

Did You Know?

- NMH has a Workplace Violence Prevention Committee that meets monthly to review recent events from Safety First Reporting and trends.
- The committee also makes recommendations to senior leadership based on trends and events reviews for things such as education recommendations, equipment ideas, and more.
- Comprised of a multidisciplinary team, the committee includes frontline team members, leaders, security and law enforcement.



Awareness

In your everyday life, as well as at work, it's important to be aware of your surroundings.

Situational Awareness: the perception of environmental elements with respect to time or space and the comprehension of their meaning.

- Be in touch with nursing staff if you have any questions or concerns regarding a patient.
- Please be aware of patients who may attempt to leave secure areas when doors are opened or join in elevators without badge access.
- Always be aware of exits and avoid allowing the patients to come between yourself and the door/exit. Request help from team members if you feel you need it.

If something doesn't feel right, it probably isn't.



Situational Awareness

- Our hospitals adopted the “FROG” magnet shown here as a visual for all team members upon entering a room with a patient to do the following if appropriate.
- Ask team members that are providing care for the patient if there is anything you should know for your safety and the patient’s safety before your interaction with the patient.
 - Be aware of your surroundings when you enter a room or begin interacting with a patient.
 - Be vigilant throughout the encounter.
 - Watch for signs of escalating behavior or violence.
 - Maintain behavior that helps defuse anger.
 - Have an escape plan, discuss with team members ahead of time.
 - If it is part of the plan for the patient, call Security ahead of time and have them wait outside the patient door or come in with you.



NORTH
MEMORIAL HEALTH

Three Kinds of Awareness

Self

Others

Surroundings

Click each of the buttons to the left to learn more about three kinds of awareness.

MEMORIAL HEALTH

Three Kinds of Awareness

Self

Others

Surroundings



MEMORIAL HEALTH

Three Kinds of Awareness

Self

Others

Surroundings



- Do they have a visible badge?
- Are they in a restricted area?
- Do they need help finding their destination?
- Are they displaying comfortable or uncomfortable behavior?

MEMORIAL HEALTH

Three Kinds of Awareness

Self

- Identify Entry and Exit Points
- Stay Vigilant
- Identify Objects Around You

Others

In your everyday life, as well as at work, it's important to be aware of your surroundings.

Surroundings

Facility doors are open to the public, so it should be a best practice for all individuals working to keep an eye out for suspicious behavior. If something doesn't feel right, it probably isn't.

MEMORIAL HEALTH

Two Asks of Every Encounter

Did you know there are two simple things that can help portray a more safe and aware workplace? Click on each icon below for more information.



NORTH
MEMORIAL HEALTH

Two Asks of Every Encounter

Did you know there are two simple things that can help portray a more safe and aware workplace? Click on each icon below for more information.

Make Eye Contact

You can't identify someone you never looked up to see.

Their eye contact, or lack thereof, will help determine your gut instinct.



NORTH
MEMORIAL HEALTH

Two Asks of Every Encounter

Did you know there are two simple things that can help portray a more safe and aware workplace? Click on each icon below for more information.



Verbally Acknowledge

This will enhance your gut instinct and help further the confidence you portray.

"Good Morning."
"What can I help you find?"

Prohibited Behavior

Prohibited behavior by patients or visitors is behavior which is objectively inappropriate towards a team member including behavior motivated by protected class status.

Examples of prohibited behavior:

- Deliberate/careless jokes
- Derogatory remarks/gestures
- Offensive language
- Threats to safety or job



NORTH
MEMORIAL HEALTH

When Verbal Abuse Occurs

Lead with empathy

- Be sure the patient knows **SAFE CARE** is your priority.

Set boundaries

- You may need to state what is “okay” and what is not. Don’t assume the patient knows.

Set clear expectations

- In a not threatening way, state the next steps if the patient is unable to stop their use of abusive language.

Example Phrases:

- *“I recognize this must be challenging, but your language is not okay.”*
- *“I want to provide the care you need. If you are unable to change your words, I will not be able to stay in the room.”*
- *“In this hospital, abusive words are not tolerated. Please change your words and I can provide the care you came here for.”*

NORTH
MEMORIAL HEALTH

Responses to Prohibited Behavior

Politely and safely exit the situation if you feel uncomfortable, threatened, or unsafe for any reason. If you are unable to move to a safe location, call for help.



How to Report It

Robbinsdale Hospital & Maple Grove Hospital:
Call security to report or call 911 for imminent threats.

