

The Impact of Civil Unrest and Workplace Violence on Healthcare



the E **X** CHANGE

ASPR
ASSISTANT SECRETARY FOR
PREPAREDNESS AND RESPONSE



TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

FOREWORD

The Impact of Civil Unrest and Workplace Violence on Healthcare

Our nation continues to face unprecedented challenges. In the spring and summer of 2020, as we made our way through the COVID-19 pandemic and the accompanying shutdowns, patient surges, and extreme stress on our healthcare workers, protests took place in cities across the U.S., with some resulting in injuries and property damage. Another challenge that remained constant during the pandemic, sadly, is violence against healthcare workers. While already a significant, documented issue, anecdotal evidence suggests increases in violent confrontations related to public health mandates, masks, vaccines, visitation policies, distrust, and fatigue. Once again, ASPR recognizes you, our nation's healthcare emergency readiness and response professionals, for working so hard to address these various issues, sometimes simultaneously, in your planning efforts and daily work lives.

In this issue of *The Exchange*, ASPR TRACIE strives to share the most valuable, timely, and helpful information for you and your colleagues on lessons learned and promising practices specific to civil unrest and workplace violence. The articles in this issue focus on three categories: healthcare preparation for and response to local civil unrest; trends, policies, and protocols related to workplace violence; and strategies for preventing and responding to violence in the emergency department.

I encourage you to visit ASPR TRACIE's [Workplace Violence](#), [Active Shooters and Explosives](#), and [Responder Safety and Health](#) Topic Collections and their [Novel Coronavirus Resources Page](#). Please also continue to monitor the Centers for Disease Control and Prevention's pages on [COVID-19](#) and [Influenza](#).

ASPR TRACIE develops resources in conjunction with partners, stakeholders, and other subject matter experts who have direct experiences in the field. Please [share](#) your own promising practices, lessons learned, or requests for technical assistance about COVID-19 so that others may learn from your experiences. As always, we welcome your feedback.



CDR Jonathan White

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Director, Division of Community
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ASPR EMMO

WELCOME TO ISSUE 14!

The [last issue of *The Exchange*](#) focused on the collaborations between hospital allied and supportive care providers during COVID-19 (with articles on acute hospital care, home care, and hospice; the role of allied healthcare providers; and engineering and environmental support). While the pandemic continues, in this issue, we shift our focus to review the impact of civil unrest and workplace violence on our stakeholders across the country.

[ASPR TRACIE](#) has had the honor of working with subject matter experts (SMEs) to gather and share timely information before and throughout the pandemic. We recognize that while issues such as workplace violence plagued our stakeholders before the pandemic, the civil unrest that took place across our nation in 2020 was a relatively new challenge for many. Our goal is to develop new resources and share with you existing articles, tools, quick sheets, and templates—all vetted by SMEs—that can help you, patients, and visitors stay safe.

Please continue to refer to the [National Institutes of Health Coronavirus Disease 2019 \(COVID-19\) Treatment Guidelines](#), [CDC's Coronavirus webpage](#), and our [Novel Coronavirus Resources page](#) for updates. Your feedback is what makes us successful—please [contact us](#) with your comments, questions, technical assistance needs, and resources to share. We look forward to our continued collaboration.

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AT A GLANCE

5 Healthcare Preparation for and Response to Local Civil Unrest

Recent incidents of civil unrest have affected critical infrastructure components (including healthcare facilities) in many cities. ASPR TRACIE met with representatives from several major cities who shared their experiences and how lessons learned from these incidents have been incorporated into emergency plans.

6 Trends, Policies, and Protocols Related to Healthcare Workplace Violence

The authors provide an overview of workplace violence, highlight risk factors that contribute to healthcare workplace violence, and summarize related legislation and policies. They also highlight strategies and guidance healthcare staff and security partners can incorporate into their coordinated workplace violence plans.

7 Violence in the Emergency Department: Strategies for Prevention and Response

Violence in healthcare facilities presents a growing and significant challenge to patients, providers, support staff, and visitors. Hospital emergency departments (EDs)—where doors are always “open”—are frequently the site of violence, which is either carried over from external conflict or perpetrated by patients (and/or their loved ones) against healthcare workers. This article highlights variables that contribute to challenging situations and strategies hospitals can use to prevent them, keeping patients and staff as safe as possible.



WHAT'S NEW WITH ASPR?

In October 2021, HHS renewed both the [COVID-19](#) and [opioid](#) Public Health Emergency Declarations; check out the [PHE overview](#) and [frequently asked questions](#) (FAQ) to learn more.

