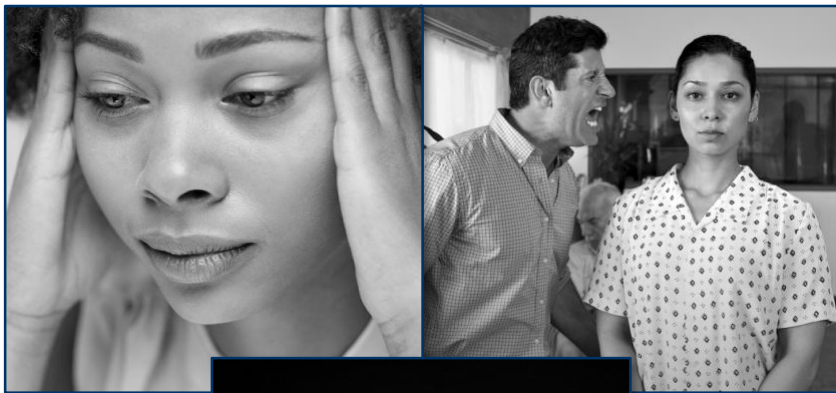


Massachusetts  
General Hospital



Police, Security  
Outside Services

# Guide to a Safe and Respectful Workplace



## *Early recognition and intervention is the key!*

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**“Our mission is to proactively and competently deliver protective and supportive services to the Mass General community, facilitating a welcoming, accessible and safe environment.”**

~ MGH Police, Security and Outside Services, Mission Statement

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**“In support of a non-violent workplace, our mission is to help eliminate violence through conflict resolution training, enhanced education and awareness programs and to ensure managers, supervisors and employees understand the critical skills needed to recognize behavior problems before they become disruptive and to incorporate the appropriate resources at the right time for guidance.”**

~ MGH Police, Security and Outside Services, Workplace Violence and Conflict Position Statement

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**“UNIVERSAL PRECAUTIONS for VIOLENCE:**

**Violence should be expected but can be avoided or mitigated through preparation. Workers should understand the importance of a culture of respect, dignity and active mutual engagement in preventing workplace violence and conflict.”**

~ OSHA, Guidelines for Preventing Workplace Violence for Healthcare and Social Services Workers.

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**“Peace is not the absence of conflict but the presence of creative alternatives for responding to conflict -- alternatives to passive or aggressive responses, alternatives to violence.”**

~ Dorothy Thompson

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**“As a member of the MGH community and in service of our mission, I will never:**

- **Recklessly ignore MGH Policies and procedures**
- **Criticize or take action against any member of the MGH community raising or reporting a safety concern**
- **Speak or act disrespectfully toward anyone**
- **Engage in or tolerate abusive behaviors**
- **Look up or discuss private information about patients or staff for any purpose outside of my specified job responsibilities**
- **Work while impaired by any substance or condition that compromises my ability to function safely and competently.”**

~ Massachusetts General Hospital, Boundaries Statement

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# Workplace Violence Defined

Workplace violence can be defined as “any behavior which creates a work environment that a reasonable person would find intimidating, threatening, violent or abusive, regardless of whether the behavior may affect a person’s psychological or physical well being.”

Violence doesn’t have to be extreme to be considered healthcare violence. The most prevalent type in healthcare is not extreme physical violence. However, there are recognizable stages of conflict that can be mitigated in order to prevent healthcare violence.

## Types of Healthcare Violence

- **Assault and Battery** (physical attack)
- **Bullying** (undermining, patronizing, humiliating, intimidating)
- **Cyber Abuse** (stalking, bullying, threatening)
- **Domestic Violence** (power and control)
- **Harassment** (pattern of conduct causing emotional distress)
- Hate Crimes
- Homicide
- **Intimidation** (frightening, coercing)
- Sexual Assault
- **Stalking** (pattern of conduct causing fear of violence)
- Suicide
- **Threats** (expression of intent to cause physical harm)
- **Verbal Aggression** (forcefully criticizing, insulting, denouncing)

