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PREVALENCE OF VIOLENCE IN EMERGENCY DEPARTMENTS

EMERGENCY NURSES ASSOCIATION
216 Higgins Road
Park Ridge, IL 60068-5736
(708) 698-9400

PREVALENCE OF VIOLENCE IN EMERGENCY DEPARTMENTS

Violence in America is escalating to epidemic proportions. Everyday there are documented incidents of violent acts committed against an adult, child, family member or colleague. Violence is in the school system and within the workplace. The workplace is the scene of approximately 1 million violent crimes every year. The Bureau of Justice statistics reflect that an estimated 8% of all rapes, 7% of all robberies, and 16% of all assaults, occur at work. The report, which includes data from the period of 1987 through 1992, also states that more than 20,000 car thefts occur each year while people are at work. Data from sources such as the Bureau of Labor Statistics, the Centers for Disease Control and Prevention and the National Institutes for Occupational Safety and Health, indicate that 4% of all homicides also occur in the workplace (Skorneck, 1994). There seems to be no safe haven. One workplace area that has experienced an increase in violent acts is the emergency department (ED).

On April 26, 1989, Dr. Donald Miller, Director of the National Institute for Occupational Safety and Health (NIOSH), told the House Education and Labor Subcommittee on Health and Safety that a concern for NIOSH is, "... the violent assault of nurses inside and outside of facilities where they must work at night. In addition, there are a number of injuries that are caused by attacks by patients at hospitals." (Lipscomb & Love, 1992). The increase of violence in the health care setting reflects the increase in violence within the community.

- In April, 1990, a distraught family member walked into the emergency department of a small community hospital in San Diego, California and opened fire upon the emergency department staff, killing an emergency nurse and injuring an emergency medical technician (Keep, Glibert, & California ENA Government Affairs Committee, 1992).

- August, 1990, a prisoner grabbed a night stick from a police officer and three shots were fired in Tampa General Hospital's Emergency Department. The prisoner was shot twice, once in the head and once in the chest. The third bullet went astray not injuring anyone. The prisoner died several hours later (Cordell & Coughlin, 1991).

- In December, 1992, a Dallas County jail inmate wrestled a gun away from a sheriff's deputy and fired two shots in the Parkland Memorial Hospital emergency department. Although no one was injured, Parkland Memorial Hospital has changed their security measures (Copilevitz, 1992).

- In February, 1993, three physicians were shot at Los Angeles County University of Southern California Medical Center by a patient who felt the waiting times were too long in the ED (Judson, 1993).

- In July, 1993, a man who had just been treated at a hospital in Michigan City, Indiana began shooting in a hallway outside the emergency department, wounding two security guards and a visitor (Judson, 1993).

Violence against health care professionals was first documented in 1849, concerning a fatal assault against a psychiatrist (Berstein, 1981). Currently, researchers are examining the

prevalence of violence in all health care settings including emergency departments. In Conn and Lion's 1983 study of the incidence of violence in university hospitals, assaults were distributed throughout the hospital as follows: 41% in psychiatric units, 18% in emergency departments, 13% in medical units, 8% in surgical units, and 17% in pediatric units (Conn & Lion, 1983). Alspach (1993) reported that 49% of assaults upon health care workers took place in the emergency department. This represented a 31% increase of violence within emergency departments from 1983 to 1989. This increasing prevalence of violence against health care workers in the ED is of great concern.

Several factors have been identified in contributing to the incidence of violence in the emergency department. Some of these include alcohol and drug abuse, previous assault history, high-stress illness, and/or 24-hour open door policies in the emergency department (Lavoie, Carter, Danzl, & Berg, 1988). This study identified the problems emergency department personnel had in handling violent patients. In this study, Lavoie et al. came to several conclusions. First, violence had become a significant problem in large teaching hospitals as identified by frequent threats, physical attacks, and the need for physical restraints. The second area identified was the inadequate security standards and training policies. Conclusions from the study reflected that risk management and further preventative measures are needed to ensure the safety of emergency department personnel.

Only 43% of people victimized at the workplace reported the incident to police and some 32% of those victimized faced an armed offender (Skorneck, 1994). While violence in the emergency department is increasing, the actual prevalence rates may be underreported (Drummond, 1989; Lanza & Campbell, 1991). Lion, Snyder, and Merrill (1981) estimated that violent incidents in both emergency departments and psychiatric departments are underreported by at least five fold. Lanza and Campbell's (1991) research identified several reasons for this underreporting of violent incidents. These included the lack of a universal definition of violent incidents, the excessive amount of paperwork required for reporting incidents, fear of blame, staff's attitudes that assaults are frequently happening and the belief that violence is "part of the job."