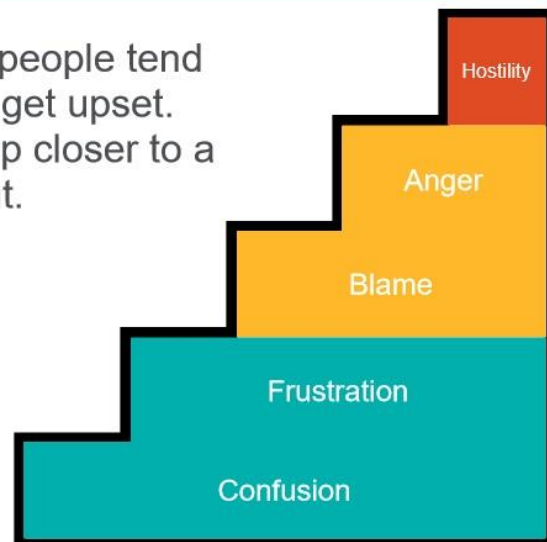
Off hospital campus clinics and ambulance services: call 911

Remember to document events in Safety First Reporting after you've notified security and/or law enforcement.



Five Warning Signs of Escalating Behavior

There are five warning signs that people tend to progressively display as they get upset. Each behavior tends to be one step closer to a potential violent incident.



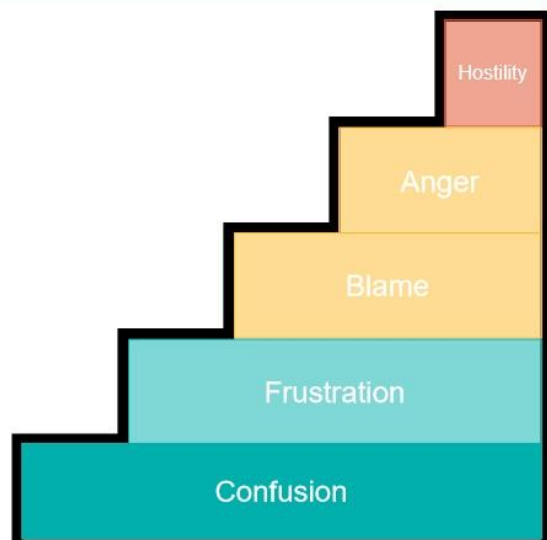
Confusion

Warning Signs of Confusion

1. The person appears bewildered or distracted.
2. They are unsure or uncertain of the next course of action.

Responses to Confusion

1. Listen attentively to the person.
2. Ask clarifying questions.
3. Give factual information.



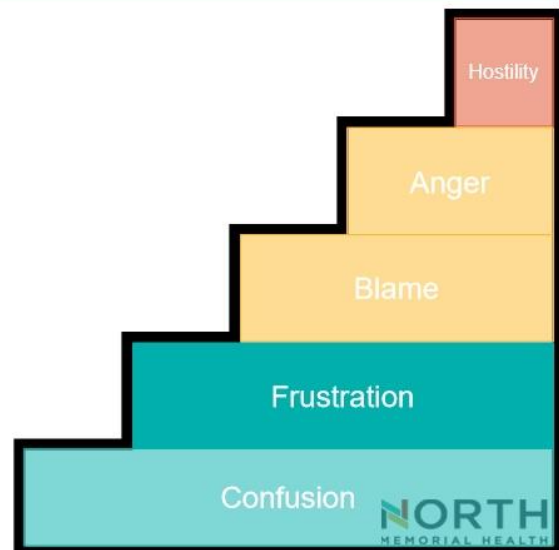
Frustration

Warning Signs of Frustration

1. The person is impatient and reactive.
2. The person resists information you are giving them.
3. The person may try to bait you.

Responses to Frustration

1. Move the person to a quiet location.
2. Reassure them, talk to them in a calm voice.
3. Attempt to clarify their concerns.



De-Escalation in Person

- Listen and acknowledge (e.g. head nods, paraphrase back).
- Speak in a calm and even voice.
- Identify their values and respond in kind.
- Demonstrate empathy – do not get defensive.
- Keep positive.
- Do not get emotionally involved – know your own triggers.
- Apologize if appropriate.
- Offer to let the person speak to another team member instead of you.
- Make sure you are understanding them correctly and vice versa.
- Reassure them you will keep them safe.
- Give them space – for their comfort *and your safety!*
- Don't turn your back to them.



De-Escalation Over the Phone

Do's

- Listen and do not cut them off.
- Acknowledge by repeating back to them.
- Speak in a calm and even voice.
- Avoid putting them on hold.
- Identify their values & respond in kind to build trust.
- Demonstrate empathy – do not get defensive.
- Keep positive.
- Apologize if appropriate.
- Offer to let the person speak to someone else instead of you.
- Make sure you are understanding them correctly and vice versa.

Don'ts

- Do not argue.
- Don't tell someone, "There is nothing I can do."
- Do not get emotionally involved.
- Don't apologize if not appropriate.



