As a longtime nurse, I have personally witnessed the rising tide of workplace violence against healthcare workers. Back in the day, when I was a CNA, instances of workplace violence were far less common, and seemed to be perpetrated only by very confused older patients who had no idea what they were doing. Now, as an ICU nurse, I experience a seemingly constant torrent of violence on my unit perpetrated by patients with mental illness, those with substance use disorders, and plenty of patients and visitors who are just plain angry. My personal experiences are confirmation of a sobering fact: Between 2007 and 2017, rates of violence in hospitals grew by 123 percent.

I’m not sure how it came to have evolved that being angry. My personal experiences are confirmation of a torrent of violence on my unit perpetrated by patients with mental illness, those with substance use disorders, and plenty of patients and visitors who are just plain angry. My personal experiences are confirmation of a sobering fact: Between 2007 and 2017, rates of violence in hospitals grew by 123 percent.

In response to this alarming and unacceptable workplace hazard, the Alaska Nurses Association has based this issue of The Alaska Nurse on workplace violence against healthcare workers. We hope you will read through to learn about workplace violence risk factors, view the results of our workplace violence survey, hear stories of workplace violence from your nursing colleagues across the state, and find out how this horrendous threat is being addressed through state and federal legislation.

I would also like to invite you to get involved in AaNA’s efforts to address workplace violence in healthcare settings. Our work is being done through our Health and Safety Taskforce, and we need nurses across the state to take action and participate in order to improve the safety of nurses and healthcare professionals in Alaska. All members of the Alaska Nurses Association are welcome and encouraged to take part in the Taskforce. And if you’re not yet a member, you should be! (Yes, I am a little biased.)

You can join our professional association and get involved with our workplace violence campaign for just $50 annually. Visit our website at www.aknurse.org or call our office at 907-274-0827 to check your membership status or become a member today.

As always, I’m very interested in you, dear reader! Write me anytime with your thoughts, ideas, and experiences.

Jane Erickson  
President, Alaska Nurses Association

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**AUTHOR GUIDELINES FOR THE ALASKA NURSE**: The Editorial Committee welcomes original articles for publication. Preference is given to nursing and health-related topics in Alaska. Authors are not required to be members of AaNA. Please submit articles of 300-500 words or less. Articles should be sent to info@alaskalifepublishing.com. Photos are encouraged and should be high resolution. Please include captions and photo credits at time of submission. All content submitted to The Alaska Nurse becomes property of the Alaska Nurses Association. Submit all content by email to Andrea@aknurse.org.
Workplace violence continues to rise, and healthcare professionals are particularly at risk. We asked nurses across Alaska to tell us about their experiences with workplace violence. Here are the results...

**Which types of workplace violence have you experienced while at work?**

- **68% Physical Assault** - kicking, punching, spitting, biting, pushing, pulling, throwing objects, stabbing
- **91% Verbal Assault** - threats, name-calling, discriminatory language, yelling
- **77% Emotional Assault** - bullying, manipulation, intimidation
- **24% Sexual Assault** - harassment, stalking, groping, unwanted contact

Only one-third of nurses reported all incidents of workplace violence that they witnessed or experienced within the past year. 27% did not report any of the incidents.

91% of nurses say they have witnessed or experienced workplace violence.

What is workplace violence? Violence finds its expression in physical assault, homicide, verbal abuse, bullying, sexual harassment, and psychological stress. Workplace violence is defined as any assault, threatening behavior, or verbal or emotional abuse that occurs in work-related setting, involving an explicit or implicit challenge to worker’s safety, well being or health.

**Top Reasons for Not Reporting Workplace Violence**

- The severity of the incident
- The condition of the patient
- Fear of retaliation
- Fear of other negative consequences
- The reporting procedure is unclear
- Whether or not coworkers are supportive

92% of nurses are worried about violence in their current workplace. Less than 1 in 10 nurses say they are not at all worried about workplace violence.

Nearly 2 in 3 nurses are unaware of Alaska’s House Bill 312, a new law that relaxed the requirements for assault arrests in healthcare facilities and strengthened penalties against those who assault healthcare workers.

Only one-third of nurses reported all incidents of workplace violence that they witnessed or experienced within the past year. 27% did not report any of the incidents.

**30%** of nurses do not know how to report an incident of workplace violence at their workplace.

Are there clearly established policies, procedures, and expectations for prevention of workplace violence at your workplace?

- YES 37%
- NO 24%
- NOT SURE 39%

Just 22% of nurses report that their workplace offers ongoing training related to workplace violence.

1 in 5 nurses have never participated in employer-provided workplace violence training.

Are there clearly established policies, procedures, and expectations for response to workplace violence at your workplace?

