Objectives

- As a staff member of the Nova Scotia Health Authority (NSHA) you are prone to encounter a variety of aggressive or even violent behaviours within the workplace.
- The sometimes high stress nature of the healthcare environment can increase the likelihood of aggressive incidents.
- This does not mean such incidents have to be tolerated.
- The most effective way of mitigating incidents of aggression is to participate in training that gives staff strategies and approaches to help manage and deescalate aggressive situations when they happen.
- The following presentation will provide basic strategies for addressing aggression and violence.
Laws and Legislation
Define: Workplace

- **Nova Scotia Occupational Health and Safety Act** defines a “workplace” as, *any place where an employee or a self-employed person is or is likely to be engaged in any occupation and includes any vehicle or mobile equipment used or likely to be used by an employee or a self-employed person in an occupation.*

- In healthcare this may include but, is not limited to:
  - Hospitals
  - Offices
  - Clinics
  - Client Homes
  - Long-Term Care/Group Homes
  - Parking Lots
  - Vehicles or Public Transit
Define: Violence

- The Nova Scotia Violence in the Workplace Regulations defines violence as, “threats, including a threatening statement or threatening behaviour that gives an employee reasonable cause to believe that the employee is at risk of physical injury” and/or “conduct or attempted conduct of a person that endangers the physical health or physical safety of an employee”
Right to Refuse Work

- **Nova Scotia Occupational Health and Safety Act** states:
  - Any employee may refuse to do any act at the employee’s place of employment where the employee has reasonable grounds for believing that the act is likely to endanger the employee’s health or safety or the health or safety of any other person until
    - (a) the employer has taken remedial action to the satisfaction of the employee;
    - (b) the committee, if any, has investigated the matter and unanimously advised the employee to return to work; or
    - (c) an officer has investigated the matter and has advised the employee to return to work.
Types Of Violence
Externally Initiated

The aggressor essentially has no relationship to staff member.
External Violence often occurs randomly and can be very hard to predict or recognize. The best way to circumvent incidents of this type of violence is to be aware of your surroundings and be proactive by taking measures to protect you and your property, such as:

- Secure the door to your work area each and every time you leave
- Do not take large amounts of money to work
- Try not to display valuables in the open where they are highly visible to anyone passing by
- Report any suspicious behaviour
- Know your EMERGENCY NUMBERS
- Park your vehicle in a well lighted area
External sources could also lead to an additional type of violence within our facilities and services. This type of violence can often spill over from the community. Aggressive individuals may intend to target a patient/client within our care or even a colleague.

This type of external threat can often be very dangerous as the incident in the community may have been quite heated and tensions could be running very high.

Often, staff are not the intended target but, they may be seen a barrier between the aggressor and their intended victim. Aggressors in these situation are most likely very irrational and will do anything to get to their intended victim.

To manage these types of situations you need to be familiar with your emergency codes and policies.

Police should be notified as soon as you are made aware of such a threat. Do not attempt to manage theses types of situations through internal means only.
Avoiding External Causes – pg.3

It is important that healthcare workers recognize specific risk factors in order to avoid or manage potentially violent situations. Some examples of such risk factors may be:

- Care of acutely disturbed and intoxicated persons
- Availability of drugs, money and other valuable items within our buildings
- Increased use of the hospital by law enforcement and the criminal justice system
- Increased prevalence of dangerous weapons among patients, families, and friends or co-workers
- Working in high-crime area
- Significant wait times in emergency departments and clinics
- Unrestricted access to the public
- Low staffing levels in hospitals at certain times of the day
- Healthcare workers who are isolated during patient care
- Solo work with remote access, limited security availability
- Handling money
- Transporting and delivering patients
- Guarding valuables
Client/Patient Initiated

The aggressor is a patient/client or family member/acquaintance of that person in care.
Familiarize yourself with the patient-client by such methods as: Reviewing Charts, looking for Flags, asking questions to family and friends, talking to your colleagues.

Beware of challenging behaviours that may be rooted in the patients current condition. The patient may be under great stress at the time due to numerous factors over which we have little or no control.

