



LEADING THE FIGHT AGAINST VIOLENT
AND ABUSIVE ACTS

Violence and abuse can originate anywhere and target anyone within a facility — residents, employees and visitors alike. It is a significant risk for all long term care (LTC) organizations, one that can harm both morale and reputation and ultimately lead to serious financial losses. Therefore, LTC administrators and senior managers must address the threat of violence and abuse in a systematic, proactive way.

Violence is more than physical assault. It also includes verbal harassment and psychological and physical abuse. Whatever form it takes, it is a damaging and disruptive force, profoundly violating the dignity of victims, as well as endangering their health and safety. Similar to a contagious disease, violence spreads if not quickly contained.

This issue of *CareFully Speaking* offers guidelines on implementing a violence protection program that is right for your organization. Such a program begins with an assessment of your facility's environment and locale, as well as its work and hiring practices. Awareness

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of your specific vulnerabilities will result in the ability to craft an effective preventive strategy that brings together workplace policies, physical and procedural security measures, and staff education. Success depends upon vigorous and consistent enforcement, constant vigilance by administrators and staff, and a rigorous commitment to maintaining a safe environment for all.

Security in the narrow sense is only one aspect of a violence protection program. Careful hiring protocols and thorough training are, at least, of equal importance. In the end, a safe facility is one where relationships are based on respect, standards are clearly articulated, and shielding residents and staff from harm is a top priority.



Take Aim Against Violence and Abuse

Violence and abuse are significant risks for every healthcare organization. Physical and verbal assault can be thought of as the acute form of violence, and deliberate abuse that is part of daily care as the chronic form. Both types of aberrant behavior emerge from the same impulse: to victimize the vulnerable. Efforts to reduce violence and abuse must take into account just how broad the problem is, and how difficult it can be to detect.



You can minimize the likelihood of harmful incidents in your facility by implementing a violence protection program (VPP) designed to target the perpetrators of random violence as well as deliberate abuse. In addition to improving security, a VPP can boost staff morale, enhance your institution's reputation and help reduce liability exposure. (See "Theories on Employer Liability for Workplace Violence," p. 7.) The key to a successful program is commitment from facility ownership, management and employees.

Begin by forming a multi-disciplinary committee charged with defining violence and abuse, conducting an initial assessment of your facility and reviewing the population that is most vulnerable to these harmful acts. The committee can then begin the process of drafting appropriate policy and implementing effective control measures and training regimes.

Defining the Harmful Act

Violent and abusive acts primarily fall into three categories:

- *Physical* conduct, e.g., unwanted touching, hitting, slapping, threatening gestures, throwing of physical objects, physical assault
- *Verbal* conduct, e.g., offensive, hostile, abusive, intimidating and/or threatening language
- *Psychological* control, e.g., not providing services as a means of punishing resident, not answering a call light in a timely manner, leaving a resident alone in a dark shower room

Sexual assault and abusive practices may fall into any, or all, of the three categories. The growing incidence of such crimes in the LTC setting warrants special attention. According to CNA HealthPro's recent LTC claims study, sexual assault claims were second to cardiovascular accident in terms of severity, averaging \$251,450 per claim. Abuse was also ranked among the five most frequent malpractice allegations. (See "Long Term Care Claims Study: An Analysis of Claims and Risk Management Recommendations, 1996-2003.") You can minimize these risk exposures by educating and training staff about preventing and detecting all forms of sexual abuse, including

- *hands-off* offenses, e.g., exhibitionism, voyeuristic activity, forcing residents to view pornographic material, sexual harassment and threats
- *physical* offenses, e.g., kissing; touching/molesting breasts, genitals, and buttocks; oral/genital contact; penetration of vagina or rectum with fingers, objects, and/or penis
- *harmful genital practices*, e.g., unwarranted, intrusive or painful procedures in caring for rectal and genital area such as insertions of creams, ointments, thermometers, enemas, catheters, fingers, soap or other objects not medically indicated

Assessing the Security Environment

The VPP committee should assemble a threat assessment team to identify specific risk factors. The Worksite Assessment Tool (see p. 8) can assist the team through the key areas of assessment. Here are some important guidelines to consider:

- Examine the incidence of actual and suspected violence in your community and consult the police regarding frequency and types of violent acts committed in your vicinity.
- Review trends in your facility and conduct a thorough analysis of incident, security, unusual occurrence and resident/visitor reports.
- Inspect your workplace and environment for potential physical security breaches whereby assailants or other trespassers may enter unnoticed from outside the facility.
- Include specialists in occupational health who can assist in employee violence prevention and safety on your assessment team.
- Survey your staff about security issues, and ask them to articulate any fears they may have.