- YES 34%
- NO 23%
- NOT SURE 43%
Changing the Nursing Mindset

By Stacey Sever, BSN, RN, CCDS
AaNA Health & Safety Chair

For those of us that answer the call of nursing, the concept of never coming home after a shift is one thought that does not cross the mind when applying for nursing school. Yet nursing is considered a very dangerous occupation, up to four times more dangerous than other professions (Galant-Roman, 2008).

How a profession steeps in caring and compassion evolved into such a risky vocation? For decades, research and surveys have been ongoing to understand the factors behind workplace violence (WPV). In 2009, the Emergency Nurses Association (ENA) published a groundbreaking study of approximately 3,500 Emergency Department (ED) RNs outlining their experiences and perceptions of violence in EDs across the United States (Papa & Venella, January 2013). The ENA found that approximately 1 in 4 nurses had experienced physical violence more than 20 times over the previous three years. Nearly 1 in 5 nurses reported that they had experienced verbal abuse over 200 times within that same time frame. The study also found that frequent episodes of either physical violence and/or verbal abuse led to outcomes such as non-reporting due to fear of retaliation and lack of support from employers (Papa & Venella, January 2013).

Karen Morton, an RN in Soldotna, shares her experience as a victim of workplace violence. “A patient with a mental health condition was brought into the ED in distress. I was hit in the face while security stood by. It resulted in a horrible bruise and I was expected to complete my shift, which I did.”

As nurses, our focus on providing safe and quality care to our patients often puts us at risk for not protecting ourselves (Harris, July 2015). We often are the targets of WPV due to having the most direct contact with patients. Our shifts encompass the 24-hour day, which increases exposure to patients and their families when they are at a breaking point. The night shift and weekends are known to pose the greatest risk. Nursing empathy toward patients and family members expresses the norm in how they are treated by nurses for their own personal safety.

Workplace culture also influences workplace violence. Growing work pressures and stress related to short staffing result in fewer nurses caring for more, higher acuity patients. In addition, the destabilization of interpersonal relationships with the normalization of bullying within the profession and society (Galant-Roman, 2008) have contributed to the hostile work environment. Additionally, nurses often do not get the respect that they deserve from other healthcare professionals, particularly from physicians and management due to the perception that nursing is a subservient, inferior profession. Many nurses report having experienced a lack of respect from patients, families and colleagues that leaves them feeling vulnerable, isolated and unsupported (Boafo, January 2018).

Having worked both as a nurse and an EMT, I have noticed that there are some differences in training when it comes to personal safety education. Preparation for both professions offer information on body substance isolation (BSI) and training with protective gear, but only as an EMT was I afforded scene safety education. Any EMT responder who has performed a practical exercise for EMT certification knows that the first two mandatory skills to be completed on the evaluation checklist are (1) ensure the scene is safe before entering, and (2) don protective gear (BSI).

Ensuring the scene is safe is rooted in situational awareness. Being able to capture the clues and cues helps the responder comprehend what is happening (Whitehead, April 2016). I started in the nursing profession over 30 years ago, the concept of scene safety before walking into a patient’s room was unheard of. However, when I filled in on my days off as an EMT on the local ambulance service, approaching the scene of a shooting victim during the night in an area known for gang violence would require much more training and to determine if the scene was safe, and often times meant waiting for the local police to arrive before we treated the victim. While safety cannot be absolutely guaranteed, changing our mindset about our personal safety can help make us become safer.

Nurses are a valuable resource that cannot afford to be wasted. A shortage of 400,000 full-time registered nurses is predicted in the US by the year 2020 (Galant-Roman, 2008). Studies have shown that understaffing is a major contributing factor in staff assaults due to fatigue and lack of patience related to the subsequent overtime. Shift changes including increased violent behaviors, increased substance abuse, the normalization of bullying and a lack of mental health treatment facilities have made hospitals a dangerous place.

Nurses need to start actively considering the current risk profile of their environment by doing a risk-benefit analysis. Start by asking yourself questions before entering the room, such as:

**Do this patient have a history of violent behavior?**
**Is the patient withdrawing from alcohol or other illicit substances that could lead to verbal or physical abuse?**
**What will help my dementia patient keep calm while in the hospital?**
**Do I need more staff with me while caring for this patient?**
**Is it safe to be alone with this patient?**

Nurses should include scene safety as part of the care plan for patients that are at high risk for violent behavior. Communication between nurses and other staff members caring for the patient is a helpful tool to decrease potential injuries. Discussion and documentation of potential triggers should be available to the care team.

The Occupational Safety and Health Administration (OSHA) issued guidelines for the prevention of violence against healthcare workers in 2004. At its core, the guidelines for preventing WPV advise zero tolerance. Policies should be created and disseminated amongst all managers, supervisors, the healthcare team, patients, and visitors. OSHA suggests that patients and visitors should be able to recognize as they enter facility that there is a zero tolerance policy when it comes to violence.

“Being a nurse is all I’ve wanted to do, and I love it,” Karen Morton adds as she speaks to her experience of workplace violence. “I don’t feel that being injured should be ‘a part of my job.’” Morton points out that violence in healthcare settings not only endangers workers, but other workers as well.

