



Keeping Healthcare Workers Safe

Communication Guidelines for Lone and Remote Healthcare Staff

Healthcare workers often find themselves alone or isolated - whether walking to a parking lot after a midnight shift change, working in a patient room isolated at the end of a hallway, or visiting a home to provide care. Also, with the prevalence of patient-on-staff violence, more and more hospitals and healthcare organizations are re-strategizing on how to keep their workers safe when nearby help isn't possible.

According to a New England Journal of Medicine study, "health care workplace violence is an underreported, ubiquitous, and persistent problem that has been tolerated and largely ignored."ⁱ The IAHS Foundation, in their 2017 Healthcare Crime Survey, reported that there were 9.3 assaults per 100 hospital beds in the United States. Healthcare workers are more than four times more likely to be victims of workplace violence than other types of work, such as office or manufacturing.

89% OF VIOLENCE IN
HEALTHCARE SETTINGS
IS CATEGORIZED AS

**"VIOLENCE DIRECTED AT EMPLOYEES BY CUSTOMERS,
CLIENTS, PATIENTS, STUDENTS, INMATES, OR ANY OTHERS
FOR WHOM AN ORGANIZATION PROVIDES SERVICES."**

These assaults do have an impact on the bottom line. According to the IAHS Survey, in 2013, a large number of the assaults involving days away from work occurred at healthcare and social assistance facilities (ranging from 13 to 36 per 10,000 workers). By comparison, the days away from work due to violence for the private sector as a whole in 2013 were only about 3 per 10,000 full-time workers.

Assaults can impact facilities in a variety of ways

- + Lost work time from the victim
- + Increased safety concerns from other employees
- + Legal issues as a result of the assault
- + Scheduling concerns for clinical and support staff
- + Poor publicity if the assault becomes a media story
- + Scrutiny from federal, state, and local agencies if multiple assaults occur

Despite the higher risk of workplace violence among health workers, gaps still exist among employers in providing guidance and support for these incidents. Also, often employees may not know how to report an incident or may hesitate if they feel it will lead to repercussions. A recent study sheds light on workplace violence among health workers and nurses,ⁱⁱ one of the more vulnerable populations:

- + 60% of community nurses have been verbally abused on the job in the last 2 years
- + 20% of survey responders to “home healthcare workers weren’t sure that their employer would take action if they were assaulted on the job
- + 80% of home health workers said they did not report abusive or dangerous incidents to their supervisors

The impact on productivity and the financial consequences for employers, including costs for lost work time and medical costs are estimated below.

- + 32% of nurses physically assaulted will quit with average replacement costs per nurse estimated at \$65K.
- + Estimated impact of lost work time due to workplace violence among nurses is \$5.7 M/year for a mid-sized hospital (350 Beds with over 1,000 nursing staff).
- + 1,209K in medical, indemnity, sick and disability costs will be accrued by the average mid-size hospital.

Nurses impacted by workplace violence use nearly 13 more short-term disability days vs. those not assaulted.

NURSES IMPACTED
BY WORKPLACE
VIOLENCE USE
NEARLY



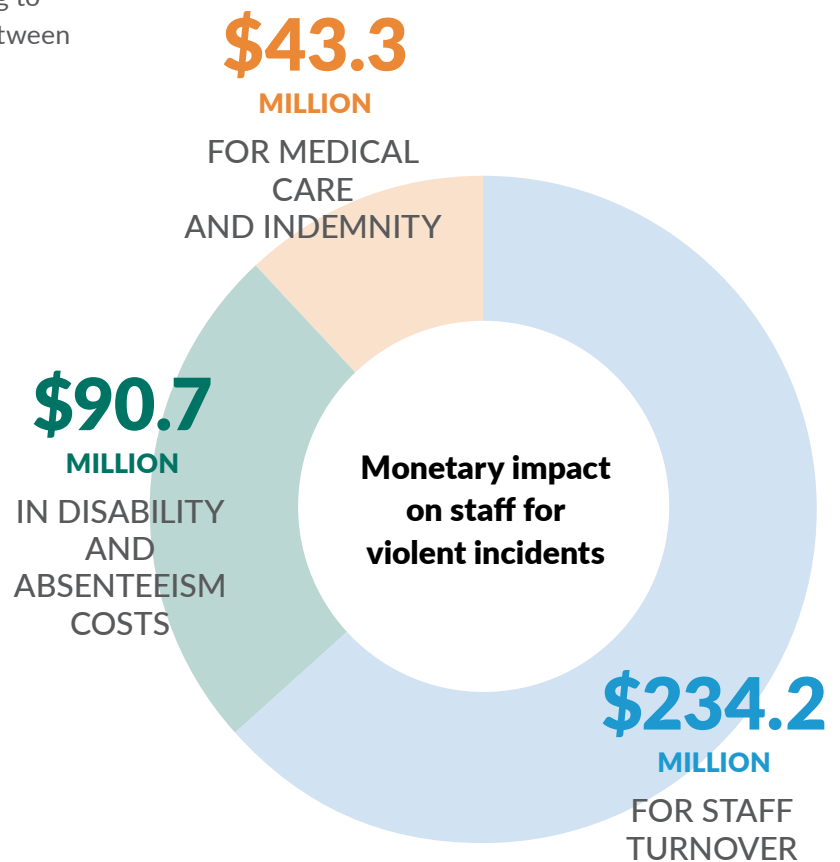
13 MORE SHORT TERM
DISABILITY DAYS VS.
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Hospitals face a real cost



