

Best Practices for Preventing Violence in Home Health



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Karim H. Vellani, CPP, CSC
Committee Chair
IAHSS Foundation

IAHSS Foundation's Evidence Based Healthcare Security Research Committee

RON HAWKINS
Security Industry Association

KARIM H. VELLANI, CPP, CSC
Threat Analysis Group, LLC

MAUREEN MCMAHON RN, BSN, MS
Boston Medical Center

BRYAN WARREN, MBA, CHPA, CPO-I
Carolinas HealthCare System

BONNIE MICHELMAN, CPP, CHPA
Massachusetts General Hospital/Partners
Healthcare

Problem of Violence in Healthcare in the United States

Healthcare workers are frequently exposed to a variety of serious or even life threatening hazards. These dangers include overexertion, stress, verbal abuse, weapons including firearms, illegal drugs, and other forms of violence in the home or community. Some stressors of home healthcare workers are; they generally work alone, their work is not directly supervised, they may travel through unsafe neighborhoods, and they might have to face alcohol or drug abusers, family arguments, or dangerous dogs. (NIOSH, 2010).

Problem of Violence in the Home Health Care Setting

The Bureau of Labor and Statistics estimates that home healthcare employment has grown 55% between 2006-2016, making it one of the fastest growing occupations of the past decade and represents one of the fastest growing segments of health care services (BLS, 17 Dec. 2015). Home healthcare workers may work any hour of the day or night and on any day of the week (NIOSH, 2010). Night visits, the lack of safety training and the failure to provide security escorts increases the risks for home health workers. Hazards they may encounter are unique to the home setting. The security for the home and environment is not under the control of the home care agency, thus eliminating the prevention options available in the institutional setting. Home healthcare workers may need to resolve violence issues without immediate help from their employers or coworkers. Home health workers experience more than double the national rate of workplace injuries for all industries, ranking them among the ten highest reported for overexertion by the Bureau of Labor Statistics. It is imperative to implement a safety risk assessment process to identify areas of concern, develop a safety plan, and educate employees (Gershon and Severson, 2013).

Data and Statistics

World Health Organization defines violence as, “the intentional use of physical force or power, threatened or actual, against oneself, another person, against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation” (Joint Commission, 2012. Pg. 95). Moreover, during 2007 alone, 27,400 recorded injuries occurred among more than 896,800 home healthcare workers. In 2006, 330 non-fatal assaults on home healthcare workers were reported at a rate of 5.5 per 10,000 full time workers, more than 2 times the reported rate for all U.S. workers. In addition, during 2006, five home care workers lost their lives as a result of assaults and violence (NIOSH, 2010).

One survey conducted in 2014 found that 80 percent of nurses reported being attacked on the job within the past year. Healthcare workers experience the highest incidence of nonfatal workplace violence compared to other professions by a wide margin. Attacks on them accounting for almost 70 percent of all nonfatal workplace assaults causing days away from work in the U.S., according to data from the Bureau of Labor Statistics

(Jacobson, 31 Dec 2014). Between 2011 and 2013, the number of workplace assaults averaged approximately 24,000 annually, with nearly 75% occurring in healthcare settings. Overall, the healthcare sector statistically ranks among one of the industries that are most subject to violence in the United States (Phillips, 28 April 2016).

In the Minnesota Nurses study, the annual incidence of verbal and physical assaults was 39% and 13% respectively. In another large study, 46% of nurses reported some type of workplace violence during their five most recent shifts; of these nurses one third were physically assaulted (Phillips, 28 April 2016). The U.S. Department of Labor's Bureau of Labor Statistics recently released data showing that nonfatal occupational injuries and illnesses for healthcare support workers increased at almost two-and-a-half times the rate for all private and public sector workers in 2010 (Bills, 20 July 2013).

Survey results from several different studies have shown 5 to 61% percent of home care workers have experienced some form of workplace violence. 18 to 59% of home care workers reported verbal aggression as the most pervasive, with the highest estimate coming from studies that asked about the occurrence over a home care workers career. Furthermore, studies of home care workers have found that approximately 30% of homecare workers reported being sexually harassed (Glass, Hanson, Laharnar, Moss, and Perrin, 17 January 2015).

Although, training is important to prevent sexual harassment and discrimination in the workplace, other important topics to train on are how to prevent violence in the workplace and how to handle aggressive situations. Not all agencies are successful in training. 35% of agencies reported training employees on factors predicting violence and aggression, and even fewer trained workers on methods of how to diffuse threatening situations and how to protect themselves if situations were to escalate. Every year, half a million nurses are victims of violent crimes, including clinicians in the home health industry. In addition, every year, 500,000 nurses from all types of healthcare jobs, hospitals and agencies, are victims of violence. Some 60 percent of community nurses have been verbally abused on the job in the last two years, mainly by family and friends of the patients (Brooks, 4 April 2012).