Workplace violence is recognized as a major safety issue in hospitals and health systems across the country. Both physical and verbal abuse are significant contributors to workplace stress and psychological trauma that can negatively impact employee health and quality of life. South Carolina’s hospitals are committed to reducing the threat of workplace violence by equipping facilities with information to help communicate the importance of protecting our employees.

### WE CARE ABOUT YOUR SAFETY.
- Your safety is your primary and your duty to comb the hospital for and prevent violence before violence begins.
- You have the right to refuse to work in an environment that endangers your personal safety.
- You should be provided with a safe, violence-free work environment.
- You should not be subjected to discrimination or retaliation.
- You should be provided with physical and psychological protection.
- You have the right to have your personal safety respected.
- Your personal safety is a top priority and your duty to care for yourself.
- You should expect to be treated with dignity and respect.

### WE'RE HERE TO HELP.
- Call for help by calling 911, or the local police.
- We have an EMT on site at all times.
- We have a security personnel on site.
- We have a task force on site that can provide assistance.
- We have an on-site psychologist to provide counseling.
- We have an on-site nurse to provide immediate assistance.
- We have an on-site counselor to provide counseling.
- We have an on-site security officer to provide security.

### OUR VOW TO YOU.
- To make workplace violence a non-issue.
- To ensure that our facilities are safe and free of violence.
- To provide a safe and healthy environment for all workers.
- To ensure that patients and visitors are safe.
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### OUR VOW TO THE PATIENT.
- To ensure that our facilities are safe and free of violence.
- To provide a safe and healthy environment for all workers.
- To ensure that patients and visitors are safe.

### OUR VOW TO THE EMPLOYEE.
- To ensure that our facilities are safe and free of violence.
- To provide a safe and healthy environment for all workers.
- To ensure that patients and visitors are safe.

### OUR VOW TO THE COMMUNITY.
- To ensure that our facilities are safe and free of violence.
- To provide a safe and healthy environment for all workers.
- To ensure that patients and visitors are safe.
For more than three years, Patt Moon-Updike was unable to talk publicly about the violent assault that ended her career as a nurse. She promised her union, the Wisconsin Federation of Nurses and Health Professionals, that when she was ready, she would do what she could to help other health professionals by telling her story. It was the recent murder of a nurse at the hospital where Moon-Updike’s life was saved after her own traumatic workplace injury that moved her to speak up. “It just lit a fire in me,” she says.

That fire is what brought Moon-Updike, a psychiatric nurse, to Washington, D.C., on Feb. 27 to testify before the U.S. House of Representatives Committee on Education and Labor’s Subcommittee on Workforce Protections, in support of recently introduced legislation that could provide vital safety measures for healthcare professionals.

Rep. Joe Courtney (D-Conn.) introduced the Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 1309) on Feb. 20 that would require the Occupational Safety and Health Administration to develop enforceable safety standards for frontline healthcare and social service workers, who are five times more likely to be assaulted at work than the rest of the labor force.

“Healthcare and social service workers do important, lifesaving work. The least we can do is ensure that they can come home safe at the end of their workday,” said Rep. Alma Adams (D-N.C.), the subcommittee chairwoman during the hearing. “We need to ask ourselves: What is the price of inaction?”

AFT members know the price of inaction all too well. In her testimony, Moon-Updike told the lawmakers about the assault against her at a county mental health facility by a patient with a history of aggression. He kicked her in the throat, collapsing her trachea, requiring surgery.

“All I remember is sitting in a chair, not being able to breathe, holding on to my trachea for dear life; I just knew if I let go, it would collapse. I would die right there in that hallway,” said Moon-Updike. The injury left her with lifelong injuries and post-traumatic stress disorder; she can no longer work in healthcare.

“I loved being a nurse. I do not know what to call myself now,” Moon-Updike said. “There is a deep loss when you used to make a difference in the lives of people, in your true calling and passion, and in that place you love, that extreme sadness. The assault that happened to me was not a random or freak event, but a predictable scenario that could have been prevented had there been a plan in place and more trained staff there to assist.”

Moon-Updike was joined by fellow AFT nurse members from across the country who came to Washington to share their own experiences with workplace violence.

“It’s an honor to be here and to meet people and hear what’s happening in the government to help us,” said Susan Harper, a member of the Ohio Nurses Association, who was among the group of AFT nurses attending the hearing. Harper has been a psychiatric nurse since 1975. She was attacked by a patient and suffered a concussion that kept her out of work for nearly a month. For Harper, lending her voice to the call for this legislation is about standing up for her family. “There is a deep loss when you used to make a difference in the lives of people, in your true calling and passion, and in that place you love, that extreme sadness and fear. The assault that happened to me was not a random or freak event, but a predictable scenario that could have been prevented had there been a plan in place and more trained staff there to assist.”