Three vaccines have been [authorized for emergency use or approved](#) by the U.S. Food and Drug Administration, with additional action being taken regarding the approval of [booster doses](#). BARDA continues to work with our nation's scientists on [COVID-19 medical countermeasures](#) and [expanding pharmaceutical manufacturing in America](#). Since the start of the pandemic, HHS has expanded the depth of the [Strategic National Stockpile](#) (SNS) to ensure it meets the needs of communities affected by infectious disease in addition to natural disasters and terrorist attacks. As of October 2021, ASPR's response to the pandemic included 113 medical countermeasures developed, manufactured and/or purchased with support from BARDA, more than 17,000 tons of cargo shipped by the SNS to support U.S. repatriation efforts and personal protective equipment needs; and 26 emergency use authorizations issued for BARDA-supported SARS CoV-2 tests.

In July, Ms. Dawn O'Connell and Ms. Cheryl Campbell were [sworn in](#) as the Assistant Secretary for Preparedness and Response and Assistant Secretary for Administration respectively. In August, [Hurricane Ida](#) devastated parts of Louisiana and Mississippi, was downgraded to a tropical storm, then brought flooding rains, high winds, and power outages across the country and up the mid-Atlantic coast. HHS declared public health emergencies in Louisiana, Mississippi, New York, and New Jersey and activated the [Emergency Prescription Assistance Program](#) in Louisiana.

SNS staff remembered September 11th in a [blog post](#) that described the impact of the incident on the evolution of the stockpile. Shortly thereafter, National Disaster Medical System (NDMS) teams, who have been engaged on many levels since the fight against COVID-19 began, [deployed to Tennessee](#) to augment the hospital's emergency department and provide much needed support to local staff.

Visit the [ASPR homepage](#) and [blog](#) and follow us on [LinkedIn](#), [Facebook](#), [Twitter](#), and [Instagram](#) to learn more about how ASPR is working to strengthen the nation's ability to prepare for, respond to, and recover from emergencies.

Healthcare Preparation for and Response to Local Civil Unrest

SUMMARY

Recent incidents of civil unrest have affected critical infrastructure components (including healthcare facilities) in many cities. ASPR TRACIE met with representatives from several major cities who shared their experiences and how lessons learned from these incidents have been incorporated into emergency plans.

RELATED ASPR TRACIE RESOURCES

- [Civil Unrest During a Pandemic-Notes from Minneapolis](#)
- [Resources for Hospitals During Civil Unrest](#)

OTHER RESOURCES

- [Injuries from Less-Lethal Weapons during the George Floyd Protests in Minneapolis](#) (this letter to the editor cites two articles):
 - [Penetrating Deep Pelvic Injury due to “Less-lethal” Beanbag Munitions: A Case Report and Policy Implications](#)
 - [Tear Gas Safety and Usage Practices](#)
- [DC Hospitals Treat 10 Involved in Capitol Riot: 6 Things to Know](#)
- [Facts About Riot Control Agents Interim Document](#)
- [The Riot Trauma: What Injuries Should You Expect from Non-Lethal Police Weapons and Protests?](#)
- [Tear Gas and Pepper Spray Toxicity](#)
- [Minneapolis Crowd Control Overkill Caused Blindness, Brain Injuries, Report Shows](#)
- [L.A. Protesters Try to Break into Hospital Where Two Officers Are in Critical Condition After ‘A Cowardly’ Shooting](#)
- [Legacy Salmon Creek Hospital Locks Down Because of Protest](#)

“We constantly remind staff to bring their badges home; don’t leave them in lockers—having them on-hand can help them get through security checkpoints set up throughout protest perimeters.”

The Other Epidemic: Violence Against Healthcare Workers

PATIENT AT HOLY SPIRIT HOSPITAL ACCUSED OF ASSAULTING 2 STAFF MEMBERS

Nurses Under Attack: Violence Is Getting Worse in Hospitals

ER Nurses File Workplace Safety Complaint Over Alleged Violence Against Staff

Escalating Workplace Violence Rocks Hospitals

Health Workers Once Saluted as Heroes Now Get Threats

Trends, Policies, and Protocols Related to Healthcare Workplace Violence

SUMMARY

In *this article*, the authors provide an overview of workplace violence, highlight risk factors that contribute to healthcare workplace violence, and summarize related legislation and policies. They also highlight strategies and guidance healthcare staff and security partners can incorporate into their coordinated workplace violence plans.

RELATED ASPR TRACIE RESOURCES

- [Active Shooter and Explosives](#) Topic Collection
- [Workplace Violence](#) Topic Collection

TECHNICAL ASSISTANCE RESPONSES

- [Active Violence Exercise Templates for Healthcare Facilities](#)
- [Hospital Lockdown Resources](#)
- [Bomb Threat Policies for Hospitals](#)
- [Hospital Active Shooter and Door Control Resources for Active Violence Incidents](#)
- [Metal Detector Use in Hospitals](#)
- [ASPR TRACIE-Developed Active Shooter Resources, and “Secure-Preserve-Fight” Model Articles](#)
- [Hostage Situation-Specific Resources](#)
- [Active Shooter Incidents in Healthcare Facilities](#)
- [Active Shooter Drill and Evaluation Resources](#)
- [Active Shooter and Workplace Violence Data](#)

“In 2018, the private ownership all-worker incidence rate for nonfatal occupational injuries and illnesses involving days away from work resulting from intentional injury by other person in the private healthcare and social assistance industry was 10.4 per 10,000 full-time workers, compared to the all-worker incidence rate of 2.1. The health care and social service industries experience the highest rates of injuries caused by workplace violence and are 5 times as likely to suffer a workplace violence injury than workers overall.”

