

You can also help by:

- deflecting self blame
- providing non-judgmental listening
- helping with police reports
- keeping in contact by phone or visiting
- assuring that the Steps in Actions are followed

Use words like:

- “You did not deserve to be treated like this.”
- “This was not your fault.”
- “I am sorry this happened to you.”

What Can The Union Do To Help Victims Of Workplace Violence?

- Plan a system for addressing Workplace Violence. Use the *Actions Following an Assault* steps as the basis for planning your system.
- Help your co-worker through the steps.
- Advocacy may be needed to obtain copies of reports.
- Designate someone to keep in caring and concerned contact with your injured colleague.

Personal Safety Tips

- Use the buddy system if available or develop your own.
- Don't carry keys, pens, jewelry or other items that could be used as weapons.
- Don't wear items around your neck that could be used against you in confrontational situations.
- Make sure that nurses and physicians are not alone when performing intimate physical exams on patients.
- Attend classes in self defense and crisis intervention when available.

What Can The Union Do To Prevent Workplace Violence?

- **Promote comprehensive violence prevention programs.**
- Make workplace safety and health a priority and standing item for committee and labor management meetings.
- Maintain union presence on hospital safety committees.
- Learn the employer's policy and procedure for violence prevention and harassment and educate self and members.
- Accompany victims when they are filing police reports. Accompany them during police and court proceedings.
- Introduce the *OSHA Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers* to management as the basis for violence prevention activities.
- Identify a Critical Incident Stress Debriefing Resource that can be accessed whenever needed.
- Develop a buddy and escort system to protect workers in remote areas and parking lots.
- Advocate for the injured worker.
- File grievances.
- Encourage the development of support groups for injured workers.
- Report on workplace violence and abuse prevention activities in local unit newsletters.

Resources For Nurses And Other Health Care Workers

- *In the Aftermath of Crime—A Guide to Victim Rights and Services in Massachusetts.* Cambridge Street, Boston, MA 02201, 617-727-5200

- *Guide for Victims and Witnesses,* William R. Keating, Norfolk County District Attorney, 781-830-4800
- Local Police Departments - local numbers
- County District Attorney - local numbers
- Massachusetts Nurses Association, Division of Health & Safety, 340 Turnpike Street, Canton, MA 02021 781-821-4625, X776 or x754
- *Victim's Bill of Rights,* Massachusetts General Laws Chapter 258-B
- Critical Incident Stress Management, Western Massachusetts Emergency Medical Services, 413-586-6065
- International Critical Incident Stress Foundation, Inc. www.icisf.org
- *Guidelines for Preventing Workplace Violence in Healthcare and Social Service Setting,* U.S. Department of Labor, OSHA, available at www.osha.gov
- Massachusetts Division of Occupational Safety. A state agency that utilizes OSHA Guidelines to address safety and health concerns, including workplace violence, to protect workers in state facilities. 617-626-6944

References

1. Bureau of Justice Statistics, Special Report: National Crime Victimization Survey, Workplace Violence, 1992-96, Revised 7/28/98 - www.ojp.usdoj.gov
2. *Illinois Nurses Association Position Statement on Workplace Violence,* Illinois Nurses Association, 1995
3. *Guidelines for Preventing Workplace Violence in Healthcare and Social Service Setting,* U.S. Department of Labor, OSHA, available at www.osha.gov
4. Western Massachusetts CISD Team, c/o WMEMS, 168 Industrial Park Drive, Northampton, MA 01060

Workplace Violence: Prevention & Intervention

In Health Care or Anywhere; Violence is NOT part of the job.



This brochure is intended to decrease workplace violence through developing prevention programs, increase reporting of violence and develop intervention plans for workers who are injured in violent events.

Mission Statement:

The mission of the MNA Workplace Violence and Abuse Prevention Task Force: In order to eliminate violence, there must be awareness that the problem exists. Education of nurses, health care workers and administrators is necessary. Prevention programs that address the violence continuum are essential. Efforts must be directed at legislators, members of the judiciary and society at large to assure the safety of all health care workers. The task force advocates comprehensive violence prevention programs in health care settings.