The Emergency Nurses Association (ENA) is concerned about the increasing incidence of violent acts against emergency department health care workers. In response, the ENA Board of Directors has made this a priority issue. The ENA's position statement, *Violence in the Emergency Department* states that safety measures, employee training to protect oneself against violent acts, and a safe work environment should be ensured for emergency department health care professionals (See Appendix A). Safety is a right of every employee.

In 1994, in an effort to respond to the membership's concerns, ENA conducted a national survey to identify the following issues: define violence within the workplace, identify contributing factors of violence and identify preventive measures that can be utilized to ensure workplace safety. The survey was sent to 4,600 emergency department nurse managers and approximately 1,400 managers responded. The majority of the respondents were nurse managers

(67%), followed by nursing directors (21%), nursing administrators such as, the Vice President of Nursing (5%), and the remaining were staff nurses, clinical nurse specialists or nursing supervisors (7%).

Results

The participants of the survey confirmed that: violence in the emergency department is increasing; physical and emotional injuries were reported at 67%; the most common contributing factors to violence in the emergency department were alcohol, drugs, anger or high stress; and the most common safety measures instituted in hospitals were policies and procedures, panic buttons, metal detectors, and bullet proof glass. These results demonstrate not only the change in the amount of violence seen in emergency departments, but also the changing climate of the work environment. As more violence is seen in the emergency department, hospital administrators are responding to the employee's concerns by incorporating structural changes in an effort to provide a safe work environment.

Incidence

As discussed earlier, there has been inconsistencies in defining what constitutes a violent act. For the survey, "violence in the workplace" was defined as three entities: verbal assaults, and physical assaults with and without a weapon. Verbal assaults were defined as abusive language, profanity, stalking threats, obscene phone calls, and threats of future injury. Physical assaults without weapons included injury by hitting, spitting, biting, kicking, pinching and pulling hair. Physical assault with weapons were injuries by guns, knives, homemade weapons, and mace.

Based on the survey definition, 97% of the respondents stated that staff was exposed to verbal abuse more than 20 times per year. According to 87% of the respondents, staff were exposed to physical assault without weapons 1 to 5 times per year. Of the respondents, 24% stated that staff were exposed to physical violence with weapons 1 to 5 times per year. Thus, verbal assault and physical assault without weapons were common occurrences and physical assault with weapons occurred often enough to warrant concern for staff safety.

Costs of Violence

The exposure to violence within the ED results in increased injuries and time lost from work. The results reflected that: 67% of the managers reported physical injuries to staff occurred with or without weapons. Of the physical injuries, 96% of these injuries were identified as minor and 18% of the staff lost work time because of the injury. Of the 18% of the managers that did lose staff work time, the most frequently documented amount of time lost was 1 to 2 days per year. The finding of minor injuries with lost time is consistent with the results reported by Keep et al. (1992). Keep et al. (1992) surveyed nurse managers in five California metropolitan areas. 103 nurse managers were surveyed from inner-city, urban, and rural hospitals. They stated that most violent assaults were directed at staff members resulting mostly

in minor injuries, but necessitating several days off from work.

In addition to physical injuries, emotional injuries were also a problem for staff. Managers stated that 67% had staff that experienced emotional injuries. Of those staff that reported some emotional injuries, 92% were classified as minor. The most frequently reported amount of lost work time for emotional injuries was 1 to 2 days per year. Lost working days for staff members is a tremendous cost to the employee and employer. The more than half a million victims of violent crime at work lost an average of 35 days of work per crime, leading to more than $55 million in lost wages (Skorneck, 1994). Lanza and Milner, in 1989, estimated the financial cost was $38,000 per year to the institution. The costs were based on estimates for staff time in reporting and completing the incident report, obtaining physical examinations, police time, follow up with Employee Assistance Programs, safety officer time, nursing administration cost, and training cost for educating staff to identify and protect themselves from potentially violent situations. Only 4% of the managers reported that 1 to 2 staff left their emergency departments because of violence. This is different than what Mahoney had reported in her survey of 1,200 nurses in the Pennsylvania area. Mahoney (1991) indicated that more than 22% of the respondents knew someone who had left emergency nursing and 18.9% had known someone who had left nursing altogether as a result of being assaulted.