Reasoning and Risk Factors for Homecare Staff

Many risks come with the job of home healthcare workers. Working alone in high risk areas with known criminal or gang-related activities, pose additional risks to home healthcare workers (Joint Commission, 2012). For example, homes can be in areas subject to high criminality leading to risks to staff during the delivery process. Some patients and patients' relatives, or people in the area, have been known to threaten and assault home healthcare staff. The majority of these incidents of workplace violence are verbal; many others include assault and battery, domestic violence, stalking, or sexual harassment (Phillips, 28 April 2016). These threats and assaults have included physical and verbal abuse, as well as the use of weapons (EIGA, 17 June 2015). Household risk factors for violence can include the presence of weapons in the home, illicit drug use, and

family violence. Given that home healthcare workers provide care in the home of the client, the environment is uncontrolled and more highly varied than that of a traditional healthcare facility (Casteel, Gross, Nocera, and Peek-Asa, 31 Jan 2013).

Home healthcare workers are not only at risk from the household hazards of the client, but from the surrounding community as well, such as robbery, motor vehicle theft, and vandalism (Casteel, Gross, Nocera, and Peek-Asa, 31 Jan 2013). Therefore, home healthcare workers are vulnerable as they face an unprotected and unpredictable environment each time they enter a client's community and home. The spectrum of violence ranges from verbal abuse, stalking or threats of assault, to homicide (OSHA, 2015).

To add to the risk, there are many safety hazards that appear once the home health worker enters the patient's home. They have little control over their work environment, which may contain a number of safety and health hazards. Home healthcare workers may encounter unsanitary homes, temperature extremes, homes without safe drinking water, or hostile pets (OSHA, 2015), which can carry the risk of a home healthcare worker being bitten; feeling threatened, or otherwise injured (Bills, 20 July 2013).

With regard to in-home treatment or training of diabetic patients, employers are not responsible for lack of safety devices on needles purchased by patients. Needle sticks and other "sharps" injuries are a serious hazard in any healthcare setting. Contact with contaminated needles, scalpels, broken glass, and other sharps may expose healthcare workers to blood that contains pathogens which pose a grave, potentially lethal risk (OSHA, 2015). Risks of needle stick injury information include safety hazards with syringes because they are not disposed of properly. Distractions that include pets and children also increase the risk of needle stick injury (NIOSH, 2010).

Management Commitment

At the facility level, supervisory support was found to provide some measure of protection against harassment and all types of violence. Healthcare facilities can devise a system of flagging a patient's chart if the person has previously been violent during healthcare interaction in order to alert staff members to the potential threat (Phillips, 28 April 2016). This can be the same for home healthcare staff. The flagging of a chart can simply be a red paper, a note that gives a warning or anything that could bring attention to the healthcare worker regarding historical behavior of concern regarding the patient.

In order to promote safety and security in the field, it is extremely important for employers to have a comprehensive workplace violence prevention program. Elements of a comprehensive workplace violence prevention program include environmental modifications, work practice changes, implementation of policies and practices, safety training, use of security and law enforcement, management commitment, risk assessment and integration with the security program, and surveillance of violent events (Casteel, Gross, Nocera, and Peek-Asa, 31 Jan 2013).

Home healthcare employers can help prevent and control violence in a patient's home by establishing violence prevention programs and tracking the programs in reducing work-related assaults. Occupational Safety and Health Administration recommends the following measures be implemented, create a zero tolerance policy for workplace violence, and require employees to report each incident, even if they think it unlikely to happen again or is not serious in nature or outcome. Additionally, developing a written plan for ensuring personal safety, reporting violence, calling the police, and educating workers about the risks of assignments and how to assess the safety of work environment and surroundings is critical. All reports of dangerous work environments and violent assaults should be investigated, and workers should not be knowingly placed in assignments that compromise safety (Morgan, 16 Dec 2015). If the patient and family are identified as high-risk, various procedures would automatically be followed, such as consulting with supervisors prior to making a visit, arranging for another person to be present, or asking the client to agree to a "no-harm contract" (ACH Media, 01 Mar 1998). In addition, when a patient is recognized as a risk to the healthcare worker their manager can contact the police in the area to use as an escort service. The police can act as a form of security in high crime areas or when the patient has dangerous family members that could possibly harm the care giver.