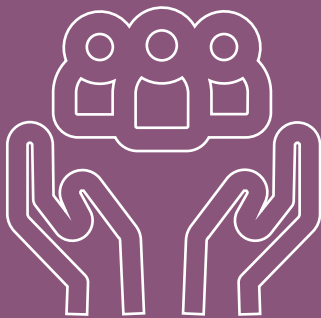
Preventing violence in healthcare settings has a real cost. The American Hospital Association estimates \$1.1 billion was spent in 2016 on security and training costs to prevent violence within hospitals, and an additional \$429 million in medical care, staffing, indemnity, and other costs as a result of violence against hospital employees.

There is a high cost for staff turnover, according to OSHA the cost of replacing a single nurse is between \$27,000 to \$103,000.





Hospital obligations to prevent violence



OSHA STATES

“EMPLOYERS HAVE A ‘GENERAL DUTY’ TO PROVIDE THEIR EMPLOYEES WITH A WORKPLACE FREE FROM RECOGNIZED HAZARDS LIKELY TO CAUSE DEATH OR SERIOUS PHYSICAL HARMS.”

OSHA states “employers have a ‘general duty’ to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harms.” While there are no specific rules for lone worker safety; these broad guidelines apply. At a minimum, organizations should do the following to stay compliant with the General Duty Clause:

- + Ensure lone workers have no medical conditions which can make them unsuitable for working alone
- + Be aware that some tasks may be too difficult or dangerous to be carried out alone
- + Provide some level of supervision
- + Put contact and communications procedures in place for lone workers who may be faced with workplace violence
- + Check whether there are any specific legal requirements or regulation in their state or industry



Healthcare Lone Worker safety & OSHA regulations

We often talk about the duty of care clinicians have for their patients. Now, safety groups are starting to talk about the duty of care an employer has for their lone workers. OSHA is paying attention. In December 2016, OSHA published a request for information in support of a new standard on workplace violence in healthcare and social service organizations. According to behavioral expert Steven Crimando, this may be OSHA's first attempt at a workplace violence prevention law. In the whitepaper, *10 Steps for Mitigating Risk for Lone Workers*, he offers steps for ensuring the health, safety and wellbeing of travelers and remote workers.

Crimando and OSHA agree, in the guide, *Preventing Workplace Violence: A Roadmap for Healthcare Facilities*, that there are several suggestions to mitigate risk, two to consider are:

- + A strong commitment by management is critical to the overall success of the workplace violence prevention

program. It is important for administrators, safety managers, and front-line supervisors not only to show that aggressive or violent behavior is unacceptable and will result in appropriate consequences, but also to provide an environment of trust where errors and incidents are viewed as opportunities to learn, with the overall goal of continuous improvement.

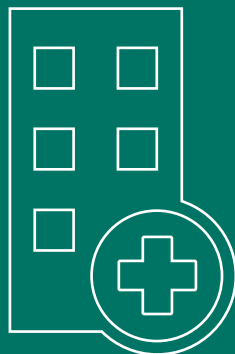
- + Training programs are most effective when they are designed specifically for a facility or unit's particular risk profile—for example, training ED nurses within the ED and focusing on the most common threats they face at their facility. Organizations can study, adapt, and combine elements of model programs that are relevant to their facilities' conditions and needs

Facilities with Lone Workers should consider how they can best protect workers when help is not readily available. For these workers, who may be located at isolated areas of the hospital, remote clinics or are going out into the community or conducting a home visit there are different scenarios to consider.

OSHA has identified five settings to be aware of an increased prevalence of violence.

- + Hospitals and other large institutional medical facilities
- + Residential treatment facilities such as nursing homes and long-term care facilities
- + Non-residential treatment/service including small neighborhood clinics and mental health centers where clinicians might work alone
- + Community care including community-based residential facilities and group homes with limited staff
- + Field work including home healthcare workers or social workers who make home visits

FACILITIES WITH LONE WORKERS SHOULD CONSIDER HOW THEY CAN BEST PROTECT WORKERS WHEN HELP IS NOT READILY AVAILABLE.