Harrison wants hospitals to be proactive, not reactive, when it comes to workplace violence. “Healthcare workers need those tools. When you’re afraid, it affects the way you do your job.”

Barbara Walsh, a psychiatric nurse who is a member of Health Professionals and Allied Employees in New Jersey, has been assaulted three times in her 16 years on the job. Walsh was left with long-term injuries, including a traumatic brain injury, loss of range of motion of her neck, loss of vision, memory issues and PTSD. “This bill is a godsend. It’s for everyone; every patient would be safer, and that’s why I’m here. My story is not an isolated one—but maybe it will be in the future.”

For Moon-Updike, the legislation is not just lip service. “It puts protocols in place to provide the equipment, personnel and training we need to do our jobs safely.”

Moon-Updike points to a code of silence when it comes to workplace violence in healthcare settings. “You suck it up, and you don’t report because the hospital is not going to have your back.” But, she said, “We’ve been quiet way too long, and hospital administrations have benefited from that. They won’t change unless we force them to. That’s not the way to stop. I’m willing to be the squeaky wheel.”

That’s why the AFT is one of the loudest voices supporting this bill: Violence should never be part of the job.

“Our nurses and health industry workers care every day for the sick, the elderly and the mentally ill,” said AFT President Randi Weingarten, “yet they often feel unsafe or unprotected themselves from the assaults that occur in hospitals and other healthcare-related settings.”

“No one should face violence, intimidation or fear for their safety while they’re on the job. And as a union of healthcare professionals, educators and public employees, we welcome this effort to finally make federal workplace violence regulations a priority,” said Weingarten.

“Without a standard to address violence in healthcare, it will continue to go unchecked.”

References


In Harm’s Way: Risk Factors for Violence Against Healthcare Workers

By Stacey Sever, BSN, RN, CCDS
AANA HEALTH AND SAFETY TASKFORCE CHAIR

According to research that is available about workplace violence, every healthcare worker has either been a victim of or knows a colleague who has been a victim of WPV. Some studies have found that up to 80 percent of nurses have reported experiencing violence from patients (Higazee MZA and Rayan, December 2017).

Since health and social services industries account for 48 percent of all non-fatal injuries from occupational assaults, it is important that all healthcare workers be able to recognize specific risk factors in order to either avoid or manage potentially violent situations.

Some common risk factors include those that are behavioral:

- Cognitive impairment due to intoxication from drugs and/or alcohol, dementia, developmental/behavioral disabilities, or mental illness.

“When it happened, we had a full emergency room and waiting room with several critical patients, so it is important that all healthcare workers be able to recognize specific risk factors in order to either avoid or manage potentially violent situations.

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As part of a prevention program, employers should:

- Develop and enforce comprehensive policies and procedures against workplace violence.
- Evaluate objective measures of violence to identify risks and risk levels.
- Train staff to recognize the warning signs of violent behavior and respond proactively.
- Encourage all employees and other staff to report incidents of violence or any perceived threats of violence.
- Ensure appropriate follow-up to violent events, including communication, post support, and investigation.
- Ensure that the violence prevention program addresses the possibility of gun violence, including active shooters.

We need to keep in mind that acts of aggression and violence in the healthcare environment are not deserved by nurses or other healthcare workers, even if unintended by the aggressor or as a result of intoxicants or other pathological processes.

Learning and identifying risk factors is an essential step to protect ourselves from workplace violence. However, it is not the only step. Management needs to develop policy that violence, threats, harassment, intimidations, and other disruptive behavior in our workplaces will not be tolerated and that all reports of such incidences will be taken seriously and will be dealt with appropriately. Implementing administrative and work practice controls, such as making patients aware of zero tolerance policies, improving lighting, training staff and providing security escorts can make hospitals safer for healthcare workers and our patients.

References:


Management should be committed to:

- Emotional as well as physical health of the employee.
- Appropriate allocation of authority and resources to responsible parties.
- Equal commitment to worker safety and health and patient/client safety.
- A system of accountability for involved managers and employees.
- A comprehensive program of medical and psychological counseling for employees experiencing or witnessing violent incidents.
- No employee reprisals for reporting incidents.

As part of a prevention program, employers should:

- No employee reprisals for reporting incidents.
- Prompt and accurate reporting of violence will benefit them, and enable management to identify, address, and solve problems.
- No reprisals will be taken by management or employer (OSHA, 2019).

Violent events can and do happen, and being unprepared is unacceptable. Although it is difficult to completely eliminate violence in healthcare settings, there are many ways to reduce the potential for violent occurrences and to minimize the impact if violence does occur. OSHA recommends that employers establish and maintain a violence prevention program as part of their facility’s safety and health program.

