for heightened security. This group should follow the organization’s event-driven security plan to guide them when deciding to change security levels.

“The lights would have several benefits,” says Butler. “First, they would signal to every ED employee that there is a plan for handling security events in the ED. This helps build confidence and fosters a sense of control. Second, they would allow organizations to proactively determine how the ED is going to operate instead of just reacting when violence occurs. An organization could go to yellow to anticipate escalating events and respond to them, and it wouldn’t ever need to go to red.”

Taking Good from the Bad

When an organization does experience a violent event, it is important to debrief afterward and use the negative event as an opportunity for positive change. “You can learn a lot from these situations, and it is important to take time to determine what went well in the response and what needs to be improved,” says Butler. “Once you debrief, you can adjust your security response plan accordingly to prevent similar situations from occurring again.” 

References

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