

## **Preventing violence in the ED**

**By Marcy Mason**

*Marcy Mason is a Chicago-based journalist who frequently writes about security. Her work has appeared in the **Chicago Tribune**, the **Wall Street Journal**, **Homeland Security Magazine**, and numerous other publications.*

It's a troubling trend for hospitals. Although violent crime in the U.S. is at a historic low, incidents at hospitals, especially in emergency departments, are rising. Assaults, which have steadily increased over the last 10 years, account for most of the crimes, with the majority being directed toward healthcare workers.

According to the International Association for Healthcare Security & Safety's (IAHSS) 2003 crime survey, 68% of the perpetrators were patients; 78% of the victims were hospital employees. Most of the attacks occurred inside facilities, primarily in hospital emergency departments (ED), where patients are admitted for treatment.

"It's a very serious problem," says Vince DiPiero, vice president of healthcare services at PHTS strategic ally, AlliedBarton Security Services. "If a hospital can't keep its employees and patients safe, no one is going to want to work at the facility or go there to be treated. Aside from potential lawsuits, it's a public relations nightmare."

For hospitals, the key to preventing violence in the ED is having a good security plan with a professionally trained security staff. Just because someone is wearing a uniform that says "security" isn't enough. Security officers need specialized training to know how to deal with violent behavior in a healthcare setting. Otherwise, the problem will escalate dangerously out of control and the ED staff will spend less time treating patients and more time fending for themselves.

In many ways, emergency departments are magnets for violence. They attract people with an emotionally charged mindset. "The ED caters to and cares for individuals who are likely to exhibit assaultive behavior. Sometimes they're suffering from dementia, substance abuse, psychiatric disorders, or they're acting out from fear of their pain and anxiety," says Ronnie Alderman, director of security at Cape Fear Valley Health System in Fayetteville, North Carolina, a 616-bed regional medical facility comprised of four hospitals. Alderman, an AlliedBarton manager, is also the Region 5 chairperson of the IAHSS and vice president of the Southeastern Safety and Security Healthcare Council, which encompasses seven states including North and South Carolina.

Moreover, explains Alderman, "Hospital emergency departments can't turn these people away because of their violent behavior. Most of the time, this is one of the symptoms that brings the perpetrator to the hospital in the first place."

In South Carolina, state mental health funding cuts have created another volatile element in emergency departments. While waiting to be transferred to available psychiatric beds, large numbers of mental health patients are overcrowding EDs. "As the state has cut in-patient psychiatric beds, our length of stay with disruptive, psychiatric patients with the potential for violence has increased substantially," says Dr. William Cauthen, medical director of ED service at Carolinas Hospital System in Florence, a 372-bed community medical center. "Before, these patients stayed a maximum of 12 hours, now it's four to five days on average."

The results can be dangerous, especially for medical professionals who need to be in close proximity to patients in order to treat them. "Anybody who is out of control is not thinking properly," says Michelle Page, emergency department nurse manager at Palmetto Health Baptist, a 489-bed, not-for-profit hospital in Columbia. "Sometimes patients are physically violent and verbally abusive to staff. I've got several employees who have been injured. None severely, thank goodness. They've been bitten or struck," she explains. "Afterwards, when the hospital's Employee Health and Risk Management staff asks me how this could have been prevented, I tell them, 'You can't. You're trying to take care of somebody and you can't always predict when he or she is going to start swinging [a fist].'"

The need for good security is imperative in hospital EDs. To achieve that goal, proper training is essential. "Without a well-trained security staff, ED personnel will need to divide their time between looking after patients and looking after each other," says Alderman. "The more training security officers receive, the more adept they will be at handling situations."

In South Carolina, the state requires only four hours of training for security officers. In contrast, AlliedBarton officers receive 40 to 80 hours of training initially, and then 10 hours of additional training annually after that. To deal with potentially violent behavior, officers are schooled in nonviolent crisis intervention techniques from the Crisis Prevention Institute in Brookfield, Wisconsin, and are trained in "use of force" methods.