NORTH
MEMORIAL HEALTH

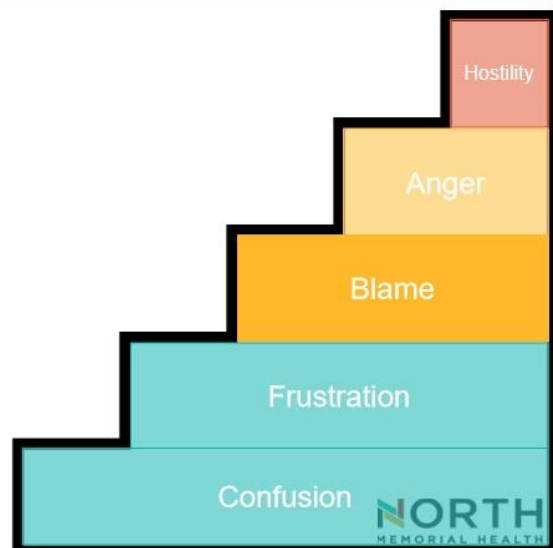
Blame

Warning Signs of Blame

1. The person places responsibility on everyone else
2. They may accuse you or hold you responsible
3. They may find fault with others
4. They may place blame on you

Responses to Blame

1. Disengage with the person and bring a second party into the discussion
2. Use a teamwork approach
3. Draw the person back to the facts
4. Show respect and concern
5. Focus on areas of agreement to help resolve the situation



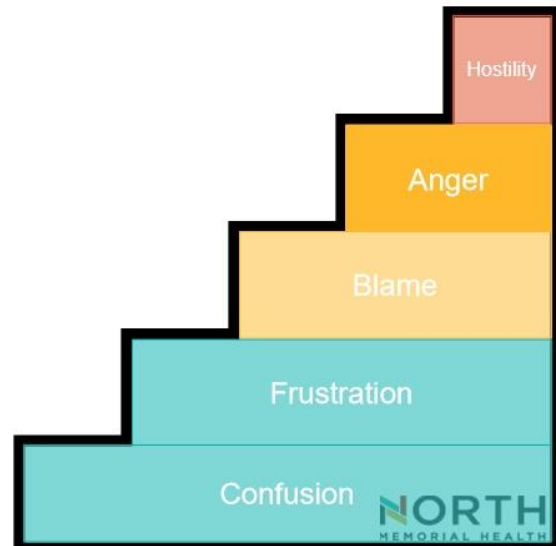
Anger

Warning Signs of Anger

1. The person may show a visible change in body posture
2. Actions may include pounding fists, pointing fingers, shouting or screaming
3. This signals **VERY RISKY BEHAVIOR!**

Responses to Anger

1. Don't argue with the person
2. Don't offer solutions
3. Prepare to evacuate the area or isolate the person
4. Contact your supervisor and Code Green Team



Code Green

If you called for a Code Green:

- Make sure you are safe
- Continue to monitor the situation
- Provide information to the Code Green Team Members as they arrive so a safe plan of action can be determined



Code Green Team Tactics



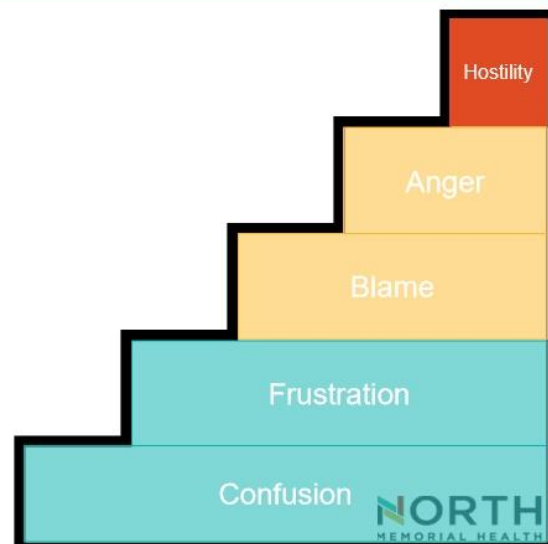
Hostility

Warning Signs of Hostility

1. Physical actions or threats appear imminent
2. There is immediate danger of physical harm or property damage
3. Out-of-control behavior signals the person has crossed the line

Responses to Hostility

1. Don't argue with the person
2. Don't offer solutions
3. Prepare to evacuate the area or isolate the person
4. Contact your supervisor and Code Green team



Early Detection

Most often patients indicate increased anxiety, stress, distress through various behaviors. An established routine screening can assist in identifying patients who are demonstrating early signs of high-risk behaviors.

The Broset (Broset Violence Checklist) tool is an evidenced based tool that is used each shift in various organizations to identify patients who are high risk for violence.