[U.S. Bureau of Labor Statistics, 2020](#)





Violence in the Emergency Department: Strategies for Prevention and Response

SUMMARY

Violence in healthcare facilities presents a growing and significant challenge to patients, providers, support staff, and visitors. Hospital emergency departments (EDs)—where doors are always “open”—are frequently the site of violence, which is either carried over from external conflict or perpetrated by patients (and/or their loved ones) against healthcare workers. ***This article*** highlights variables that contribute to excess risk and strategies hospitals can use to mitigate them, keeping patients and staff as safe as possible.

RELATED ASPR TRACIE RESOURCES

- [Active Shooter and Explosives](#) Topic Collection
- [Workplace Violence](#) Topic Collection

TECHNICAL ASSISTANCE RESPONSES

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- [ASPR TRACIE-Developed Active Shooter Resources, and “Secure-Preserve-Fight” Model Articles](#)
- [Hostage Situation-Specific Resources](#)
- [Active Shooter Incidents in Healthcare Facilities](#)
- [Active Shooter Drill and Evaluation Resources](#)
- [Active Shooter and Workplace Violence Data](#)



ADDITIONAL RESOURCES

- [A Safer ED: Immediate Considerations](#)
- [The ED's Response to Covid19: Now and in the Future](#)

“When it comes to the safety of an emergency department (ED), we divide levels of protection into two categories: *active and passive*. It is a complex relationship, and challenges abound: how do hospitals control automobile and ambulance access to the ED? What about security during a disaster or other incident that could potentially bring hundreds of people to a site? How easy is it for people to walk by a hospital corridor and access the interior of the facility? Does your facility ensure all new and existing employees are regularly trained in how to recognize and manage a violent situation? Addressing these and other security-related questions is key to ED crime prevention.”



RECOMMENDED RESOURCES



TECHNICAL RESOURCES

In addition to our 57 [comprehensively developed Topic Collections](#), we recently worked with subject matter experts to publish 20 [COVID-19 Healthcare Planning Resource Collections](#). We continue to add resources to our Collections; check back often. You can also learn more about rating, commenting on, and saving resources [in this short tutorial](#).



ASSISTANCE CENTER

We have received hundreds of requests for [COVID-19-specific technical assistance](#) (TA); we encourage you to review those and our [summary of responses to select TA requests](#). [Check out this tutorial](#) for assistance navigating the Assistance Center.



INFORMATION EXCHANGE

Check out the [COVID-19 threads in the Information Exchange](#) (IE) to access what your colleagues are sharing and provide feedback. Don't have an account? [Register for the IE today](#), where you can share your opinions and resources with us and your colleagues. [Access our quick tutorial](#) for help with registration.

ASPR TRACIE

Your Healthcare Emergency Preparedness Information Gateway

The Exchange is produced by the Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE). Through the pages of *The Exchange*, emergency health professionals share firsthand experiences, information, and resources while examining the disaster medicine, healthcare system preparedness, and public health emergency preparedness issues that are important to the field. To receive *The Exchange*, visit <https://asprtracie.hhs.gov/register> and enter your email address.

ASPR TRACIE was created to meet the information and technical assistance needs of ASPR staff, healthcare coalitions, healthcare entities, healthcare providers, emergency managers, public health practitioners, and others working in disaster medicine, healthcare system preparedness, and public health emergency preparedness. The infographic illustrates ASPR TRACIE's reach since launching in September 2015.



TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

ASPR TRACIE STATS



>1.2 million
Website Visitors

Subject Matter
Expert Cadre Members

>1,100

Total Resources Developed

2015-2021



~10,400
Information Exchange
Members

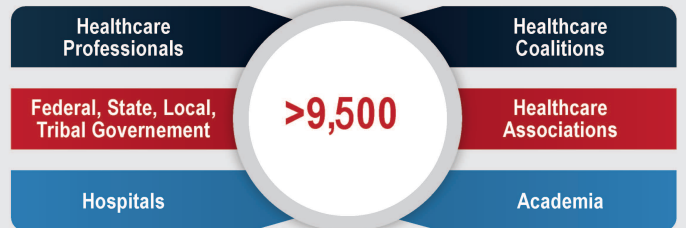


ASPR TRACIE
Distribution List Reach

>1.5 million

Technical Assistance Requests

Types of professionals requesting TA



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