Contributing Factors

The five most common contributing factors identified by managers for violence toward ED personnel were alcohol abuse, drug abuse, anger or high stress, open access to ED, and psychiatric patients. These contributing factors are consistent with those identified by Lavoie et al. (1988), Mahoney, (1991), and Kinkle, (1993). In addition, the managers identified prolonged waiting times, gang related activities, trauma, and staff to staff conflicts as factors contributing to violence in the ED.

Reporting Violence

Most of the managers (97%) indicated that they would report incidents of violence against the ED staff to nursing directors, hospital administrators, nursing vice presidents, risk managers, and security personnel. Of the 3% that would not report an incident of violence toward staff, the two most common reasons were: (a) violence was considered part of the job and (b) the incident was not considered important to report.

While managers frequently institute safety measures and report incidents of violence, there was a small percentage that did not report violence against staff. If safety is a right of staff, then the attitude that violence is part of the job is inconsistent with that right. Violence is a concern of everyone and managers recognize the importance of reporting these incidents to appropriate personnel.

When managers were asked about pressing charges against an assailant, 88% reported they would. Physical restraints while seeking physicians orders would be instituted by 99% of

the managers. The application of restraints for a patient before a physician's order is obtained can be supported by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The JCAHO states a policy must be written that describes " ... the time within which the order must be obtained after each use of restraints ..." (JCAHO Manual, 1994). This allows the nurse to apply the restraints on a violent patient and then obtain a physician order. This flexibility will ensure the safety of not only the staff working directly with the patient, but also the other patients, visitors and colleagues in the area.

Safety Measures

Safety measures are an important part of decreasing violence in the emergency department. When managers were asked about safety measures in the hospital, 73% of the managers reported that their hospitals had initiated some form of safety measures to protect emergency department personnel. The three most common measures initiated were panic buttons, visitor control policies, and locked entry with a doorbell or signal. The next most frequently used safety measures were video cameras, policies to notify law enforcement agencies, direct line from ED to police department, full time security officers present in ED, alarm sensors, physical redesign of ED, and protective glass separating staff from visitors.

Security Measures

Managers reported that 42% of the time security was required to respond to the ED to assist staff with aggressive behavior to restrain violent patients or visitors 1 to 5 times per month. When law enforcement officials were required to respond to the ED to assist staff with aggressive behavior to restrain violent patients or visitors, managers reported that law enforcement officials responded 64% of the time at a rate of 1 to 5 times per month.

Managers were also questioned about the characteristics of their security officers. Uniformed security officers in the ED were used by 78% of the managers. Security officers were used equally in the emergency department for visitor control, prevention, problem intervention, and other activities, such as assistance to ED personnel with transportation of patients, assisting patient families with getting patients out of the car and self defense classes.

Only 7% of the managers used off duty police as security officers. When asked if their officers could arrest/detain individuals, only 72% stated they could. Only 18% of the security officers carried weapons. The training of the security officers was categorized as no formal training (31%), violence restraint (21%), crisis intervention (20%), self defense (19%), and formal police training (9%).

The statistic that reflects 31% of the security officers that have no training in handling a violent patient is staggering. It was also reported that only 19% that did have some type of self defense training. Security officers are a vital team member within the emergency department. They are usually the first to respond to violent situations and their presence may decrease potentially violent incidents. They should be well equipped to address violent situations

within the department. Appropriate handling of violent situations should decrease any potential injuries that may occur.

Implications

The results of the survey demonstrate that emergency nurses are exposed to a significant amount of verbal assault and physical injury. This fact is being recognized as administrators and managers change the physical structure of emergency departments. Although the physical structure may be changing, as the results reflect, there continues to be a need for more education in identifing, preventing and addressing violent situations. Educational programs need to be developed not only in hospitals but also in schools of nursing. Self defense classes, inservice education on recognition, and appropriate training on the techniques of "taking down" a violent patient are areas that need to be addressed. Research related to the short and long term effects of violence on staff and the effectiveness of legislation need to be completed.

ENA Recommendations

ENA recommends that legislation, hospital policies and procedures, education in identifying and preventing violence, and reporting mechanisms instituted to notify appropriate personnel of violence acts in the emergency department need to be established. Education in hospitals and nursing schools should be made available to protect the health care provider. Additionally, education of legislators for the growing need for protective legislation is imperative.