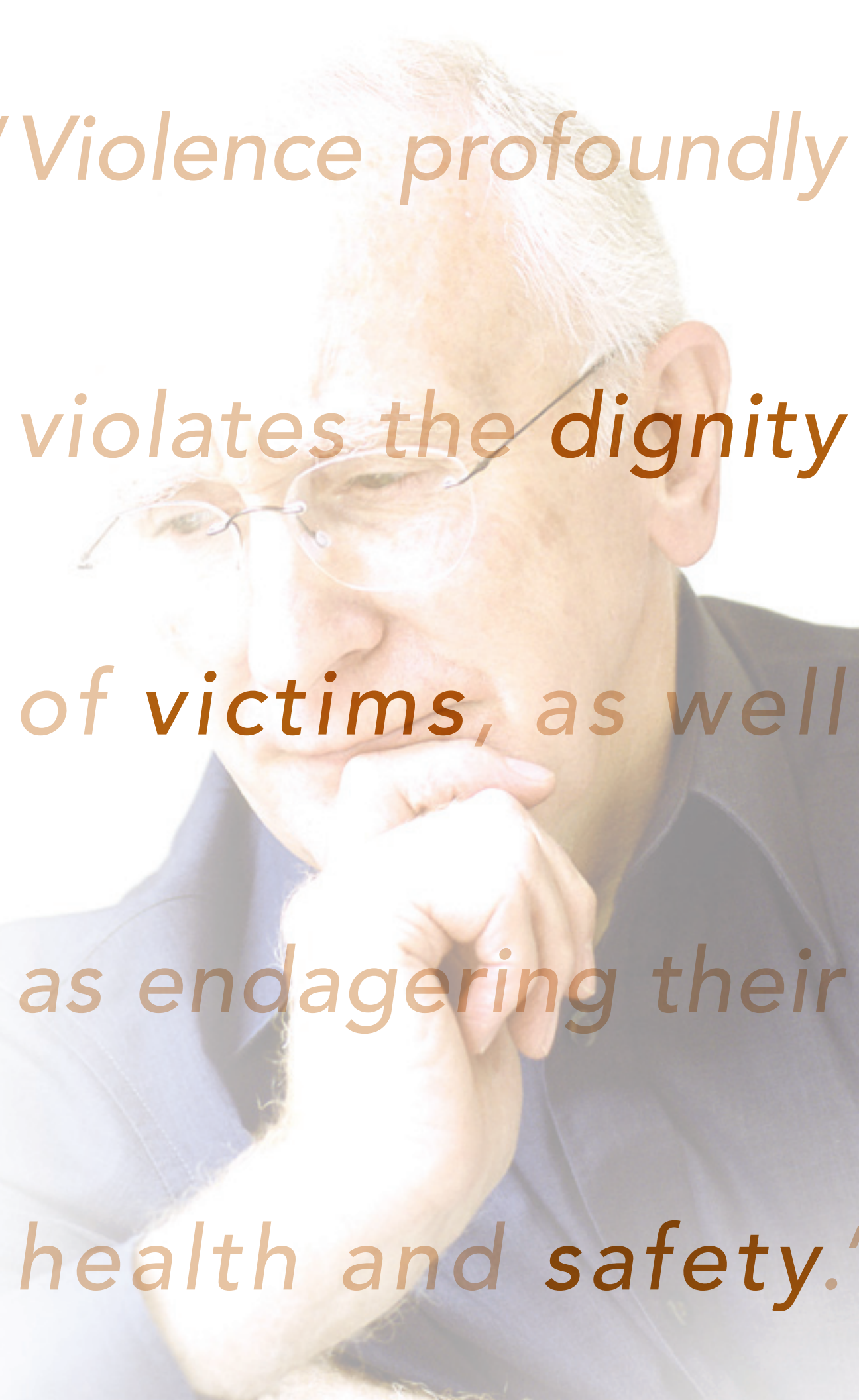
Drafting a Zero-Tolerance Policy

A zero-tolerance policy toward workplace-related violence is the most effective method of demonstrating your organization's commitment to safety for all. Your employee policies should delineate acceptable standards of behavior and indicate how these standards will be enforced. Here are some guidelines:

- Explicitly state that no forms of violence – including verbal harassment and intimidation – will be tolerated, and that offenders are subject to serious disciplinary action, including termination.
- Communicate that workplace policies apply without exception to management, employees, residents, contracted workers and services, volunteers and anyone else who may encounter your residents and employees.
- Underscore that all complaints involving verbal or physical abuse will be promptly and thoroughly investigated.
- Affirm that all acts of criminal violence in the facility will be vigorously prosecuted.

Spotting Danger Signs

A history of violent tendencies in a person is the single most reliable predictor of future violent behavior. Employee background checks and careful pre-employment screening are critical to reducing risk exposure to potential staff-related problems. Be sure to verify references and check for criminal convictions and sexual offenses at the time of hiring, and to document your findings. (See *CareFully Speaking*, Spring 2004, for a discussion of hiring practices.)



