



ASHNHA Workplace Violence Initiative

Background:

Alaska hospitals have reported an increase in violence in workplace violence over the past year, including assaults with physical injury against caregivers. Staff report feeling unsafe in the workplace. Being kicked, punched, spit on or verbally threatened should not be an acceptable workplace hazard. Unfortunately, for many of our nurses and other caregivers, this is the new normal.

There are many potential contributing factors to the current escalation in violence – substance abuse, opioid crisis, legislative/administrative criminal justice reforms, the use of police and prosecutorial discretion, changes in the bail schedule and changes in the Department of Corrections processes.

Beyond the impact to staff, there is an impact to the public. Emergency rooms are meant to address significant medical or behavioral health emergencies and violent or aggressive patients place a huge strain on staff trying to provide emergency care. This critical situation, if left unaddressed, could impact quality of care in the emergency room for all patients.

Staff do not always call police when assaults occur, but when police are called to respond, the perpetrator is often cited and left on the premises. Hospitals want to deter assaults and to have perpetrators arrested and removed when an assault occurs.

In response to member concerns, ASHNHA has been devoting significant time to this issue. This is a complex issue requiring multiple solutions and tools to impact the problem. We have two legislative recommendations we plan to propose, but they are only one piece of the solution. Equally important is the work we are doing with hospitals to ensure they have a comprehensive approach to prevent, identify, and deescalate violence. Also important is the continuum of resources available so that people get access to behavioral health treatment and services they need in the community and do not end up in the hospital.

The following is a summary of non-legislative solutions that we are working with ASHNHA members.

- Formed a workplace violence task force that is meeting weekly address the issue and share best practices. We have participated in many meetings and had dialogue with law enforcement, Department of Law, ACJC Arrest and Intoxication workgroup, hospital security personnel, and hospital leaders.
- Hospitals are completing a gap analysis assessment process to identify opportunities for improvement within their facility. The goal is for all facilities to implement best practices to reduce aggressive behavior and risk to hospital staff such as risk identification, environ-

mental changes, staff education, data collection, facility culture and leadership, and incident response.

- Implementation of the Emergency Department Information Exchange (EDIE) to facilitate early identification of patients/visitors at risk for security events and utilize security alerts in the system. This will support communication across facilities.

Legislative Recommendations:

ASHNHA has developed a recommendation for legislative action to address assaults within health care facilities. We propose two statute changes:

1. Align felony statutes with misdemeanor statutes to increase penalties for violence against a medical professional

Some states have begun to treat healthcare workers similar to police officers or first responders when it comes to criminal assaults that take place while they are performing their job duties. Mirroring some of the statutory framework that already exists for first responders, attorneys, judges and law enforcement is important. Healthcare workers need to be protected and Alaska's criminal laws need to take into consideration the significant risks these individuals take every day to keep us healthy and safe.

ASHNHA is proposing to align felony statutes with misdemeanor statutes to increase penalties for violence against a medical professional. Alaska law (AS 12.55.135 (d)(1)) already provides for increases in the minimum term of imprisonment for assaults in the fourth degree against "medical professionals" engaged in the performance of official duties at the time of the assault or harassment.

Similar provisions could be added to the felony assault statutes. The statutory framework already exists for first responders, attorneys, judges and law enforcement, so the fix would be simple:

- Add "medical professional" to list in AS 12.55.125(c)(2), increasing sentences for a first-time Class A felony crime against a medical professional from 3-6 years to 5-9 years.
- Add "medical professional" to list in 12.55.155(c) (13), which allows sentencing above the presumptive range for felonies committed against this group of individuals.

This ensures that our criminal laws take into consideration the risks medical professionals take and how important it is that it is taken seriously if they are severely assaulted while performing their job duties.

2. Enhance police ability to arrest for a fourth degree assault in a health care facility

Hospitals report that if staff call the police to report an assault, the police frequently just cite the individual and leave them at the hospital rather than arresting them. There are likely many reasons for this, but one potential reason for this is that statute does not allow a police officer to arrest an individual without a warrant for a fourth degree assault, even in the face of significant evidence, unless they witness the crime or have reasonable cause to believe a felony has been committed. We would like to make it easier for police to arrest and remove individuals who have committed an assault at a health care facility.

To address this, add a subsection 4 to AS 12.25.030 (a), to allow a police officer to arrest without a warrant for a misdemeanor assault in a health care facility. The intention is to assist more arrests in taking place when appropriate after misdemeanor assaults occur in healthcare facilities and to make the process of arrest at a healthcare facility easier for law enforcement by removing the barrier of having to obtain a warrant.

Hospital Recommendations:

ASHNHA recognizes legislation is only one potential solution to the complex problem. To successfully address this issue, hospitals needs to have a comprehensive strategy using evidence-based practices. The following are key elements of a hospital based workplace violence prevention program:

1. Violence prevention program & policy

- Clearly disseminated zero tolerance policy toward any form of violence (signage and patient education)
- Senior leadership makes violence prevention a priority
- Violence prevention team oversees action plan for violence prevention program
- Collaboration with local law enforcement and criminal justice agencies.

2. Accurate and concurrent reporting

- Collect data on all incidents of violence
- Streamline and simplify the violence reporting process

3. Facility culture and accountability

- Management commitment and staff involvement so employees feel staff safety is as important as patient safety
- Ongoing communication that violence is not an accepted part of the job.

4. Staff training and education

- Training to support staff to identify, deescalate and manage violence.
- Ensure all staff are familiar with emergency policies and procedures including zero

tolerance policies regarding violence.

5. Risk identification

- Identify patients & visitors at high risk for violence (inpatient and outpatient)
- Flag patient charts for history of violence in healthcare setting
- Identify risks in the physical environment

6. Incident response

- Detailed violence response plan including interaction with law enforcement and criminal justice agencies.
- Comprehensive follow-up care for staff members who have been assaulted or threatened.

In conclusion, this is a complex problem with multiple causes and the need for multiple solutions and tools to address.