Legislation

As violence in the emergency department becomes an increasing reality for health care professionals, greater efforts to pass protective legislation is needed. Four ENA State Councils have assisted in passing legislation to protect emergency department health care workers. Mississippi and Connecticut have passed legislation which made assaulting an emergency department physician, nurse, or other medical personnel either a misdemeanor or felony. To date, California has passed the most extensive legislation to protect emergency care personnel. California law requires safety measures (i.e., panic buttons, protective glass) in the ED, education programs for staff and security personnel to identify and defuse potentially violent situations, hospital safety assessments, and mechanisms for staff reporting. In addition, New Mexico has passed legislation requesting funds to study violence against New Mexico's health care workers. New York ENA State Council has been working collaboratively with New York State American College of Emergency Physicians (ACEP) to propose legislation requiring mandatory reporting of workplace violence. All of these efforts are a beginning but more needs to be done.

New Jersey and California Occupational Safety and Health Administration (Cal/OSHA) departments have implemented guidelines related to violence within the health care setting. These guidelines address violent or aggressive behavior in public sector health care facilities.

Cal/OSHA's program requires the development of an Injury and Illness Prevention Program which requires worksite analyses, identification of sentinel events, and training programs to reduce or eliminate hazards to workers. New Jersey OSHA guidelines include safety measures and procedures for client/safety assessments, policies to contain aggressive individuals, communication networks with appropriate agencies, safe staffing levels, and employee support systems when an incident does occur (Simonowitz, 1993). These states have taken proactive measures to ensure the safety of health care workers.

While the work has begun in a few states, there is still much more work to be accomplished. Awareness of and prevention in providing protective legislation is needed at the grassroots level, which begins with employees, managers, and administrators. The need to facilitate legislation does not stop there, it is needed at the professional level through the work of local, state, and national Associations, such as ENA. Through collaborative work, new regulations can be established to protect emergency department health care workers from violence within the workplace.

Hospital Policy

Since violent incidents occur frequently in emergency departments 24 hours a day, it is important for hospitals to institute policies to prevent injuries to patients and staff. These policies should provide guidelines in the prevention and identification of actual and potential violence, education of staff in using appropriate measures to defuse violent situations, and implementation of critical stress debriefing sessions after the incident.

In the ENA survey, managers identified that anger or high stress, open access to the ED, and prolonged waiting times contributed to violent incidents. Thus, visitor control policies can be used to prevent potentially violent situations.

Education

Education is one of the most important interventions for preventing violence. All emergency department employees should be educated on preventing, identifying and defusing violent situations. Inservice education can be provided through demonstration, role playing, videotapes, and with the completion of mandatory inservice for all employees at least one time per year. With this type of education, the cost of employees' injuries and lost work time could be reduced.

Educating staff on the identification of potentially violent patients is one of the best ways to prevent violence. Identification begins with observation. Observing the patient's walk, stance, and physical movements can alert nurses and other health care workers to potentially violent situations. In patients with psychiatric disorders, increased psychomotor activity, such as, pacing, rapid eye movement or the appearance of agitation, are indicators of potentially violent outbursts. After behaviors are identified that indicate possible anger or distress, then actions to identify the likely stressors and interventions to defuse the situation can be implemented.

In addition to physical behaviors, a previous history of violent behavior or alcohol and drug abuse, may also indicate the potential for violent behavior. Prolonged illnesses and excessive medication therapy also may alter the patient's personality and contribute to violent behavior therefore, an assessment of the patient's medical history for key behaviors will alert the nurse to a potentially violent situation. However, research suggests that our ability to predict violence is not very good. The best single prediction of violence was a history of previous violence by the patient which correctly classified 80% of the patients (Blomhoff, Seim, & Friis, 1990).

Hospital Security

Current legislation and regulatory measures that have been either proposed or passed, have focused on security measures. Hospitals have instituted security measures to prevent violent incidents and protect emergency health care workers, patients and visitors. Those measures include: access control systems, panic buttons, physical redesign of ED's, bullet proof glass around the nurses station, video cameras, uniformed officers or additional security personnel, closed-circuit television and card-access systems. All these measures can decrease violence but the nurses or health care professionals may lose their sensitivity toward the patients. Once policies and procedures have been established, it is important to have appropriate mechanisms and personnel in place to initiate these policies.

Conclusion

President Clinton stated in his January 25, 1994 State of the Union Address: "We must all work together to stop the violence that explodes our emergency rooms (departments)." As violence continues to increase within our lives, prevention, recognition, and intervention are needed to prevent potential injuries. Hospital administrators and nurse managers must facilitate staff awareness to the potential for violent situations. Mechanisms to report violent incidents, education to increase staff awareness and supportive measures for those exposed to violence become the responsibility of managers and administrators. These measures will assist in making the emergency department setting a safe haven for staff, patients, and visitors.