Violence Risk Assessment

Risk Factors	<p>The Broset tool is a licensed tool created to help identify patients who have risk factors for violence. This tool has been built into EPIC. Screening questions in EPIC: Two or more risk factors equals high risk; screens out low risk patients.</p> <p>Click on each of the boxes to the left for more information.</p>
Violence Risk Assessment	
Interventions for Patients at Risk for Violence	



Violence Risk Assessment

Risk Factors	<p><u>Risk factors that contribute to a positive screening:</u></p> <ul style="list-style-type: none"> • Verbal aggression in past 24 hours. • Past episode of violence/aggression. • Alcohol or drug influence. • Dementia or delirium. • Psychotic symptoms. • Hostility. • Impulsivity. <p><u>Screening questions in Epic:</u></p> <ul style="list-style-type: none"> • 2 or more risk factors in EPIC = High Risk. • Screens out low risk patients.
Violence Risk Assessment	
Interventions for Patients at Risk for Violence	

Violence Risk Assessment

Risk Factors	<p><u>In order to access the Broset tool, an initial assessment called the “Violence Risk Assessment” is used. This tool will be found in the:</u></p> <ul style="list-style-type: none"> • Cares and safety flowsheet (previously known as the Patient cares/ADL flow sheet). • Admission navigators. • Area specific navigators (ED/ECC, PCC PACU, Etc).
Violence Risk Assessment	
Interventions for Patients at Risk for Violence	

Violence Risk Assessment

Risk Factors	<ul style="list-style-type: none"> • Care team conference. • Patient Care Facilitator informed. • De-escalation techniques. • Emergency behavioral medicine consulted. • Environment adapted. • Excess stimulation removed. • Individualized treatment plan. • PRN medication. • Provider notified. • Security informed. • Sitter observation. • Threat assessment team notified via administrative manager. • Unique treatment plan - introduced 4th quarter 2018.
Violence Risk Assessment	
Interventions for Patients at Risk for Violence	

Violence Risk Assessment

In order to access the Broset tool, an initial assessment called the “Violence Risk Assessment” is used.

This tool will be found in the:

- Cares and Safety flowsheet (previously known as the Patient cares/ADL flowsheet).
- Admission Navigators.
- Area specific Navigators (ED/ECC, PCC/PACU, etc.).

The next few slides will show some screenshots from the Broset Tool.



Violence Assessment

Time taken:

9/17/2020

0810

Responsible

Create Note

Violence Risk Assessment (BVC)

2 Or More Risk Factors? See List

No

Yes

Verbal aggression in last 24 hours

Past episode of violence/aggression

Alcohol / Drug influence

Dementia or delirium

Psychotic symptoms (i.e. Delusioins)

Hostility

Impulsivity

Create Note

Restore

Close

Cancel

Starting in the Navigators: Violence Risk Assessment can be found between Suicide Assessment and Stress/Coping. It as one question: (Does the patient have) 2 or more Risk factors? Yes or no

NORTH

MEMORIAL HEALTH

Violence Assessment

Time taken:

9/17/2020

0810

Responsible

Create Note

Violence Risk Assessment (BVC)

2 Or More Risk Factors? See List

No

Yes

Verbal aggression in last 24 hours

Past episode of violence/aggression

Alcohol / Drug influence

Dementia or delirium

Psychotic symptoms (i.e. Delusioins)

Hostility

Impulsivity

Create Note

Restore

Close

Cancel

If No, Select No and proceed to next section

If yes, Select yes and the question will cascade

Risk Factors Listed Here

NORTH

MEMORIAL HEALTH

316 | Page

Violence Assessment

Time taken: 9/17/2020 0810 Responsible Create Note

Violence Risk Assessment (BVC®)

2 Or More Risk Factors? See List

No Yes

Verbal aggression in last 24 hours
Past episode of violence/aggression
Alcohol / Drug influence
Dementia or delirium
Psychotic symptoms (i.e. Delusions)
Hostility
Impulsivity

Identify Risk Factors

☐ Verbal Aggression In Past 24 hours ☐ Past Episode Of Violence/Aggression ☐ Alcohol Or Drug Influence ☐ Dementia Or Delirium ☐ Psychotic Symptoms

☐ Hostility ☐ Impulsivity ☐ None

2 or more risk factors indicates High Risk for violence.

Broset - Violence Assessment (BVC®)

Selecting "Yes" will open up the "Identify Risk Factors" line.
User will have to select specific risk factors.

NORTH
MEMORIAL HEALTH

2 Or More Risk Factors? See List

No Yes

Verbal aggression in last 24 hours
Past episode of violence/aggression
Alcohol / Drug influence
Dementia or delirium
Psychotic symptoms (i.e. Delusions)
Hostility
Impulsivity

Identify Risk Factors

☐ Verbal Aggression In Past 24 hours ☐ Past Episode Of Violence/Aggression ☐ Alcohol Or Drug Influence ☐ Dementia Or Delirium ☐ Psychotic Symptoms

☐ Hostility ☐ Impulsivity ☐ None

2 or more risk factors indicates High Risk for violence.

Broset - Violence Assessment (BVC®)

Confused

0=No 1=Yes

Confused - Appears obviously confused and disoriented. Maybe unaware of time, place, or person.

BVC® Copyright Linaker, Busch-Iverson & Almvik
© 2016 Copyright electronic BVC by Frenzs, the Netherlands
riskassessment.no

Irritable

0=No 1=Yes

Irritable - Easily annoyed or angered. Unable to tolerate the presence of others.
Boisterous - Behavior if overtly "loud" or noisy. For example slams doors, shouts out when talking, etc...