Training

A home health manager's most important challenge is to encourage staff to trust their own judgment and intuition to avoid situations that don't feel "right", and for managers to honor that judgment. Home healthcare workers should know how to identify a potentially dangerous situation, and should be trained in how to manage hostile and violent environments. If they feel uncomfortable at any time, they should remove themselves from the environment (Bills, 20 July 2013). Workers should be trained in violence prevention programs reducing the risk of assault by educating workers to recognize frequent cues such as drug use and threatening body language, and instructing them about strategies to help defuse situations. Accurate incident reporting is a crucial part of this type of intervention (Jacobson, 31 Dec 2014) and training is important for new and existing employees. During the hiring process employees should be trained in a violence prevention program and then re-educated annually.

One useful tool to help the home healthcare worker recognize possible threats in the area is a windshield survey. The windshield survey is a tool used to collect information by driving around a community and the healthcare worker records what he or she sees. This can be a very helpful tool for the workers to know the area that they are working in. Knowing the surrounding area helps determine what is ordinary or what may be dangerous. Being trained to recognize common pre-indicators of criminal or other illicit activity can alert the home healthcare worker to keep their guard up (Washtenaw Community College, 16 Sep. 2016).

Local law enforcement agencies may offer a training program for prevention and management of violent attacks (Woolston, 20 Jan. 2016). General tactics may include,

taking a self-defense course (Brooks, 11 April 2012). The more healthcare workers are prepared to protect themselves against these hazards, the more productive and safe the environment will be for them and their clients (Bills, 20 July 2013).

Resources

There are many resources available to home healthcare workers. Risk assessment tools are one of the most important resources that they can employ. They can help to determine whether or not to visit certain areas in a community. One tool is a map that reports the crime in the area of a community by using a scoring system. This system is helpful to the home care agency because it allows them to view the map on a daily basis. This map shows areas of a county and the neighborhoods that have a high crime rate and scores the area based on its data. The data for demographics that is scored is based on education, economics, population, housing and population mobility in the community. The data on criminology and computer modeling are national police, local police, client loss reports, offender surveys and victim surveys. Also, the map shows green for a lower crime area, yellow for an area that the home care worker should use caution in due to increased crime rates, and red for an area that has a higher probability of criminal activity due to historical crime statistics. Such visual aids can help to determine appropriate countermeasures and precautions when the home healthcare worker visits the patients' homes. Patients may live in high crime areas and this system will allow an extra proactive safety measure for the agency (CAP Index, 2016).

There are many technological resources that are available to the home healthcare agencies. One example is a product that provides communication between the home healthcare worker and their home agencies. A company that was based in the United Kingdom that was adopted by a North American agency sells this product. This technology allows agencies to monitor their home healthcare worker through record keeping and check-in abilities. The device also helps with the safety of the home healthcare worker through an ID badge. The badge is equipped with a button that can be used to contact the agency or any emergency responder that is needed. The ID badge also includes a voice activation tool that can be helpful to the worker if they are in a dangerous situation. The voice activation will record patient confrontation and police conversations. It also has the ability to reach first responders in a "man-down" situation where the worker may be hurt. Working alone can be dangerous for the home healthcare worker. Having the ability to silently contact the police at any time of the day can help with their security and safety (SoloProtect, 2016).

Another technological resource provided in the United States, Canada and the United Kingdom, is a smartphone that helps the home health worker stay connected with the agencies as they are out in the field. The staff is more connected by having the ability to contact their office when they are having trouble with directions, are in a dangerous situation, or if they need their daily schedule. This smartphone tool allows the agency to share schedules with the homecare staff, along with being able to share directions to patients' homes. Their service helps to decrease mistakes and to keep the staff on

schedule. This tool eliminates the need for paper on the job (Healthcare Information Technology, 08 Mar 2012). Eliminating paper and charts may be easier on the home healthcare worker because it gives them one less thing to carry, making their job a little easier when they are in a hurry to go from car to house.

Another resource that can be useful to home healthcare workers is a household safety checklist. The household safety checklist was designed to be used by home healthcare workers, after receiving a brief one hour training session. The 50 item checklist focuses on common hazardous conditions that could result in falls, burns, and biohazards and chemical hazard exposure. Both workers and patients commented on how easy it was to overlook hazards (Gershon, 2013). Along with the safety checklist, a household safety fact sheet with resources for low-or no cost remediation and contact information for emergency agencies (Gershon and Severson, 2013).

Another tool available is a resource for the employee that can help build the communication between the home healthcare worker and their patients. The home healthcare employee is given an active curriculum that helps to meet the safety and training needs for home healthcare workers. The training promotes safe and healthy environments that both the home healthcare worker and patient have to work in. The curriculum helps the workers to recognize hazards and to find the best solutions to decrease the hazard. It is the employee's responsibility to make the work environment safe for themselves and others and to understand the training that they are given. A check list is given to help the home healthcare worker recognize what potential hazards may apply to them in the home setting. The check list describes fall, trip, back and knee injuries and other potential injury hazards. Other strategies that are described in the curriculum are the best ways to communicate concerns with the client that will not upset them. If the home healthcare worker does not change their work environment then the injuries that they could sustain will cause time out of work and they can potentially lose pay (CDC, 8 June 2016).