APPENDIX A

EMERGENCY NURSES ASSOCIATION
POSITION STATEMENT

VIOLENCE IN THE EMERGENCY SETTING

STATEMENT OF PROBLEM

Violence in the emergency department is increasing. The emergency department provides care for all types of patients 24 hours per day, and is often the primary source of public access to the hospital. The ED is an area where patients and families exhibit a wide variety of physical and emotional reactions due to psychological, chemical and organic causes. Violence cannot be always be predicted.

Primary factors predisposing to ED violence include:

- long waiting times
- staff shortages and temporary staffing
- ED overcrowding
- availability of alcohol and other drugs & potential hostages
- easy hospital access through the ED
- use of ED for psychiatric and medical clearing of patients with alcohol and other drug abuse problems
- increasing number of patients needing care for injuries resulting from violence
- patients, family members, and friends in a crisis situation

According to a recent survey by the International Association for Hospital Safety and Security (IAHSS), there continues to be concern about violence within the health care setting. This is evidenced by sexual assault, arson, battery, armed robbery, kidnapping, homicides, suicides, theft, and bomb threats. These incidents have resulted in physical and emotional pain to the victims, and lawsuits against institutions.

Lavioe (1988) documented that 87% of respondents to his American College of Emergency Physician (ACEP) survey reported some sort of violent incident or threat of violence within the preceding two year period. Keep and Glibert (1992) conducted an informal survey through the California Emergency Nurses Association of five metropolitan areas. In 103 hospitals, they found that 58% of the hospitals had reported injuries suffered by staff members, visitors or patients. Guns and knives were the most common weapons used.

EMERGENCY NURSES ASSOCIATION
POSITION STATEMENT
VIOLENCE IN THE EMERGENCY SETTING

ASSOCIATION POSITION

The ENA firmly believes that health care organizations have a responsibility to provide a safe and secure environment for their employees and the public. Emergency nurses have the right to take appropriate measures to protect themselves and their patients from injury due to violent individuals presenting to the emergency setting. ENA supports the concept of violence prevention and minimization of risk through the following measures:

- Nursing involvement with policy development for security issues within the emergency department, and regular participation on safety committees. This should include consultation and collaboration with community law enforcement agencies.

- Education related to the recognition of tense/hostile situations and crisis development. Education should also include; developing skills in non-violent crisis intervention, communication techniques in potentially violent situations, physical self defense management, and debriefing techniques.

- Education regarding local gangs and gang violence.

- Assessment of safety in the emergency department by health care organizations should include the development of specific evacuation plans to enact when extreme violence erupts within the department

- Professional debriefing of hospital personnel exposed to in-hospital violence with the option of obtaining further counseling

- Use of adequate and competently trained security personnel and structural/environmental controls which provide deterrents and barriers against acts of violence.

- Legislation which mandates and regulates the use of safety controls and recognizes the rights of all involved.

- Collaboration with other organizations to promote safety for health care providers.

RATIONALE

The ENA believes that all health care workers should be provided a safe and secure work environment. ENA believes that all patients and visitors should be afforded the access to health care in a safe non-threatening environment.

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APPENDIX B

1994 Emergency Nurses Association Survey on Prevalence of Violence in U.S. Emergency Departments

QUESTION 1 Job Title

Response:	Totals:
1 -Nurse Manager	67%
2 -Nurse Director	21%
3 -Nurse Administrator	5%
4 -Other	7%

QUESTION 2 Gender

Response:	Totals:
1 -Male	12%
2 -Female	88%

QUESTION 3 State of Residence

Response:	Totals:
01-AL	1.2%
02-AK	.6%
03-AZ	1.2%
04-AR	.8%
05-CA	6.7%
06-CO	1.7%
07-CT	.9%
08-DE	.2%
09-DC	.07%
10-FL	3.7%
11-GA	2.5%
12-HI	.07%
13-ID	.6%
14-IL	5.0%
15-IN	2.5%
16-IA	3.1%
17-KS	2.4%
18-KY	2.5%
19-LA	1.4%
20-ME	1.2%
21-MD	.8%
22-MA	2.2%
23-MI	4.0%
24-MN	3.5%
25-MS	.5%
26-MO	3.3%
27-MT	.8%
28-NE	1.2%
29-NV	.4%
30-NH	.9%
31-NJ	2.2%
32-NM	.9%
33-NY	3.5%