These may include conditions such as but, not limited to:

- Dementia or Alzheimer’s
- Substance Use and Addiction
- Mental Health Conditions
- Suffering from acute pain
- Social Anxieties
Always be on the look out for warning signs that may indicate a change in behaviour like:

- Changes in normal routine or actions
- Changes in expressions or posture that could indicate anxiety or distress
- Change of voice (tone or volume)
- Messages of despair or hopelessness
- Threatening Actions (All threats should be taken seriously, documented and reported)

Always be aware of your surrounding environment. Continuously assess for safety related risks and any objects contained within that could be used as an instrument of harm.

When possible, use a TEAM approach. THERE IS SAFETY IN NUMBERS.
Co-Worker Initiated

The aggressor is a present or former co-worker of the victim.
Aggression by co-workers may come in the form of physical attacks, bullying, social isolation, racist behaviour, excessive criticism, unrealistic expectations, sexual harassment or exploitation, etc.

It may come from a current or former colleague.

Within a healthcare environment a “co-worker” may not necessarily be someone you work side by side with every day. A “co-worker” could be:

- A Physician
- Someone from another discipline, department, or bargaining unit
- Contract staff
- A Paramedic or Peace Officer
- Management and Administration
There are processes and policies in place that help address unwanted aggression by co-workers.

- **NSHA-AD-OHS-001 Occupational Health and Safety Rights and Accountabilities**
- **Nova Scotia Occupational Health and Safety Act**
- **Violence in the Workplace Regulations**

It is very important to note that once you recognize you are being wrongly treated, in any fashion, or you witness such actions, it is your responsibility to report these issues to a supervisor or manager.

If the aggressor happens to be a supervisor or manager then you should address your concerns at a higher level.

Under no circumstance should an employee of the NSHA have to tolerate verbal or physical abuse from another employee of this organization.
Domestically Initiated

The aggressor has a personal or intimate relationship with staff that may or may not exist within the confines of the workplace.
Many people think that domestic violence is a private matter, something that happens in the home but, abusive behaviours can easily cross the boundary between home and workplace.

Violence can follow a victim to the workplace, and sometimes the abuser and the victim are co-workers.

This type of violence typically originates from the home or staff member’s personal lives.

Should domestic violence permeate your workplace or if you are aware of a co-worker that is being effected by such an issue then you should report it to your manager or supervisor.

There can be an increased risk of potential serious harm to co-workers and patients/clients when violent abusers enter the workplace.

(EFAP) Employee and Family Assistance Program support, tools and resources
Some indicators that you or someone you work with is being effected by domestic violence at work could be:

- Repeated or harassing phone calls, text messages, or social media posts
- The significant other showing up and harassing at the workplace
- Stalking or watching of the staff member by the significant other
- Pестering co-workers with questions about the victim and their activities
- Attempts at isolation
- Acting overly jealous and controlling
- Verbally abusing the victim or co-workers who support the staff member
- Destroying things that belong to the victim or to the organization
De-Escalation Tips
The most effective and proven methods of avoiding violence is to actively attempt to verbally de-escalate the aggressor’s behaviour before the situation makes the transformation to the physical.

The following are some basic techniques that you may employ in an attempt to verbally de-escalate an aggressive individual:

- **Be cognizant of personal space** - invading personal space will increase an individuals anxiety level. If you have to enter someone’s personal space for the purpose of providing necessary care, clearly explain your actions before you perform the pending task.

- **Try not to judge or discount the person’s feelings** - keep in mind that what the person is experiencing may be the most important thing in there life at that moment, even if you do not see it that way.
Basic Techniques – cont’d

• **Be aware of your gestures, posture, facial expressions, movements, and tone of voice** - the more aggressive a person become the less they comprehend your words. Keep your nonverbals neutral.

• **Remain calm and professional** - modeling the behaviour you desire from the aggressive person can help them regain their composure.

• **Remove the aggressive person from any audience that may exist or ask any onlookers to leave the area** - people can gain energy from the mere presence of other.

• **Watch and listen carefully for the person’s real message** - using supportive words can let a person know you understand what is happening to them.
Basic Techniques – cont’d

• **Never get involved in a power struggle** - Ignore challenging questions. You will never achieve positive results by asserting authority in these situations.