Healthcare workers should understand that:

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There are also impacts to patient care quality. Lack of attention to the emotional effects of violence can contribute to PTSD symptoms in nurses and other healthcare staff, which puts patient safety at risk. Research has determined that with immediate intervention during the first hours or days following an act of violence can lessen or prevent the more serious and long-term complications of PTSD. Providing a support system of key personnel allows the victim an opportunity to process the event and put it into perspective (Gates, April 2011). The Joint Commission in 2010 published a Sentinel Event Alert regarding workplace violence. One of the suggested actions is to ensure that counseling programs for employees who become victims of workplace crime or violence are in place (Joint Commission, 2010). As the mental health of healthcare workers improves after a traumatic event, so does productivity and quality of patient care.

Violence in the workplace is not merely an occupational hazard. There is a direct correlation that workers who are victims of workplace violence experience stress, anxiety, insomnia and other symptoms related to PTSD. When a violent incident occurs, measures should be in place to support the victim both physically and mentally immediately after the event, and continued support should be available as the victim recovers.

References

Since 1996, the Occupational Safety and Health Administration has offered guidance and resources to healthcare and social service employers on programs to prevent violence. Research has shown that these programs can reduce the number and severity of violent incidents. But because the OSHA guidance is voluntary, employers have either failed to adopt comprehensive programs or only partially implemented programs. Meanwhile, between 2007 and 2017, the rates of violence grew by 123 percent in hospitals. 201 percent in psychiatric hospitals and substance use treatment facilities, and 28 percent in social service settings.

Without an OSHA standard, employers have little incentive to prevent workplace violence. Although OSHA may cite employers using the Occupational Safety and Health Act’s general duty clause [Section 5(a)(1)], it has not been an effective deterrent. The general duty clause requires employers to establish a workplace free from recognized hazards causing or likely to cause death or serious harm. Citations under the general duty clause must meet a high legal standard and historically have been difficult to sustain.

That’s why the Workplace Violence Prevention for Health Care and Social Service Workers Act of 2019 (H.R. 1309) has been introduced in Congress by Reps. Joe Courtney (D-Conn.) and Bobby Scott (D-Va.). This bill will direct OSHA to develop an enforceable standard within 18 months of the bill’s passage. The standard will require healthcare and social services employers to implement and maintain comprehensive workplace violence prevention programs with meaningful participation of direct care employees. The bill defines workplace violence as the threat or use of physical force against an employee, regardless of whether an injury is sustained.

The standard will cover most healthcare settings and many social service settings, including general and specialty hospitals; psychiatric and substance use treatment centers; hospital-licensed in-patient or out-patient clinics; skilled nursing homes, hospice, and long-term care facilities; nonresidential treatment or service settings; treatment settings in corrections; community care settings, including group homes and mental health clinics; home healthcare services; and emergency services. It will cover direct employees and contracted workers. Public facilities not otherwise covered by a state OSHA that accept funding for Medicare will be covered.
The class of assault in Alaska statute, encompasses three a Class A misdemeanor and the only non-felony-level stable for discharge if a patient. The bill also allows treatment at the facility (a non-patient), or (b) must be the perpetrator must either (a) not be seeking medical fourth-degree assault (a violation of AS 11.41.230), and cause for believing that the perpetrator committed a degree at a healthcare facility. There must be probable new law allows law enforcement officers to arrest and against those who assault healthcare workers. The assault arrests in hospitals and strengthened penalties Alaska's House Bill 312 relaxed the requirements for laws to assist with protecting healthcare workers from risk factors and the effects of WPV.

Healthcare workers can speak to the fact that violence in the workplace is proliferating. Unfortunately, the problem is not so well known to the general public. In addition, the violence is no longer just isolated to certain types of facilities, certain departments within the hospital, or only committed by certain patient populations. All employees throughout a healthcare facility are subject to workplace violence (WPV). Strategies, including legislation to address workplace violence in healthcare settings, have been developed after many years of research looking into the causes, risk factors and the effects of WPV. Several states, including Alaska, have enacted laws to assist with protecting healthcare workers from workplace violence. Signed into law on June 14, 2018, Alaska's House Bill 312 relaxed the requirements for assault arrests in hospitals and strengthened penalties against those who assault healthcare workers. The new law allows law enforcement officers to arrest and remove perpetrators who commit assault in the fourth degree at a healthcare facility. There must be probable cause for believing that the perpetrator committed a fourth-degree assault (a violation of AS 11.41.230), and the perpetrator must either (a) be not seeking medical treatment at the facility (a non-patient), or (b) must be stable for discharge if a patient. The bill also allows prosecutors to pursue tougher penalties for felony assault when the victim is a healthcare professional assaulted on the job.

When someone is a victim of a physical assault, Captain Sean Case of Anchorage Police Department (APD) describes that one of two types of evidence need to be present: 1) physical injury, or 2) witnesses that can corroborate the assault when there is no physical injury. Assault in the fourth degree, which is a Class A misdemeanor and the only non-felony-level class of assault in Alaska statute, encompasses three types of situations.