QUESTION 3 State of Residence

Response:	Totals:
34-NC	2.6%
35-ND	.9%
36-OH	4.6%
37-OK	1.8%
38-OR	1.4%
39-PA	4.4%
40-PR	0-
41-RI	.2%
42-SC	1.7%
43-SD	.4%
44-TN	1.6%
45-TX	6.3%
46-UT	1.1%
47-VT	.4%
48-VA	2.2%
49-WA	2.7%
50-WV	.6%
51-WI	3.6%
52-WY	.6%

QUESTION 4 ED volume per year

Response:	Totals:
1 -0-5000	13%
2 -5,001-10,000	12%
3 -10,001-15,000	15%
4 -15,001-20,000	13%
5 -20,001-30,000	21%
6 -30,001-40,000	14%
7 -40,001-50,000	6%
8 -50,001-60,000	3%
9 -60,000 or greater	3%

QUESTION 5 Mark all that apply to your hospital

Response:	Totals:
1 -Rural	32%
2 -Private	19%
3 -Urban	17%
4 -Suburban	15%
5 -County or Public	17%

QUESTION 6 Verbal (abusive language, profanity, stalking threats, obscene phone calls, or warnings of future injury).

Response:	Totals:
1 -Yes	97%
2 -No	3%

QUESTION 7 If yes, approximately how many times during the year.

Response:	Totals:
1 -0-5	15%
2 -6-10	18%
3 -11-15	10%
4 -16-20	8%
5 -More than 20	49%

QUESTION 8 Physical (without weapons; hitting, spitting, biting, kicking, pinching, pulling hear, etc.)

Response:	Totals:
1 -Yes	87%
2 -No	13%

QUESTION 9 If yes, approximately how many times during the year.

Response:	Totals:
1 -0-5	32%
2 -6-10	22%
3 -11-15	12%
4 -16-20	10%
5 -More than 20	24%

QUESTION 10 Physical (with weapons; guns, knives, homemade weapons, mace).

Response:	Totals:
1 -Yes	24%
2 -No	76%

QUESTION 11 If yes, approximately how many times during the year.

Response:	Totals:
1 -0-5	82%
2 -6-10	10%
3 -11-15	3%
4 -16-20	3%
5 -More than 20	2%

QUESTION 12 Physical injuries.

Response:	Totals:
1 -Yes	67%
2 -No	33%

QUESTION 13 If yes, how would you classify the injury.

Response:	Totals:
1 -Minor	96%
2 -Major	3.6%
3 -Death	.4%

QUESTION 14 Emotional injuries.

Response:	Totals:
1 -Yes	67%
2 -No	33%

QUESTION 15 If yes, how would you classify the injury.

Response:	Totals:
1 -Minor	92%
2 -Major	8%

QUESTION 16 Was there lost time for your staff due to physical injury.

Response:	Totals:
1 -Yes	18%
2 -No	82%

QUESTION 17 What was the average length of lost work time per individual staff member per year.

Response:	Totals:
1 -1-2 Days	67%
2 -3-5 Days	17%
3 -5-10 Days	5%
4 -11 Days or more	11%

QUESTION 18 Was there lost work time for your staff due to emotional injury.

Response:	Totals:
1 -Yes	9%
2 -No	91%

QUESTION 19 What was the average length of lost work time per individual staff member per year.

Response:	Totals:
1 -1-2 Days	72%
2 -3-5 Days	19%
3 -5-10 Days	7%
4 -11 Days or more	2%

QUESTION 20 On a monthly basis, how many times is security required to respond to the ED to assist staff with aggressive behavior or restrain violent patient or visitor.

Response:	Totals:
1 -0	14%
2 -1-5	42%
3 -6-10	17%
4 -11-16	9%
5 -17-25	7%
6 -Greater than 25	11%

QUESTION 21 How many times per month is law enforcement required to respond to the Ed to assist staff with aggressive behavior or restrain a violent patient or visitor.

Response:	Totals:
1 -0	20%
2 -1-5	64%
3 -6-10	9%
4 -11-16	3%

QUESTION 21 How many times per month is law enforcement required to respond to the Ed to assist staff with aggressive behavior or restrain a violent patient or visitor.

Response:	Totals:
5 -17-25	2%
6 -Greater than 25	2%

QUESTION 22a Please indicate on a scale of 1-4 with 1 being the most significant and 4 indicating no statistics available, degree to which these causes contribute to violence in your ED.