Policies and Procedures

It is important to maintain a zero tolerance policy for any instance of workplace violence. Workers must be instructed that all cases should be reported immediately (Bills, 20 July 2013). One practice that can be turned into policies is to establish a no-weapons policy in patient homes. If such policy is not required, request at a minimum that before service is provided, all weapons be disabled, removed from the area where care is provided, and stored in a secure location (Morgan, 16 Dec 2015). Law enforcement can be helpful when determining if the home owners have a registered weapon by checking data bases. They can also search the home if the home healthcare agency asks them to do so. It will be safer to know that the police are aware of the weapons and that the patients have them stored away to prevent harm to the home healthcare worker.

Best Practices

Some practices that help to make the job of a home healthcare worker safe are, having a buddy system, let someone know when they have completed / finished rendering services, when you're expected home, and to have an escort service. Some companies provide security officers that outpatient services can hire to ensure the safety and security of the job. Security companies can offer driving escort services, walking escort services, patient locator services and customized reporting for home healthcare security officers. Driving escort services will pick up the medical staff employee at their home or office, and at the completion of the day, they will return them to their home or office. This is for the time of the visit to the patient's home. Walking escort services will meet the employee in the field or at the office. They will accompany the employee into the patient's home providing, security services or translation services. Patient locator services can have an officer go out to locate a patient that did not answer phone calls, letters, regarding managed long-term care (Cambridge Security, 2016).

A security service company can provide security to many different organizations including hospitals and medical offices. The officers are either armed or unarmed and are trained to their specific setting, which could be in a hospital or in the home care field because their environments and resources will differ. They are available 24/7 and cover vehicle patrol and specialized protection solutions. The security officer can be assigned by the request of the agency. If the security officer should be armed, the agency will determine under what circumstances and what uniform the guard should be wearing. Also, the agency can request an armed officer if the area is determined to be dangerous. If the home healthcare worker feels unsafe, the armed officer can provide security for their home visit (Citiguard Inc., 2016).

Another practice to keep in mind is the hours that the home healthcare workers are visiting patients' homes. Risk factors can include: after hours; alone; high-crime settings; and any situation involving extensive contact with the public (ACH Media, 01 Mar 1998). Some specific areas may also be deemed, "daylight only" due to area crime rates or other predetermined risk factors. Other suggested safety tips are to report violent incidents promptly, participate in safety committees, and to take advantage of safety training at work - which might include techniques to recognize escalating situations or how to report issues. Other precautions may include, to be certain of the location of your visit and have accurate directions to the house or apartment, have more than one person to call in case you need directions, and let your employer know your location and when you expect to report back. Know the location of the local police or fire department so that driving there for safety is an option. Park in a well-lit area, away from large trees or shrubs, avoid areas with poor visibility such as alleys or isolated buildings, avoid leaving items visible on the car seats during visits, and lock healthcare equipment and personal items in the trunk of the vehicle, (-avoid opening the trunk of the car at the patient's home). Good safety habits include, making sure your car is filled with gas and in good working condition, before exiting the car check out what is happening nearby. If you feel uncomfortable or unsure stay in the car and call a manager. Also, confirm with your patients shortly before you

visit, so they're expecting you and don't be afraid to shorten a visit if things get out of control or if you feel threatened (Brooks, 11 April 2012).

Conclusion

There are many risk factors affecting the security of the home healthcare worker. The uncertainty of the job puts their lives in possible danger every day. Patients may live in high crime areas that can be dangerous, or the patients and their families can be dangerous themselves. In the community there may be illegal weapons, illegal drug and alcohol use, gang activity and other potential dangers the home healthcare worker will have to face. Having directions on hand and someone to call are safe practices for the home healthcare worker to use if they get lost. The home healthcare worker can also utilize one of the technological tools provided by some companies for directions and emergency assistance. Another practice is to hire an outside company for a security escort services. The security officer can meet the worker and accompany them in to the patient's home for security. This can help to keep the worker safe and to have someone to provide backup in case of danger. It is best for managers and the home healthcare worker to have training on effective workplace violence prevention programs. The programs can help the worker to determine dangerous situations and cues to look out for. Having appropriate training programs in place can help ensure the security of the home healthcare workers.

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Author

Erica Iannaco is a Public Health major from Stockton University. She completed her internship with Paul M. Sarnese, CHPA at Virtua in Marlton, New Jersey.