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Remember that not all violent and abusive acts are perpetrated by employees against residents. Altercations may also involve

- resident-on-resident
- resident-on-employee
- resident-on-visitor/other
- employee-on-employee
- employee-on-visitor/other
- visitor/other-on-resident
- visitor/other-on employee
- visitor/other-on-visitor/other

Knowing the signals of possible impending harm can help you provide counseling and intervention before violent confrontations and abusive situations occur.

Danger signals exhibited by residents that may be a sign of their illness, but may also be an indicator of violence and/or abuse, can include

- continuous movement, including pacing, restlessness and wringing of hands
- inability of the resident to look a caregiver in the eyes
- speaking loudly, talking to oneself or appearing to respond to internal voices
- unmotivated cursing
- unresponsiveness to questions
- expressing delusional thoughts
- fear of harm from staff

Danger signals exhibited by employees can include

- fixation on perceived injustices at work
- social isolation
- fascination with weaponry
- difficulty controlling temper
- unstable family life
- highly migratory work history
- chronic hostility toward coworkers or residents

Implementing Control Measures

Without workplace controls, the potential for unacceptable behavior escalates dramatically.

Important security mechanisms include

- locked and secured entrances
- well-lit interior spaces, doorways and parking lots
- speakers and alarms throughout the facility
- video cameras to monitor ingress and movement
- photo identification cards for staff members
- sign-in/sign-out books for visitors

Also, examine administrative and work practices, including

- staffing levels during meal breaks
- staff/resident ratios for clinical care
- staff members working alone
- staff members working in isolated areas

Reporting and investigative processes. Maintain accurate and complete records of violent and abusive incidents in order to identify problems and implement changes. Ensure that your facility has consistent, written procedures for investigating and documenting all acts of real or threatened violence, including verbal or written abuse, harassment and assault. (See “Sample Violent Incident Report Format,” p. 10.) Written policy and procedure for reporting violence and abuse must also comply with state-mandated reporting programs for elder abuse victims as well as adult protective services. To that end, legal counsel can apprise you of applicable state elder abuse and residents’ rights statutes, including the repercussions of failure to comply with governing requirements.

Emergency response measures. An emergency response plan should address these issues:

- response times by staff to potentially violent situations
- training and techniques on de-escalation of crisis situations
- interventions for all stages of aggressive behavior
- provision of medical attention for those in need
- post-incident procedures
- protocol for staff debriefing sessions
- procedures for handling media inquiries (See *CNA HealthPro ALERT Bulletin*, October 2000, “Handling the News Media in the Wake of a Crisis: Stay Positive.”)

Security guards. Security personnel play a critical role in violence prevention. They should be competent, professional and trained to respond effectively to incidents. In the event your facility employs or contracts with security guards, emphasize the importance of security patrol as a significant commitment, rather than as a moonlighting position for the benefit of the employed or contracted individual.

Educating and Training Staff

Education and training should be offered to all facility personnel, including management, physicians, clinical staff, contracted workers and services, and volunteers. Training topics should include identifying potentially harmful behavior; counseling violent individuals; responding to a witnessed, reported, alleged or suspected assault; and personal safety training.

Staff should be proficient at violence intervention without undue use of force. The following techniques can help defuse an explosive situation:

- Establish rapport by talking in a calm and respectful fashion.
- Be firm and direct in manner, but not angry or irritated.
- Acknowledge feelings of fright or helplessness.
- Contact the attending physician and family to apprise them of the situation.
- Medicate residents only after examination and consent.
- Restrain residents as a last resort, and in accordance with your facility's policy on the indications for restraint and use of force.

Providing a high level of protection for residents, visitors and staff at your facility is an important responsibility for administrators or senior managers. The keys to a successful violence prevention program include gathering reliable information about potential problems, thoroughly educating staff about violence and abuse awareness and consistently implementing and enforcing preventive measures. The tools and guidelines noted can help you identify hazards and devise a program that addresses your facility's areas of risk. Additionally, information is available from government agencies free of charge, which aid in reducing the costs of developing a VPP. The National Institute for Occupational Safety and Health (NIOSH) offers an educational DVD that includes the Occupational Safety and Health Administration's guidelines for preventing workplace violence. To obtain the DVD, visit the NIOSH site: www.cdc.gov/niosh/homepage.html.

Theories on Employer Liability for Workplace Violence

In most states, employers can be held liable for work-related violence under these common-law theories:

Respondeat Superior. Under the legal theory known as respondeat superior (i.e., employer responsibility), the LTC facility may be liable for an employee's wrongful acts committed within the scope of employment. Since the most common acts of workplace violence – such as sexual abuse and assault – are outside the scope of an employee's duties, employers are rarely subject to this form of liability for allegations involving violence.