BVC® Copyright Linaker, Busch-Iverson & Almvik
© 2016 Copyright electronic BVC by Frenzs, the Netherlands
riskassessment.no

Boisterous

Selecting Yes will cascade open 2 more groups below the identified risk factors.
1: The Broset Violence Assessment
2: Interventions the nurse is to implement.

2 or more risk factors indicates High Risk for violence.

Broset - Violence Assessment (BVCA)

Confused ☐ No ☐ Yes
 Confused - Appears obviously confused and disoriented. Maybe unaware of time, place, or person.
 BVCA Copyright Linaker, Busch-Iversen & Almvik
 © 2016 Copyright electronic BVC by Frenzy, the Netherlands
riskassessment.no

Irritable ☐ No ☐ Yes
 Irritable - Easily annoyed or angered. Unable to tolerate the presence of others.
 Boisterous - Behavior if overly "loud" or noisy. For example slams doors, shouts out when talking, etc.
 BVCA Copyright Linaker, Busch-Iversen & Almvik
 © 2016 Copyright electronic BVC by Frenzy, the Netherlands
riskassessment.no

Boisterous ☐ No ☐ Yes
 Boisterous-Behavior is overly "loud" or noisy. For example slams doors, shouts out when talking, etc.
 BVCA Copyright Linaker, Busch-Iversen & Almvik
 © 2016 Copyright electronic BVC by Frenzy, the Netherlands
riskassessment.no

Physically Threatening ☐ No ☐ Yes
 Physically threatening - Where there is a definite intent to physically threaten another person. For example the taking of an aggressive stance; the grabbing of another persons clothing; the raising of an arm, leg, making of a fist or modelling of head-butt directed at another.
 BVCA Copyright Linaker, Busch-Iversen & Almvik
 © 2016 Copyright electronic BVC by Frenzy, the Netherlands
riskassessment.no

Verbally Threatening ☐ No ☐ Yes
 Verbally threatening - A verbal outburst which is more than just a raised voice; and where there is a definite intent to intimidate or threaten another person. For example verbal attacks, abuse, name-calling, verbally neutral comments uttered in a snarling aggressive manner.
 BVCA Copyright Linaker, Busch-Iversen & Almvik
 © 2016 Copyright electronic BVC by Frenzy, the Netherlands
riskassessment.no

Attacking Objects ☐ No ☐ Yes
 Attacking object - An attack directed at an object and not an individual. For example the indiscriminate throwing of an object, banging or smashing windows, kicking, banging or head butting an object, or smashing of furniture.
 BVCA Copyright Linaker, Busch-Iversen & Almvik
 © 2016 Copyright electronic BVC by Frenzy, the Netherlands
riskassessment.no

Total Score
 Score 0 = The risk of violence is small.
 Score 1-2 = The risk of violence is moderate. Preventive measures should be taken.
 Score >2 = The risk of violence is very high. Preventive measures should be taken. In addition, plans should be developed to manage the potential violence.
 BVCA Copyright Linaker, Busch-Iversen & Almvik
 © 2016 Copyright electronic BVC by Frenzy, the Netherlands
riskassessment.no

Violence Interventions

☐ Care Team Conference ☐ Charge Nurse Informed ☐ Clear Escape Route Maintained ☐ De-escalation Techniques ☐ Emergency Behavioral Medicine Consulted ☐ Environment Adapted ☐ Excess Stimulation Removed ☐ Individualized Treatment Plan ☐ PRN Medication ☐ Provider Notified ☐ Security Informed ☐ Sitter Observation ☐ Threat Assessment Team Notified ☐ Other (Comment)

Information: 11:00 AM

Broset –Violence Assessment. User will have to select Yes or No for each behavior choice. Total score will calculate.

Note: that the row details will tell you what to look for behavior and what the total score means.

Violence Interventions – User will select interventions that were implemented.

Physically Threatening ☐ No ☐ Yes
 Physically threatening - Where there is a definite intent to physically threaten another person. For example the taking of an aggressive stance; the grabbing of another persons clothing; the raising of an arm, leg, making of a fist or modelling of head-butt directed at another.
 BVCA Copyright Linaker, Busch-Iversen & Almvik
 © 2016 Copyright electronic BVC by Frenzy, the Netherlands
riskassessment.no

Verbally Threatening ☐ No ☐ Yes
 Verbally threatening - A verbal outburst which is more than just a raised voice; and where there is a definite intent to intimidate or threaten another person. For example verbal attacks, abuse, name-calling, verbally neutral comments uttered in a snarling aggressive manner.
 BVCA Copyright Linaker, Busch-Iversen & Almvik
 © 2016 Copyright electronic BVC by Frenzy, the Netherlands
riskassessment.no