The first type of fourth degree assault is when a person recklessly causes physical injury to another person. The key here is the person's recklessness, which means that while they did not specifically intend to harm someone, they were aware of the unjustifiable risk of their actions but consciously disregard the risk, taking the action anyway. This also applies to an intoxicated person who, while perhaps unable to be aware of the risk of their actions while intoxicated, would have been aware of the risk if not intoxicated. The second would be when a person is criminally negligent and causes physical injury to another person by means of a dangerous instrument. For example, when the perpetrator is acting out and throws a chair, not directly at anyone in particular, but that the chair happens to strike another person, causing them injury. The third example would be when the words or threatening conduct by the offender recklessly puts the victim in fear of imminent physical injury.

I recall an episode several years ago when a colleague shared their experience of an encounter with a former patient. This former patient had been discharged previously before and approached by this former patient who started to be verbally assaultive, using offensive language that was followed up with a death threat if the former patient ever saw this nurse again. Another colleague and I encouraged this nurse, who was visibly shaken and crying, to notify hospital security of this incident in case this person were to show up at the hospital. Assault in the fourth degree does not include a concrete threat, such as when a patient threatens to punch a healthcare worker if they don’t receive their Jell-O. This is because the conditional nature of the threat eliminates the element of immanency, which must be present to count as an assault.

I spoke with Captain Case recently, who was able to give some history about the changes in law during the last few years. I shared with him that some nurses have voiced frustration about calling law enforcement after being assaulted by a patient or visitor and nothing happening to the offender. He explained that in most lower-level misdemeanor crimes — which includes the most common crimes, such as shoplifting and petty theft — the ball schedule directs judges to release defendants without posting bail. Referred to as the “paper arrest,” some law enforcement officers felt increasing resentment of arresting an individual only to have that individual turn around and walk out the door after the arrest report was completed. This led to some officers no longer arresting people for these types of crimes. “What was the point?” was the attitude adopted by some in APD. The bail schedule is set by Alaska’s four presiding judges and establishes the amount and circumstances under which a person who is arrested without a warrant can be released from jail before a trial。

Healthcare workers don’t always feel comfortable about calling law enforcement when they are victims of violence for a variety of reasons. That may be related to the patient’s condition, lack of support from management or security staff, or the misconception that violence is part of the job. Captain Case shares some advice about when the decision is made to contact law enforcement:

1) Keep the information simple. Frequently, too much information is given over the phone about the circumstances. Give only necessary information such as whether the person is actively violent at the time of the call, if they medically cleared (ready for discharge), and some basic background information on what the responding officers will be “walking in to” when they get there.

2) If the person is actively violent and/or there are weapons involved, Captain Case recommends that law enforcement be contacted using 911. The non-emergent number may be used in other situations where imminent danger is not present. Many communities are now using 311 for the non-emergent number.

HIPAA does permit covered entities (such as healthcare institutions) to disclose protected health information (PHI) about a suspected perpetrator of a crime to law enforcement officials without the individual’s written authorization under specific circumstances such as when the report is made by the victim who is a member of the covered entity’s workforce (Services, June 2013).

While some may feel that HB 312 doesn’t do enough to protect healthcare workers that are victims of WPV (and they would be correct), others feel that this is just one step leading towards developing additional legislation on workplace violence against healthcare workers. With HB 312, at least the public will be aware that hospitals and other healthcare institutions in Alaska are places where violence will no longer be tolerated and that people that are violent towards staff will be held accountable for their actions.
In Memoriam

Honoring Stacie Morse, Patrick Coyle, and Margaret Langston

We honor and remember the lost crew of the Guardian Flight that went missing near Kake, Alaska on January 29, 2019. Our deepest sympathies go out to the family, friends and colleagues of medic Margaret Langston, pilot Patrick Coyle, and flight nurse Stacie Morse and her unborn daughter, Delta Rae. This brave team epitomizes selflessness in the healthcare profession. We honor the lives they lived, in full dedication to their mission to help others in the most dire of circumstances.

Stacie, Margaret, and Patrick, we honor you today and present three white roses and light three candles to symbolize our honor and appreciation for being our healthcare colleagues.

A Daily Reality

5 things to know about workplace violence in healthcare

By AFT Voices

Workplace violence is a daily reality in healthcare. Hospitals and other healthcare settings are centers for healing, but inside those walls, the people charged with caring for the sick are often victims of violence themselves—at the hands of patients or their families and friends. Staff in frontline healthcare jobs are five times more likely to be assaulted at work than the rest of the labor force.

Workplace violence is a pervasive issue in American healthcare, but prevention is possible. AFT Nurses and Health Professionals is fighting the perception that violence is just part of the job. Some hospitals have to be forced to do the right thing by their workers, whether it’s hiring more security officers, buying technology to monitor hospital occupants or creating programs to identify ways to stop violence before it happens. That’s why we’re championing the Workplace Violence Prevention for Health Care and Social Service Workers Act (H.R. 1309), which will change this once and for all.