• **If time permits, attempt to set clear, achievable and enforceable limits** - limits offer the aggressive person choices and lets them feel they have a sense of control over the outcome. Limit setting does not involve “either/or” type statements.

• **Some rules and procedures may be negotiable in crisis situation** - be careful when and why you chose to make a stand. A little flexibility can go a long way.

• **Do not rush an aggressive person** - A person’s stress level will rise when they are hurried. Time itself may allow the person to regain rationality.
Wrap-up
What Does It All Mean?

“What People respond in accordance to how you relate to them. If you approach them on the basis of violence, that's how they'll react……”

Nelson Mandela

- Creating a culture of nonviolence is not an easy task and it requires buy-in from the top of the organizational chart on down to the last box in the diagram. However, it is necessary in order to provide the best care and services we can for our patients and clients and the safest workplace for staff.
What It All Means

- We are obligated to provide care to those in need, but we are not obligated to tolerate aggressive and abusive behaviours from them or the people we work with.

- By applying some of the basic concepts discussed in this brief presentation you can take a step in the right direction and help reduce incidents of any type of violence occurring throughout our facilities and services.
Training

- If you feel you would like to receive training that would further increase your ability to manage aggressive individuals, please contact your manager or a member of the Occupational Health, Safety and Wellness Department in your Zone.
  - Western Zone
  - Northern Zone
  - Eastern Zone
  - Central Zone
Resources and Links

- Nova Scotia Occupational Health and Safety Act
- The Nova Scotia Violence in the Workplace Regulations
- Internal Responsibility System
- NSHA Policy - NSHA-AD-OHS-001 Occupational Health and Safety Rights and Accountabilities
- NSHA Employee and Family Assistance Program (EFAP)
- EFAP Workplace violence: recognizing it, responding to it
- Images used from CDC/PHIL
1. For some healthcare workers their vehicle could be considered their workplace.
   □ True
   □ False

2. Select the True statement below:
   □ Police never bring agitated individuals into our facilities
   □ Family members of patients or clients are always patient because they are concerned for their loved ones
   □ The same risks that exist in the community can occur within the workplace of a healthcare worker
   □ We should only attempt to manage crisis situations internally

3. Which of the following is a high risk circumstance for workplace violence?
   □ Working in an isolated area
   □ Handling money
   □ Long wait times
   □ Storage of narcotics within the workplace
   □ All of the above
   □ None of the above

4. There are four main types of workplace violence which include:
   □ Violence by patients or clients
   □ Violence by strangers
   □ Violence by co-workers
   □ Violence by personal relations
   □ All of the above
   □ None of the above

5. Indicators that a person may be escalating in their aggression may be:
   □ Resting and reading a book
   □ Conversing with family members
   □ Clenched fists and hollering obscenities
   □ All of the Above
   □ None of the Above
6. A co-worker has to be someone that works in your specific department.
   - True
   - False

7. If you are aware that a co-worker's significant other is sending them frequent and threatening text messages you should:
   - Ignore it, it's none of your business
   - Contact the individual yourself and tell them to stop
   - Advise your manager or supervisor
   - Tell all the rest of your co-workers what you know

8. As an employee, I am responsible to be aware of emergency codes and departmental procedures
   - True, my safety and the safety of the people in my care and my coworkers depends on it
   - False, someone else will know what to do in an crisis situation

9. Check five choices of techniques you may try to do while attempting to manage a violent person.
   - Use ultimatums like "We can either do this the easy way or the hard way!"
   - Be non-judgmental
   - Be flexible
   - Avoid challenges
   - Listen intently to the person's message
   - Get as close as you can to the person at all times
   - Be alert to the individual's behaviour and body actions
   - Ask the person to hurry up
   - Rules are rules and are not negotiable

10. As workers in the healthcare industry in Nova Scotia we have to "put up with" violent behaviour from patients and clients
    - True
    - False

11. The Nova Scotia Health Authority provides several training opportunities that educate staff in methods to manage aggressive individuals.
    - True
    - False
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