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"We teach our officers techniques they might need if things get violent," says Tim Starr, AlliedBarton's South Carolina district training manager. "We also teach our officers to treat people with dignity and respect. These are patients, not criminals, and they need to be treated as such. AlliedBarton is a very customer service oriented organization. That doesn't change just because this is a patient in the emergency room," he says. "This person is a customer in need of service and we are part of the service team. So we teach our officers that part of your job is to encourage a safe and secure environment, not only for the medical staff, but also for the patients."

A major component of the training for officers is learning effective, nonviolent crisis intervention communication techniques. "Officers are taught how to talk, how to listen, and how to respond. It can go a long way in assisting the medical staff in calming a person down," says Starr.

Aside from verbal skills, officers are also taught appropriate body language. "We teach officers to stand at an angle -- never in front of an individual. It lets the person know that we're not a threat," says Starr. For similar reasons, officers are also trained to keep their hands at waist level, out of their pockets with their palms open. Whenever possible, officers are taught to stand four to six feet away from the person, too. "It communicates, 'This is your personal space and I'm going to stay out of it,'" adds Starr.

A distinctive, military-style uniform that's professional and authoritative looking also makes a strong statement. "Sometimes the uniformed presence makes a difference," says Page. "You can have somebody who is acting out and when security walks in the room, it will settle him down immediately."

Hiring the right people is also important. Not everyone is cut out to be an emergency department security officer. "It's a stressful environment which requires dealing with sick people and their loved ones, any of whom could become distraught and potentially violent," says DiPiero. "Finding an ideal candidate isn't easy. Typically, we look for someone who is calm, articulate, and has a reassuring manner. As an officer, he or she will need to exude confidence, professionalism, and be able to safely help a person control himself so he doesn't hurt himself or others."

To maintain a safe environment, hospitals also need to have a good security plan. Part of that plan, says Alderman, is having a fairly firm set of rules and boundaries, which need to be posted for everyone to see and follow. "The entire staff needs to learn those rules and security needs to be trained on how to enforce them," he says. "There's always going to be a small


number of people who fail to cooperate and recognize the rules. That's when security officers need to know how to interact with ED personnel to de-escalate the situation and how to work in tandem with law enforcement."

Hospitals also need to adopt zero tolerance for direct, malicious violence against their employees. "Sometimes patients can't help themselves when they lash out in pain. They don't know what they're doing," says Alderman. "But direct, malicious violence against healthcare workers should not be taken lying down. It should be prosecuted each time it occurs," he says. "This sends a message out to the community that the hospital has a set of standards and a security department that you don't take lightly."

For a hospital security department to be successful, it needs to develop an operational plan that reflects the hospital's wants and needs. "Otherwise, it's not going to work," says DiPiero. "At AlliedBarton, we try to build our post orders and operational manuals based on the policies and procedures of each healthcare facility so that our policies and procedures dovetail directly with theirs."

To provide the maximum protection against violence in the ED, hospitals need to have the right security equipment. For example, CCTV cameras that are digital, color, and have a minimum of 30-days storage capacity should be installed in problem prone areas. Footage with time and date stamps can be used later as evidence in court. Strategically placed panic alarms are also essential. ED nurses and other medical personnel should carry wireless devices in their pockets so they don't have to run to a desk to trigger an alarm or call from a phone. Walkie-talkies with extra, pre-charged batteries are also important. Security and staff should be trained on how to communicate effectively over the radio in code so that patients and visitors who are listening won't accidentally become incited.

Good security not only enables ED staff to focus on treating patients, it also provides a level of comfort. "Our security staff helps us control patients with behavioral problems virtually every day," says Cauthen, who notes that officers who provide "patient watch" services for committed patients are a major resource for the hospital. "Our nursing staff can then be free to do their jobs." Others agree. "It makes a big difference knowing that they're there," says Page. "We know they will protect us and protect the patients too."

For more information on services available through PHTS/AlliedBarton, contact Sonya W. Dawkins, AIM, senior vice president & chief customer officer at PHTS at [sdawkins@phts.com](mailto:sdawkins@phts.com). 

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