Identifying Lone Workers in healthcare



Healthcare organizations need to look throughout their organizations for points of vulnerability for their workers. Below are some areas to consider:

<p>+ Home Health Aides and Visiting Nurses</p> <p>Caregivers who enter into a home or facility to assist patients that may suffer from dementia or other ailments that impact cognitive thinking.</p>	<p>+ Lab Techs</p> <p>Technicians and other patient support personnel who work by themselves in an isolated area of the hospital with little contact with other staff.</p>	<p>+ Pharmacists</p> <p>In smaller facilities, pharmacists might work alone and are at greater risk for assault given their access to drugs.</p>
<p>+ Behavioral Health Workers</p> <p>Employees in behavioral health may be isolated in an area of a healthcare facility or may be one-on-one with a patient in an office or as part of a home visit.</p>	<p>+ Overnight Staff</p> <p>As patients sleep, hospital staff scales down to a skeleton crew leaving workers more isolated and vulnerable to attack.</p>	<p>+ Isolated or Remote Clinic Staff</p> <p>Those working at a remote clinic or isolated part of the hospital, whether a clinician or receptionist, may be the only person on the premise or within that area of the hospital, placing them at a greater risk.</p>



Protecting Lone Workers

Hospitals and other facilities with healthcare lone workers are now well-aware of the risks clinical staff face on the job. They are actively working to find better solutions to protect staff whether they are in an isolated part of the hospital or on-site at a patient home. The AHA suggests the following steps to mitigate the impact of workplace violence:

<p>+ System-wide Adoption</p> <p>Everyone from the top-down needs to take safety seriously. Plans that are put in place should be reviewed regularly and everyone should commit to following guidelines.</p>	<p>+ Identifying Risks</p> <p>Employers should identify risks and work to mitigate them through a variety of safety mechanisms.</p>	<p>+ Training</p> <p>Once risks are identified then employers can develop and implement training programs to keep workers safe.</p>
<p>+ Recording Incidents</p> <p>As incidents arise they should be tracked and assessed for improvements in safety.</p>	<p>+ Communication</p> <p>Employers should communicate regularly with employees in lone worker situations to ensure their safety and peace of mind.</p>	<p>+ Tracking</p> <p>Employers might consider tracking devices as an alert system to ensure patient safety. For instance, a home health aide that has stayed too long at a patient home might trigger a check-in call.</p>

Benefits of a strong Lone Worker safety program



A strong lone worker safety program will reduce staff turnover, reduce liability and legal costs, and improve the bottom line. Everbridge can help with a system that provides the following:

<p>+ Tracking information for on-duty employees to ensure they're where they are supposed to be and send alerts if they deviate from their schedule</p>	<p>+ "Panic Button" option that immediately alerts security and/or police to quickly come to the employee's aid</p>	<p>+ Alerts to field workers to warn them when they are entering dangerous neighborhoods or an area with active events</p>
<p>+ Reliable, immediate way for staff to share threats, supporting the "See Something... Say Something" programs</p>	<p>+ Secure platform for communications that can be documented and reviewed if issues arise</p>	<p>+ HIPAA-secure communication system, so employers can ensure staff safety and patient privacy</p>



Resources

Lone Worker Resource Page: <https://www.everbridge.com/solutions/keep-employees-safe/lone-worker-safety/>

3 Reasons to Care about Lone Worker Safety White Paper: http://go.everbridge.com/30Reasons-to-Care-about-Lone-Workers_RegistrationPage.html

OSHA Resources

- Preventing Workplace Violence: A Roadmap for Healthcare Facilities: <https://www.osha.gov/Publications/OSHA3827.pdf>
- Workplace Violence in Healthcare: <https://www.osha.gov/Publications/OSHA3827.pdf>

Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration and Innovation from The Joint Commission: <https://www.jointcommission.org/assets/1/18/TJC-ImprovingPatientAndWorkerSafety-Monograph.pdf>

Workplace violence against homecare workers and its relationship with workers health outcomes: a cross-sectional study from BMC Public Health 2015 15:11: <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-014-1340-7>

Workplace Safety and Health: Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence, U.S. Government Accountability Office, 2016: <https://www.gao.gov/products/GAO-16-11>



About Everbridge

Everbridge, Inc. (NASDAQ: EVBG) is a global software company that provides enterprise software applications that automate and accelerate organizations' operational response to critical events in order to keep people safe and businesses running. During public safety threats such as active shooter situations, terrorist attacks or severe weather conditions, as well as critical business events including IT outages, cyber-attacks or other incidents such as product recalls or supply-chain interruptions, over 4,000 global customers rely on the company's Critical Event Management Platform to quickly and reliably aggregate and assess threat data, locate people at risk and responders able to assist, automate the execution of pre-defined communications processes through the secure delivery to over 100 different communication devices, and track progress on executing response plans. The company's platform sent over 2 billion messages in 2017 and offers the ability to reach over 500 million people in more than 200 countries and territories, including the entire mobile populations on a country-wide scale in Sweden, the Netherlands, the Bahamas, Singapore, Greece, Cambodia, and a number of the largest states in India. The company's critical communications and enterprise safety applications include Mass Notification, Incident Management, Safety Connection™, IT Alerting, Visual Command Center®, Crisis Commander®,

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i Workplace Violence against Health Care Workers in the United States., N Engl J Me d 2016;374:1661-9

ii Violence in the field – the dangers faced by home healthcare providers, Pam Albers, LCSW, BACS, New Orleans Family Justice Center, <http://www.kinnser.com/home-healthcare-blog/violence-in-the-field-the-dangers-faced-by-home-healthcare-providers>