Response:	Totals:
1 -Alcohol	77%
2 -Alcohol	10%
3 -Alcohol	4%
4 -Alcohol	9%

QUESTION 22b Please indicate on a scale of 1-4 with 1 being the most significant and 4 indicating no statistics available, degree to which these causes contribute to violence in your ED.

Response:	Totals:
1 -Anger or High Stress	31%
2 -Anger or High Stress	35%
3 -Anger or High Stress	19%
4 -Anger or High Stress	15%

QUESTION 22c Please indicate on a scale of 1-4 with 1 being the most significant and 4 indicating no statistics available, degree to which these causes contribute to violence in your ED.

Response:	Totals:
1 -Illness	5%
2 -Illness	19%
3 -Illness	42%
4 -Illness	34%

QUESTION 22d Please indicate on a scale of 1-4 with 1 being the most significant and 4 indicating no statistics available, degree to which these causes contribute to violence in your ED.

Response:	Totals:
1 -Drugs	37%
2 -Drugs	30%
3 -Drugs	17%
4 -Drugs	16%

QUESTION 22e Please indicate on a scale of 1-4 with 1 being the most significant and 4 indicating no statistics available, degree to which these causes contribute to violence in your ED.

Response:	Totals:
1 -Prolonged Waiting Time	11%
2 -Prolonged Waiting Time	28%
3 -Prolonged Waiting Time	34%
4 -Prolonged Waiting Time	27%

QUESTION 22f Please indicate on a scale of 1-4 with 1 being the most significant and 4 indicating no statistics available, degree to which these causes contribute to violence in your ED.

Response:	Totals:
1 -Trauma	5%
2 -Trauma	19%
3 -Trauma	37%
4 -Trauma	39%

QUESTION 22g Please indicate on a scale of 1-4 with 1 being the most significant and 4 indicating no statistics available, degree to which these causes contribute to violence in your ED.

Response:	Totals:
1 -Staff to Staff Conflicts	6%
2 -Staff to Staff Conflicts	3%
3 -Staff to Staff Conflicts	18%
4 -Staff to Staff Conflicts	73%

QUESTION 22h Please indicate on a scale of 1-4 with 1 being the most significant and 4 indicating no statistics available, degree to which these causes contribute to violence in your ED.

Response:	Totals:
1 -Open Access to the ED	25%
2 -Open Access to the ED	17%
3 -Open Access to the ED	26%
4 -Open Access to the ED	32%

QUESTION 22i Please indicate on a scale of 1-4 with 1 being the most significant and 4 indicating no statistics available, degree to which these causes contribute to violence in your ED.

Response:	Totals:
1 -Gang Related Activity	9%
2 -Gang Related Activity	8%
3 -Gang Related Activity	18%
4 -Gang Related Activity	65%

QUESTION 22j Please indicate on a scale of 1-4 with 1 being the most significant and 4 indicating no statistics available, degree to which these causes contribute to violence in your ED.

Response:	Totals:
1 -Psychiatric	25%
2 -Psychiatric	34%
3 -Psychiatric	2[illegible]
4 -Psychiatric	13%

QUESTION 22k Please indicate on a scale of 1-4 with 1 being the most significant and 4 indicating no statistics available, degree to which these causes contribute to violence in your ED.

Response:	Totals:
1 -Other	9%
2 -Other	4%
3 -Other	6%
4 -Other	81%

QUESTION 23 In the past year has any of the staff left the emergency department because of the violence issue.

Response:	Totals:
1 -Yes	4%
2 -No	96%

QUESTION 24 If yes, how many.

Response:	Totals:
1 -0-2	96%
2 -3-5	4%
3 -6-9	0-
4 -10 or more	0-

QUESTION 25 Does your hospital have policies for reporting violent incidents against your staff.

Response:	Totals:
1 -Yes	80%
2 -No	20%

QUESTION 26 Would you report any incidents of violence or aggression.

Response:	Totals:
1 -Yes	97%
2 -No	3%

QUESTION 27 If not, why not.

Response:	Totals:
1 -Fear of Losing Job	5%
2 -Not Considered Important	30%
3 -Discouraged by Supervisor	1%
4 -Part of Job	44%
5 -Other	20%

QUESTION 28 If yes, to whom. (mark all that apply)

Response:	Totals:
1 -Emergency Department Manager.	25%
2 -Law Enforcement	25%
3 -Hospital Administrator	34%
4 -Other	16%

QUESTION 29 Would you feel comfortable in pressing charges against an individual who inflicts injury on you.