Negligent Hiring, Supervision or Retention. It is more likely that an LTC facility would be held liable under theories of negligence for

- hiring, training and supervising an employee if the employer knew or should have known of the employee's propensity for violent behavior
- failing to take reasonable measures to discover and act against such a propensity for violence
- failing to follow the facility's resident abuse protocols for reporting and taking action on incidents in conformity with state law

Workers' Compensation. If one employee injures another employee, the employer can face liability for workers' compensation benefits to the injured employee.



**WORKSITE ASSESSMENT TOOL:
VIOLENCE PROTECTION PROGRAM**

| Written Program | YES | NO | N/A | COMMENTS |
|--|-----------------------|-----------------------|-----------------------|----------|
| 1. Does the Safety Committee explore and respond to facility safety issues, including violence perpetrated by employees, residents and/or other parties? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 2. Is there a multi-disciplinary team responsible for drafting and implementing a violence protection program? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 3. Is the violence protection program in writing and does it undergo a regular review for accuracy and relevant content? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

| Protection and Controls | YES | NO | N/A | COMMENTS |
|---|-----------------------|-----------------------|-----------------------|----------|
| 1. Has a violence and abuse analysis been performed in the care setting? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| If so, did it include a check for: | | | | |
| - identification badges issued and checked | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| - facility entrances secured after routine visitor hours | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| - locking system on doors leading to outside | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| - unused doors locked | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| - visitor access controlled | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| - curved mirrors placed at intersections and in concealed areas | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| - entrances and parking lots well lit | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| - lights regularly inspected | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| - shrubbery maintained to eliminate shadowing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| - emergency and security signaling systems installed | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| - reliable response system when alarm is triggered | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| - direct-dial emergency telephones available | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| - physical changes to the facility reviewed to minimize security hazards | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| - furniture arranged to prevent use as a weapon or for entrapment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| - response procedures in place for threats, hostage situations and use of weapons | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

| Environmental Considerations | YES | NO | N/A | COMMENTS |
|---|-----------------------|-----------------------|-----------------------|-----------------|
| 1. Have the local police and fire departments as well as community watch organizations been contacted to learn about their experiences with violence, abuse and crime in your area? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 2. Has an environmental risk assessment been performed that takes into account these issues? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| - crime statistics of surrounding community | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| - past occurrence, medical and safety reports of workplace violence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| - size and layout of facility | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| - population of facility | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| - staff levels at night | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| - instances of working alone | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| - available security staff | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

| Work Practice Controls | YES | NO | N/A | COMMENTS |
|--|-----------------------|-----------------------|-----------------------|-----------------|
| 1. Is a criminal background check completed on all new hires and volunteers? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 2. Is the behavioral history of new residents consistently documented? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 3. Has a system (such as a medical record tag/sticker) been established to identify residents with violent tendencies? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 4. Are residents who are prone to assault transferred to settings that are safer and more secure? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 5. Does the facility have a policy for restricting visitors with a history of violence? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 6. Has staff been adequately trained in restraining/defusing out-of-control residents? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 7. Has a trained emergency response team been established? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 8. Are employees required to report all assaults and threats? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 9. Are violent and abusive incident reports reviewed, filed and acted upon in a timely manner? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 10. Are honest and comprehensive post-incident evaluations conducted? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |



SAMPLE: REPORT OF VIOLENT AND/OR ABUSIVE INCIDENT

1. Discovery and Location

Date Reported or Noted: _____ Date Incident Occurred: _____
Time Incident Occurred: _____ Day of Week Incident Occurred: _____
Location Incident Occurred: _____

2. Type of Incident and Identification of Parties

Nature of Act: Violent Abusive
Type of Harm: Verbal Physical Psychological
Directed Toward: Resident Staff Visitor/Other (Specify: _____)
Victim's Name: _____
Suspect Assailant: Resident Staff Visitor/Other (Specify: _____)
 Unarmed Weapon
Suspect Assailant's Name: _____

3. Description of Incident

Did any person leave the area because of incident? Yes No
Destination: _____

4. Factors Contributing to the Violent/Abusive Incident

(as exhibited by victim or suspect assailant)
 Prior History of Violence Grief Reaction Intoxication
 Dissatisfied with Care Other (Describe: _____)

5. Disposition of Event

Incident Diffused: Yes No
Needed to Call: Police Security
Reported to: Police State Agency
Suspect Assailant Arrested: Yes No
Escorted Off Premises: Yes No
Left on Own: Yes No
Restrained: Yes No
Type: _____ By Whom: _____

6. Follow-up

Report Completed by: _____ Title: _____
Witness(es): _____
Supervisor Notified: _____ Date & Time: _____
Administrator Notified: _____ Date & Time: _____
Resident's Physician Notified _____ Date & Time: _____
Family/Significant Other Notified: _____ Date & Time: _____

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