Attacking Objects ☐ No ☐ Yes
 Attacking object - An attack directed at an object and not an individual. For example the indiscriminate throwing of an object, banging or smashing windows, kicking, banging or head butting an object, or smashing of furniture.
 BVCA Copyright Linaker, Busch-Iversen & Almvik
 © 2016 Copyright electronic BVC by Frenzy, the Netherlands
riskassessment.no

Total Score
 Score 0 = The risk of violence is small.
 Score 1-2 = The risk of violence is moderate. Preventive measures should be taken.
 Score >2 = The risk of violence is very high. Preventive measures should be taken. In addition, plans should be developed to manage the potential violence.
 BVCA Copyright Linaker, Busch-Iversen & Almvik
 © 2016 Copyright electronic BVC by Frenzy, the Netherlands
riskassessment.no

Violence Interventions

☐ Care Team Conference ☐ Charge Nurse Informed ☐ De-escalation Techniques ☐ Emergency Behavioral Medicine Consulted ☐ Environment Adapted ☐ Excess Stimulation Removed ☐ Individualized Treatment Plan ☐ PRN Medication ☐ Provider Notified ☐ Security Informed ☐ Sitter Observation ☐ Threat Assessment Team Notified ☐ Other (Comment)

Environment Adapted
 Consider tubes, wires, and cords as potential harmful objects. Remove unnecessary objects from area such as plastic bags from garbage containers, plastic belongings bags.

Interventions

- Care Team Conference
- Charge Nurse Informed
- De-escalation Techniques
- Emergency Behavioral Medicine Consulted
- Environment Adapted
- Excess Stimulation Removed
- Individualized Treatment Plan
- PRN Medication
- Provider Notified
- Security Informed
- Sitter Observation
- Threat Assessment Team Notified via Administrative Manager
- Unique Treatment Plan



Violence Risk Assessment Continued



This assessment:

- Is to be completed in all areas on admission (excludes NICU).
- Is located in the Safety and Care flowsheet (formerly known as patient care/ADLs).
- Needs to be completed during each shift.

If a patient has active interventions and is high risk, this assessment should be completed more frequently to capture changes and effectiveness of interventions.



FYI Flag




ADT
Charlie
982

FYI

New Flag

Date and Time	Contact	User	Type	Summary
09/17/20 08:15	9/17/2020 - Hospital En...	Ednurse, A	Aggressive/Threatenin...	

- Selecting "Yes" will automatically add an FYI to the patient's chart. You will have to close the chart and then re-enter Epic to see the new FYI flag.
- If at a later time the patient no longer exhibits risk factors and the nurse now documents "No," the FYI is removed.
- The Comment section should be used to identify known triggers or specific information that will assist team members in keeping the patient safe.
- NICU, Pediatrics, and other areas- the FYI can also be used for family or caregiver behaviors.



After the Broset

Dependent on their Broset score, a threat assessment may be suggested and can be requested by contacting the unit leader or admin manager. The next few slides will go over the threat assessment team.

The Broset is meant to help determine next steps to keep our team and our patients safe.

Complete the interventions suggested and let your leaders or the Admin Manager know if you need additional support.

Threat Assessment Team

A Threat Assessment Team may be utilized NMH System wide in order to pre-plan, prevent, or respond to any actions, intentions, threats or other information which indicate harm to NMH patients, team members, NMH property or facilities.

NOTE: If there is an active emergency activate your emergency response procedures by calling *99 at Robbinsdale, *77 at Maple Grove, or call 911. Ambulance service team members should utilize their E help button or request law enforcement to their location. Call MD control and refer to restraint/behavioral guidelines. Off hospital campus clinics should call 911.

Possible triggers:

- Results or key indicators from a Broset Tool.
- Threat to Team Member, Patient or NMH facility/property.
- Potential for a threat (Civil Unrest).
- Incident/event that is close in proximity of NMH facilities.
- Code Green.
- Patient and/or Visitor Behavior.
- Previous experience with Patient.
- Nature of admission.
- To maintain situational awareness of potential threats that present themselves.



Challenge your thinking...

This is NOT part of your job!

- One of the biggest reasons why the data on violence experienced by healthcare workers is so inconsistent is that it is often underreported.
- This occurs because healthcare staff feel that this is "just part of the job."
- If it's not reported, organizations do not realize the magnitude of the problem.

According to the Bureau of Labor Statistics, 20,050 workers in the private industry experienced trauma from nonfatal workplace violence in 2020. These incidents required days away from work. 76% worked in the healthcare and social assistance industry." (2022)



Threat Assessment Team

To pre-plan, prevent, or respond to any actions, intentions, threats or other information which indicate harm to NMH patients, team members, NMH property or facilities.



NOTE: If there is an emergency, activate your emergency response procedures – call 911



When is the Threat Assessment Team Called?

When **you feel threatened** or receive a verbal or written threat (or witness someone else being threatened),
notify your immediate supervisor/manager.