MNA Workplace Violence and Abuse Prevention Task Force Members Recognize That More:

- patients under the influence of drugs and alcohol come to hospitals
- children and adolescents presenting with aggressive behavior
- weapons seen in the emergency department

fewer placement options for:

- detoxification from drugs and alcohol
- adolescents and children needing psychiatric treatment

Workplace Violence Is Not Uncommon In Health Care Settings:

From 1992 to 1996 non-fatal assaults on nurses and others in health care and in mental health settings were similar in frequency to those in law enforcement, well over 200,000 annually. Annual average assaults in health care settings included 69,500 nurses, 24,000 technicians, 56,000 other health care workers and 10,000 physicians. In mental health settings 50,300 assaults were reported on professionals, 43,500 on other workers and 8,700 on workers in custodial positions¹.

Workplace Violence In Health Care Settings IS A Crime

Nurses and other health care workers who are assaulted at work have the same rights as workers assaulted on the job in any other work setting. **You are entitled to file a police report** to assure the incident is investigated by police with follow-up in the courts when indicated.

As a victim you may file a report at the police department or the District Court of jurisdiction. According to the Massachusetts Office of Victim Assistance, cases come into the criminal justice system in several ways, including police complaints, citizen complaints and indictments. Police complaints are issued by a clerk magistrate in District Court based on information supplied to them by police officers. Citizen complaints are also issued by a clerk magistrate in District Court but are based on information provided by both the victim and the defendant.

Definition Of Workplace Violence:

Violence in the workplace is best described as existing on a continuum from verbal/emotional abuse to physical assault and homicide². In health care settings, workplace violence can be perpetrated by patients, families, friends, visitors, co-workers, physicians, supervisors and managers.

Myths that nurses believe about Workplace Violence in healthcare settings:

- “The nurse must have done something to provoke the attack.”
- “It can’t happen here, or it won’t happen to me.”
- “It’s part of the job.”
- “Patients aren’t responsible for their behavior.”

Recognizing a violence prone workplace³

- prevalence of handguns as weapons among patients, their families or friends
- increasing use of hospitals by police and the criminal justice system for criminal holds
- care of acutely disturbed, violent individuals
- unrestricted movement of the public in clinics and hospitals
- long waits in emergency or clinic areas
- low staffing levels particularly during times of increased activity
- isolated work with clients
- solo work in remote locations
- lack of training in recognizing and managing hostile and assaultive behavior

The Result Of Workplace Violence And Abuse—Critical Incident Stress:

Tragedies, deaths, serious injuries, sexual assault, hostage situations and threatening situations are all common to workplace violence. These events are known as “Critical Incidents.” Often an event is traumatic and overwhelming and significant stress reactions occur. A process known as Critical Incident Stress Debriefing (CISD) is specifically designed to prevent or mitigate the development of post-traumatic stress.

Recognizing critical incident stress⁴

You may see signs and symptoms of critical incident stress in those who have experienced or witnessed workplace violence. Symptoms occur as physical, cognitive, emotional and behavioral and can be noted as:

Physical	Cognitive	Emotional	Behavioral
chills	confusion	fear	withdrawal
fatigue	uncertainty	grief	inability to rest
nausea	hyper-vigilance	panic	intensified pacing
weakness	poor abstract thinking	depression	hyper-alert to environment

Actions Following An Assault

Steps to follow:

While there is no clearly defined process for the victims of violence, the Task Force has identified certain steps that should take place. The sequence of these steps depends on the individual situation.

- Report any impending and actual acts of violence at work to your supervisor immediately, regardless of who is the victim and whether or not there are injuries. Reports must be written as well as verbal.
- Call the police immediately. If necessary, file a police report as soon as possible. Take someone with you when you file the police report, preferably co-workers who are familiar with the event.
- If the assault is from a patient, document the patient’s behavior in the nursing notes. This is the most essential legal documentation.
- Seek medical attention even if there are no “obvious injuries.” Be sure to document any physical injuries and your emotional state. Follow the health care provider’s recommendations for treatment and work restrictions.
- Request and participate in Critical Incident Stress Debriefing (CISD). CISD is essential following a violent episode.
- Co-workers who witness assaults must be included in CISD.
- Keep a diary of the progress of treatment, discussions related to your injuries and the progress of any claims for Workers’ Compensation.
- Ask for and retain copies of all Workers’ Compensation, incident, medical, injury and insurance reports that relate to the event and your treatment.

Show that you care

Encourage the assaulted co-worker to:

- report the incident
- talk about the incident