SAN ANTONIO, TEXAS, February 2018 – A critical care surgeon who spent five years embedded in a Special Weapons and Tactics (SWAT) team will share steps hospitals can take to better prepare and respond to workplace violence on Monday, February 26, 2018, at the Society of Critical Care Medicine’s (SCCM) 47th Critical Care Congress in San Antonio, Texas, USA.

“We have viewed hospitals as special places; as places for healing, not violence,” said Lewis J. Kaplan, MD, FCCM, Associate Professor of Surgery at the University of Pennsylvania, and Section Chief, Surgical Critical Care, Corporal Michael J. Crescenz VA Medical Center. “Violence at hospitals used to be unthinkable, but that is no longer the case.

“Hospitals can be dangerous places to work,” he said. “But with proper planning and training, hospitals and their staff can put themselves in a much better position to respond when violence occurs.”

Recent statistics regarding in-hospital violence are alarming. U.S. Bureau of Labor Statistics data show that the rate of hospital employees intentionally injured on the job at the hands of another person is significantly higher than the rate across all private industries. In 2015, the most recent year available, there were 8.5 cases of injuries per 10,000 full-time hospital workers, versus 1.7 cases for all private industries. Health-care workers experience the most nonfatal workplace violence compared to other professions by a wide margin, with attacks on them accounting for almost 70 percent of all nonfatal workplace assaults.

With in-hospital violence rising, Dr. Kaplan said hospitals and their staffs need to be proactive in preparing and responding to violent episodes. Dr. Kaplan says the importance of planning, training and developing a strategic response is something he learned well during the five years he spent as a medical team member embedded in a SWAT unit for the North Haven/North Branford/East Branford, CT Police Departments.

“When you look back at the old TV show SWAT, people would stand around and wait for the bread truck with tactical officers to arrive before any kind of response was initiated,” Dr. Kaplan said. “Today, we know that a response has to be initiated immediately. There is a role for every staff member to play in responding to violence in the workplace.”

Key steps hospitals and staffs can take to reduce the frequency of in-hospital physical violence and to improve outcomes after, according to Dr. Kaplan, include:

**Preparedness training**, including specific threat assessment skills. “When you say in-hospital violence, most people’s minds go straight to an active shooter situation, but the vast majority of violent episodes occur between patients or families and healthcare workers. Unfortunately, many healthcare workers accept some of it as “part of the job” rendering workplace violence quite underreported. Staff needs to be trained to identify the potential of violence with patients, families or visitors; have strategies for de-escalating these events; and safety procedures to keep aggressors contained when these events occur,” Dr. Kaplan said.
Durable partnerships with law enforcement. “The partnership between the hospital staff and its security force is often under-developed,” Dr. Kaplan said. “In a crisis situation, both need to work together to mitigate the threat. During an in-hospital crisis, the healthcare team needs to be saving lives while the security team deals with the threat. That sounds straight-forward, but it doesn’t happen seamlessly unless it is trained for on a regular basis as a truly integrated team of professionals.”

Facility security enhancements to support a team-based approach to safety. “Open-access will continue to be a reality that hospitals need to address. We can’t lock all of our doors, but there are strategies that can be implemented to ensure a safer environment. In addition, it’s important that all areas within a hospital are equipped to save lives after in-hospital, violent injury occurs. All staff, including security personnel, should be trained on how to stop bleeding in those injured; and medical supplies, including tourniquets, hemostatic gauze, and other blood-loss prevention materials should be readily available on every floor, not just the Emergency Department or Operating Room.”

In addition, Dr. Kaplan said it’s equally important for hospitals to implement programs that can help staff in the aftermath of workplace violence.

“Hospitals need to have plans not only for responding to workplace violence, but plans for recovering from it as well,” he said. “It’s important to have programs in place to help staff following such events. Violence takes a psychological toll and its impact can be very disabling.”

Press Information:
The Critical Care Congress offers late-breaking and hot-topic sessions that highlight cutting-edge topics in critical care. Members of the press may contact Curt Powell at cpowell@sccm.org or +1 312 285-6551 (text preferred) to learn more about arranging interviews related to high interest topics and for all other inquiries. See www.sccm.org/pressmaterial for details.

Press Interview Room
SCCM provides a press interview room in Room 211 during the Critical Care Congress. The press room will also have press releases and limited copies of select literature releases available. For more information, contact Melissa Nielsen at mnielsen@sccm.org or +1 847 890-3919.

Dr. Kaplan will be available for press interviews following his session from 11 a.m. – 12p.m. on Monday, Feb. 26 in Room 211.

About the Society of Critical Care Medicine

The Society of Critical Care Medicine (SCCM) is the largest nonprofit medical organization dedicated to promoting excellence and consistency in the practice of critical care. With members in more than 100 countries, SCCM is the only organization that represents all professional components of the critical care team. The Society offers a variety of activities that ensures excellence in patient care, education, research and advocacy. SCCM’s mission is to secure the highest quality care for all critically ill and injured patients. Visit www.sccm.org for more information. Follow @SCCM or visit us on Facebook.