The supervisor/manager will contact Admin Manager or on-call Administrator who will page the site-specific Threat Assessment Team.

NOTE: If there is an emergency, activate your emergency response procedures – call 911



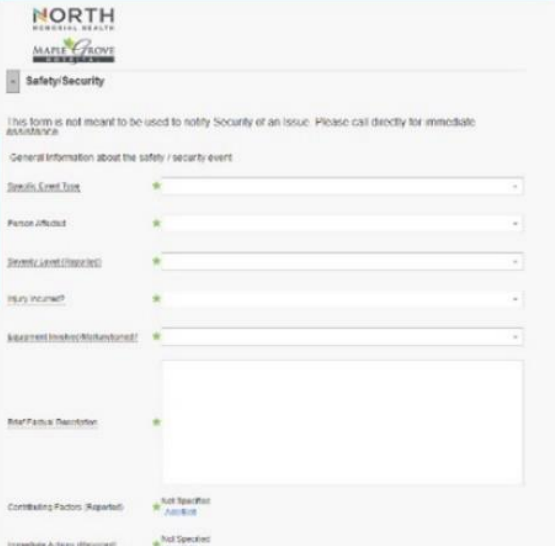
Reporting in Safety First

Use the Safety/
Security Form:


Safety First
Reporting

Located in the
portal!

The need to report any
verbal threat/abuse or
physical threat/assault is so
that we can look for
opportunities to improve.



The screenshot shows the 'Safety/Security' form on the North Memorial Health portal. The form includes fields for 'Specific Event Type', 'Person Affected', 'Severity Level (choose 1-5)', 'Injury Incurred?', and 'Equipment Broken/Nonfunctional?'. There is a large text area for 'Brief/Factual Description'. At the bottom, there are checkboxes for 'Contributing Factors (Agitated)', 'Not Specified', 'Immediate Action Required', and 'Not Specified'.

Active Threat

Anything that is a threat to the safety of NMH team members, patients, or property.

Recognize Threat:

Immediate Threat

- Aggressive Individual with object or weapon
- Something that can cause bodily harm, injury, or death
- Hostage situations

Potential Threat: if you see something, say something.

- Suspicious item – backpack, package, unattended weapon, etc.
- Verbal/Written Threat of violence via phone call, in-person, or email
- Civil Unrest – protest, demonstration, upset family members/patients

Active Threat Response

If the *immediate* threat is a person, use any of the following response actions based on your ability and circumstances in the moment:

- *Run*: Run away from the threat if possible.
- *Hide*: If running is not possible and you cannot safely get away from the threat, hide and protect yourself.
- *Fight*: If you cannot escape, counter the human threat.

Report It!

Take note of what or who you saw/heard, when you saw/heard it, where it occurred, why it is suspicious.

- Call 911 or Dial 9-911.
 - Switchboard operator will broadcast "Active Threat" and the location will be broadcast at the hospital.
 - Off hospital campus clinics and ambulance services: 911 operator will dispatch emergency services to your location.



Plain Language

"*Plain Language*" ensures that both team members and visitors know the danger and how to respond; reduces confusion.

- Examples include, but are not limited to: persons with weapons, bomb threats, terrorist activity, civil disturbances, suspicious packages, suspicious activity.



How Do I Identify an Active Threat?

When you contact Security, describe specifically what you observed, including:

- **Who** or **what** you saw.
- **When** you saw it.
- **Where** it occurred.
- **Why** it's suspicious.



Lock Down

Security will institute a lock down mode through overhead page when a situation has the immediate potential to jeopardize the safety and security of patients, visitors, team members or property.



***Maple Grove Hospital is
initiating lock down procedures
due to: 'issue' and 'location'***



Lock Down All Clear

During a lock down mode, the emergency entrance will serve as the only hospital entrance point unless an alternate entrance is deemed necessary by Security and Administration Managers. This entrance will be continuously monitored by Safety and Security.

“Hospital lock down all clear” will be announced through overhead page when the lock down mode is canceled.

If the situation is an active threat within the hospital, refer to the Active Threat Policy.



Preparing for an Active Threat

- An active threat (shooter, other weapon) is an individual aggressively engaged in killing or attempting to kill in a confined and populated area.
- The situation occurs rapidly and without warning. The person's objective may be a specific target such as an estranged spouse or former boss or may just be all persons present. In either case anyone within weapon range is a probable victim.
- Most end in less than 15 minutes so the arrival of Law Enforcement may have little effect on the outcome. The person often commits suicide or is looking for "suicide by cop."
- Individuals need to prepare physically and mentally to respond to an active threat incident.



Run



RUN

The first – and best – option is to get out if you possibly can. Encourage others to leave with you, but don't let their indecision keep you from going.

Run Tactics

Choose a route carefully

Don't run willy-nilly or blindly, follow a crowd. Pause to look before you enter choke points, such as stairwells, lobbies, and exits, to make sure you can move through them quickly and not get stuck out in the open.