4. Workers Need More Training
The risk of violence in the workplace increases at healthcare facilities that don’t have policies and training for recognizing and managing hostile behaviors from patients, clients, visitors and co-workers. Understaffing and inadequate security also put workers at risk.

5. There Are No Federal Protections
Right now, there is no federal standard that requires protections against workplace violence, so the AFT and our partners are fighting for legislation aimed at prevention.

In healthcare facilities, workplace violence takes many forms, including verbal abuse, physical threats, or actual physical assault by patients or their families. According to the Occupational Safety and Health Administration, approximately 69 percent of nearly 25,000 workplace assaults reported each year occur in healthcare and social service settings.

The perception of many people (workers and supervisors alike) is that violence is part of the job. Studies show that the level of violence in hospitals persists because of the hospital leadership’s tolerance for violence.

People fail to realize the gravity and frequency of incidents because healthcare workers underreport violent encounters with patients. Nurses and other caregivers tend to tolerate a certain amount of workplace threats or violence, attributing it to physical or behavioral issue that the patient cannot control.

By AFT Voices

1. There Isn’t One Kind
In healthcare facilities, workplace violence takes many forms, including verbal abuse, physical threats, or actual physical assault by patients or their families. According to the Occupational Safety and Health Administration, approximately 69 percent of nearly 25,000 workplace assaults reported each year occur in healthcare and social service settings.

2. It’s Accepted
The perception of many people (workers and supervisors alike) is that violence is part of the job. Studies show that the level of violence in hospitals persists because of the hospital leadership’s tolerance for violence.

3. It’s Hidden
People fail to realize the gravity and frequency of incidents because healthcare workers underreport violent encounters with patients. Nurses and other caregivers tend to tolerate a certain amount of workplace threats or violence, attributing it to physical or behavioral issue that the patient cannot control.
Casualties of Care

Hospitals and other healthcare settings are centers for healing, but inside those walls, the people charged with caring for the sick are often victims of violence themselves—at the hands of patients or their families and friends. Healthcare workers know all too well that workplace violence is a daily reality in healthcare.

Check out AFT members’ stories on workplace violence: https://aftvoices.org/tagged/workplace%20violence

Take the AFT e-Learning Course on the Opioid Crisis

“Combating the Opioid Crisis: AFT Responds,” is now available on the AFT’s e-learning platform, includes video-based content created by faculty and staff experts at Harvard Medical School, and addresses widely recognized training and information gaps AFT members may encounter when dealing with the realities of treating and counseling people about the challenges of opioid use and addiction. The course is free but requires registration.

Take the course: https://aftelearning.org/

Union Power is Rising

Schemes to undercut public sector unions—epitomized by last year’s U.S. Supreme Court decision in Janus v. AFSCME—have stalled, according to new data from the federal Bureau of Labor Statistics. “It’s heartening that working people have seen straight through brazen attempts to destroy our union and other public sector unions,” says AFT President Randi Weingarten. “In fact, our union is growing. Union members have sent a clear message: We’re sticking with the union.”

Find out more: https://www.aft.org/news/union-power-rising

Nurses’ Donation Erases $8.8 Million in Medical Debt for Thousands

Imagine opening a letter informing you that your medical debt has been canceled. Thanks to RNs represented by the Michigan Nurses Association, that dream became reality for more than 9,000 residents in northern Michigan burdened with medical debt. The announcement was made at a candlelight vigil organized by nurses at Munson Medical Center in Traverse City. The nurses worked with RIP Medical Debt, an organization that uses donations to purchase past medical debt for people facing financial challenges.

Read about their donation: https://www.aft.org/news/nurses-donation-erases-89-million-medical-debt-thousands

READ – Enjoy this issue of The Alaska Nurse

LEARN – Discover new information and gain knowledge

EARN – Earn free contact hours when you pass the online post-test

How to Earn Contact Hours:

After you’ve read this issue of The Alaska Nurse, visit AaNA’s online CE center (alaskanurse.litmos.com/online-courses) and find the CE offering for this issue (April / May 2019) - The Alaska Nurse). Add the course to your cart and sign-in or register for a new account. Follow the course instructions to complete the post-test and evaluation. Your CE certificate will be awarded upon successful completion of the course!

The Alaska Nurses Association is an approved provider of continuing nursing education by the Montana Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.
Care Beyond the Bedside

Members of the Oregon Federation of Nurses and Health Professionals didn’t let the rain stop them from standing with their community in Portland and distributing hundreds of books in February. For many members, it was the chance to deliver care beyond the bedside. “It’s important that people see unions as a part of the community and to connect with people and help them understand what unions stand for,” says OFNHP member Rhea Hindemit.