Response:	Totals:
1 -Yes	88%
2 -No	12%

QUESTION 30 Should a nurse be able to institute physical restraints while seeking physician orders.

Response:	Totals:
1 -Yes	99%
2 -No	1%

QUESTION 31 Is your state considering or does it have legislation to deal with the violence issue.

Response:	Totals:
1 -Yes	13%
2 -No	12%
3 -Unsure	75%

QUESTION 32 Are your employees educated to identify potentially abusive/aggressive situations.

Response:	Totals:
1 -Yes	68%
2 -No	32%

QUESTION 33 Are your employees educated to deal with aggressive behaviors.

Response:	Totals:
1 -Yes	63%
2 -No	37%

QUESTION 34 Has your hospital initiated measures to protect emergency department staff from violent/aggressive behavior.

Response:	Totals:
1 -Yes	73%
2 -No	27%

QUESTION 35 If yes, please indicate what preventative measures have been taken. (mark all that apply)

Response:	Totals:
1 -Locked Entry	14%
10-Policies to Notify Law Enforcement	10%
11-Metal Detectors	1%
12-Police Dogs	1%
13-Off-duty Police Officers	2%
14-Other	3%
15-None	2%
2 -Video Cameras	11%
3 -Protect.Glass Separating Staff.	4%
4 -Alarm Sensors	5%
5 -FT Security Present in ED	6%

QUESTION 35 If yes, please indicate what preventative measures have been taken. (mark all that apply)

Response:	Totals:
6 -Visitor Control Policies	14%
7 -Changes in ED Physical Layout	4%
8 -Direct Line ED to Police Dept	7%
9 -Panic Buttons	16%

QUESTION 36 On the average, how long does it take for law enforcement officials to respond to the emergency department if a violent situation developes.

Response:	Totals:
1 -less than 5 minutes	56%
2 -5-10 minutes	35%
3 -11-20 minutes	7%
4 -21-30 minutes	1%
5 -greater than 30 minutes	1%

QUESTION 37 Are your security officers uniformed.

Response:	Totals:
1 -Yes	78%
2 -No	22%

QUESTION 38 Are your security officers off-duty police officers.

Response:	Totals:
1 -Yes	7%
2 -No	93%

QUESTION 39 Can your security officers arrest/detain.

Response:	Totals:
1 -Yes	28%
2 -No	72%

QUESTION 40 Please indicate the type of training your security officers receive.

Response:	Totals:
1 -Self Defense	19%
2 -Crisis Intervention	20%
3 -Violence Restraint	21%
4 -Formal Police Training	9%
5 -No Format Training	31%

QUESTION 41 Do your security officers carry weapons.

Response:	Totals:
1 -Yes	16%
2 -No	82%
3 -Unsure	2%

QUESTION 42 If your security officers carry weapons, what kind.

Response:	Totals:
1 -Lethal	40%
2 -Non Lethal	36%
3 -Both	24%

QUESTION 43 During a 24 hour period, what percentage of time is the security officer present in the emergency department.

Response:	
1 -0%	11%
2 -1-25%	56%
3 -26-50%	9%
4 -51-75%	2%
5 -76-100%	3%

QUESTION 44 Percent of time estimate that security is used in the ED for visitor control.

Response:	Totals:
1 -0%	22%
2 -1-25%	58%
3 -26-50%	12%
4 -51-75%	4%
5 -76-100%	4%

QUESTION 45 Percent of time estimate that security is used in the ED for prevention.

Response:	Totals:
1 -0%	26%
2 -1-25%	53%
3 -26-50%	12%
4 -51-75%	5%
5 -76-100%	4%

QUESTION 46 Percent of time estimate that security is used in the ED for problem intervention.

Response:	Totals:
1 -0%	11%
2 -1-25%	60%
3 -26-50%	18%
4 -51-75%	8%
5 -76-100%	3%

QUESTION 47 Percent of time estimate that security is used in the ED for Other.

Response:	Totals:
1 -0%	31%
2 -1-25%	56%
3 -26-50%	8%
4 -51-75%	2%
5 -76-100%	[illegible]

QUESTION * Please mark the items on which ENA should provide additional information.

Response:	Totals:
1 -Info re Leg.Pol RE ED	22%
2 -Info re devel legis to deal	13%
3 -Educ in design ED sys	24%
4 -Ed in recog potent volatile	24%
5 -Research on eff.violent behav	17%

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