Think unconventionally

Doors are not the only exits. Open a window; if you have to break it, aim for a corner. See if the drop ceiling conceals a stable hiding place or a way to enter another room. You may even be able to punch through thin drywall between rooms.

Look down

If you're trapped on the second floor, consider dropping from a window, feet first, ideally onto a soft landing area. (But if you're higher than the second floor, the drop itself could be fatal.)

Be quiet and stealthy

Try not to attract a shooter's attention. Remember that edges of stairs are less likely to creak than the centers. Stay low and duck when you pass windows both inside and outside the building.

Click on each of the images above to learn more.

NORTH
MEMORIAL HEALTH

Hide



HIDE

If you can't immediately leave a building or room, you want to buy time – time to plan another way out, time to prepare in case the shooter forces their way in, time for the police to arrive.

NORTH
MEMORIAL HEALTH

Hide Tactics

Block doors

Don't just lock them, barricade them with desks, chairs, bookcases - anything big and heavy. Wedge objects under them at the farthest points from the hinges. Prop or wedge something under door handles to keep them from turning all the way. Tie hinges and knobs with belts or purse straps. A shooter doesn't want to work hard to enter a room.

Turn off lights, silence phones

Make sure someone has alerted 911 with as many details as you can about your location and anything you know about the shooter's whereabouts. Cover windows if you have time; if not, make sure you can't be seen through the glass.

Choose a hiding place

If you know you will hide and stay hidden, don't count on particle board furniture to stop bullets. Get behind something made of thick wood or thick metal if you can, or stack several layers of thinner material. Make yourself as small a target as possible, either curling into a ball or lying flat on the ground.

Make a plan

Don't just get under a desk and wait. Plan how you will get out or what you and the other people who are with you will do if the shooter gets into the room.

Click on each of the images above to learn more.

NORTH
MEMORIAL HEALTH

Fight



FIGHT

This is the last resort, a dangerous option to be used only if your life is at risk and you are trapped with a gunman. Different situations call for different strategies, but of all these, turn the element of surprise against the shooter.

NORTH
MEMORIAL HEALTH

Fight Tactics

Create chaos

Throw books, coffee mugs – anything you can grab. A moving target is much harder to hit than a stationary one. Greg Crane, founder of the ALICE Training Institute, which has worked with nearly 3,000 schools, said that even children can be taught to move, make noise and distract so they can buy time to get away.

Swarm

Some experts teach a Secret Service-style technique in which people wait beside the door and grab the shooter as they enter. At least one person goes for the gun, one wraps his legs and others push him down. Using their body weight, a group of smaller people can bring a large man to the ground and hold him there.

Move the weapon away

Once the gun is separated from the shooter, cover it with something such as a coat or trash can. Don't hold the weapon, because if police storm in, they may think you are the shooter.

Attack

This is last even among last-resort options. The ALICE program doesn't even suggest this for adults, and none recommend it for children. But if you try to fight, choose a weapon and aim for vital areas such as the head, eyes, throat, and midsection. Don't quit.

Click on each of the images above to learn more.

NORTH
MEMORIAL HEALTH

Run, Hide, Fight – What About Patients?

The key thing to remember is that you cannot help others if you are injured or dead. Do not delay getting yourself to safety in order to help someone else.

Things you can do:

- Encourage others to **run** with you if they are ambulatory.
- **Hide**: shut doors and turn out the lights in patients areas that may not be able to evacuate.
- If your best option is to hide in a patient's room, **barricade** the door and plan how you will **defend** yourself and the patient if the assailant manages to enter.

Source: <https://www.readinessrounds.com/blog/active-shooter-part-2-patient-safety>



After an Event of WPV

Huddle for safety:

- Anyone injured should be evaluated.
- Assess for necessary resources.

Document and notify:

- Violence Risk Assessment/Brosset.
- Notify provider or leaders as needed.
- Safety First Reporting.

Request a Defusing from your unit leader or the Administrative Manager:

- An opportunity for team members to self assess their own psychological well-being and to determine need for other immediate interventions.



Team Member Health and More

We offer:

- Workplace Injury Treatment
- **Employee Assistance Program support with *SupportLinc***
 - Call line managed 24/7, (888) 881-LINC (5462) or visit supportlinc.com, username: northmemorial
 - Available to ALL team members and adults living in their home.
 - Can be used for home or work stressors. Support topics include, but are not limited to, marriage, divorce, depression, stress, managing emotions, substance use, parenting, identity theft, dependent care resources, and financial planning.



Closing Thoughts

- It is Everyone's responsibility to keep our workplace safe.
- If You See Something, Say Something.
- Remember to Run, Hide, Fight.
- Report to Security, Your Supervisor, or any Leader.
- If something does occur that you are a part of utilize Safety First and report it after the incident.
- Team Member Health Services has great resources if you need them.
- For more information on Workplace Violence and efforts to improve safety check out North Net.