See the story: https://www.aft.org/news/delivering-care-beyond-bedside

Everyone Deserves a Secure Retirement

The retirement system that was built for the 20th century is not working for young people today. AFT President Randi Weingarten and Kathleen Kennedy Townsend, director of retirement security at the Economic Policy Institute, lay out a plan so that all Americans can have the security they deserve in their twilight years by saving through guaranteed retirement accounts. With young people mired in student debt or working in the gig economy, it’s unrealistic to expect them to save for the future using the same methods as their grandparents.


Education and Events

Mindfulness-Based Stress Reduction Program
February 6, 2019 – April 17, 2019 (Wednesday evenings) – Anchorage
www.akcfm.com

Tuesday Talks
Now in-person AND online!
Alaska’s CDC Quarantine Station
Tuesday, May 21st @ 6 PM – AaNA Office – Anchorage
FREE CE: Earn 1.25 contact hours
RSVP to chantal@aknurse.org
www.facebook.com/AlaskaNurses
www.aknurse.org

Healthier Student, Healthier World
Alaska School Nurses Association 2019 Conference
April 5-7, 2019 – Crowne Plaza Anchorage
alaskasn.org, nursingnetwork.com

2019 Alaska Heart Run
Saturday, April 20th
Alaska Airlines Center – Anchorage
Join Team Alaska Nurses!
www.alaskaheartrun.org

Alaska Breastfeeding Coalition Conference
April 25-26, 2019 – Anchorage
www.alaskabreastfeeding.org

To Err is Human
A Special Film Screening for Nurses Week at the Beartooth Theatre
Monday, May 7th
www.facebook.com/AlaskaNurses
www.aknurse.org

Nursing Narratives
A Night of Storytelling for Nurses Week at the Alaska Center for Performing Arts - Tuesday, May 8th
www.facebook.com/AlaskaNurses
www.aknurse.org

3rd Annual Love a Nurse Run 5K
Benefiting AWAIC!
at Anchorage Hilltop - Saturday, May 11th
www.loveanurserun.com
www.facebook.com/AlaskaNurses

Meetings of the Alaska Board of Nursing, except for executive sessions, are open to the public. If feasible, executive sessions are scheduled on the second day of the meeting. While we plan ahead, there are, on occasion, last minute changes in the meeting agenda and location. Please call 907-269-8161 to reconfirm if you plan to attend. Audio-conferencing is available. The access number is 800-315-6338 and code 34727.

The Alaska Board of Nursing has a listserv that is used to send out the latest information about upcoming meetings, agenda items, regulations being considered, and other topics of interest to nurses, employers, and the public. To sign up for this free service, visit www.nursing.alaska.gov

Alaska State Board of Nursing
Anchorage Atwood Bldg, TBA May 21-23, 2019
Agenda deadline: April 19, 2019

Anchorage Atwood Bldg, TBA August 7-9, 2019
Agenda deadline: July 14, 2019

Fairbanks or Anchorage November 13-15, 2019
Agenda deadline: October 14, 2019

HAPPY NURSES WEEK! - May 6-12, 2019

Want to list your event in The Alaska Nurse Calendar of Events and at www.aknurse.org? Send information to andrea@aknurse.org

Continued from page 20

Tuesday Talks and workplace violence survey graphics waiting to receive from Andrea

Weber to err is human a special film screening at the beartooth theatre

Tuesday, May 8
Nursing Narratives
An evening of storytelling at the Alaska Center for Performing Arts

Saturday, May 11
Love a Nurse Run 5K Benefiting AWAIC at Anchorage Hilltop

Nurses Week 2019

Monday, May 7
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A special film screening at the Beartooth Theatre

Tuesday, May 8
Nursing Narratives
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www.aknurse.org
www.loveanurserun.com

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www.facebook.com/AlaskaNurses

TUESDAY TALKS
Now in-person AND online!
New Window for Treatment in Stroke Management for Large Vessel Occlusive Disease
Presenter: Diane Lada, MSN, RN, ACNP-BC, SCRN
Tuesday, April 16th @ 6 PM – AaNA Office – Anchorage
FREE CE: Earn 1.25 contact hours
RSVP to chantal@aknurse.org
www.facebook.com/AlaskaNurses

Healthy Student, Healthy World
Alaska School Nurses Association 2019 Conference
April 5-7, 2019 – Crowne Plaza Anchorage
alaskasn.org, nursingnetwork.com

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Join Team Alaska Nurses!
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Alaska Breastfeeding Coalition Conference
April 25-26, 2019 – Anchorage
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Remember to visit www.facebook.com/AlaskaNurses for current events and www.aknurse.org/index.cfm/education for frequent updates and information on local nursing continuing education opportunities and conferences

Want to list your event in The Alaska Nurse Calendar of Events and at www.aknurse.org? Send information to andrea@aknurse.org
Install and test carbon monoxide (CO) alarms at least once a month.

CO is called the “invisible killer” because it’s a colorless, odorless, poisonous gas. Breathing in CO at high levels can be fatal.