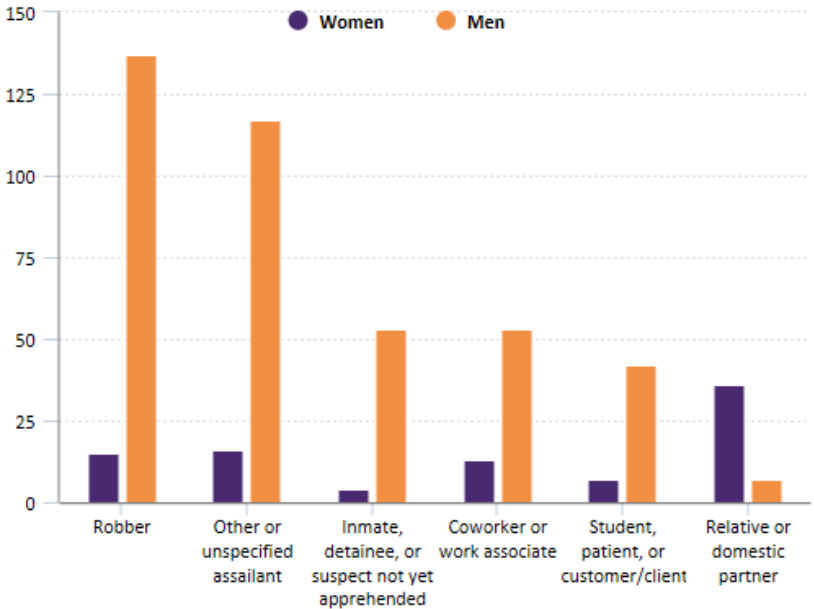
Thankfully at MGH, most types of violence we encounter are the less severe types such as threats, intimidation and verbal abuse

“The officer arrived, asked her to sit down and calmly connected with her, convincing her to return to her room peacefully. After the officer left, all of us remarked at how incredible they had been – truly a model for the rest of us.”

# Workplace Violence Statistics

According to the US Bureau of Labor Statistics, homicides accounted for 10 percent of all fatal occupational injuries in the United States in 2016. There were 500 workplace homicides in 2016, an increase of 83 cases from 2015.

Work-related homicides by type of assailant and gender of victim in 2016



Relatives or domestic partners were the most frequent assailant in work-related homicides of women (40 percent) but accounted for 2 percent of assailants in homicides of men.

Shootings accounted for 394 workplace homicides in 2016 (79 percent of the total). Stabbing, cutting, slashing and piercing incidents accounted for another 38 homicides (8 percent of the total). Hitting, kicking, beating or shoving accounted for 35 workplace homicides in 2016 (7 percent of the total).

# Unique Characteristics in Healthcare (which may contribute to violence)

- **Approximately 80% female population**
- **Behavioral health issues**
- **Crisis mentality**
- **Disturbed people with no hospital business**
- **Domestic violence (victims come to MGH)**
- **Emotions already “on edge”**
- **Ethnic conflict**
- **Family disputes**
- **Increased gang activity (victims come to MGH)**
- **High tension environment**
- **Higher homeless and psychiatric populations**
- **Long waits and overcrowding**
- **Microcosm of a city**
- **Numerous points of entry/exit**
- **Patient prisoners**
- **Public access 24/7**
- **Space constraints**
- **Staffing shortages**
- **Substance abuse issues**
- **Unpredictability**
- **Vulnerable areas**

## Recipe for Prevention

**Knowing Your Employees/Co-Workers/Patients**

**+**

**Increasing Your Awareness**

**+**

**Utilizing Your Resources**

**=**

**Better Management and Reduction of Healthcare Violence/Conflict**

# Common Stressors in Healthcare

## Personal Stressors:

Family issues  
Fear  
Feeling overwhelmed  
Financial problems  
Medical/Mental  
Pain and suffering  
Personal crisis  
Significant or crisis dates  
Substance abuse

## Work-Related Stressors:

Difficulty with change  
Disciplinary action  
Feelings of inadequacy  
Harassment  
Job overload  
Problems with boss  
Significant or crisis dates  
Termination  
Under-appreciated

## *Keep in mind...*

*90% of conflict and aggression comes from unmet expectations.*

## *Remember...*

*Prevention and early intervention is the key. If you are concerned about a change in a colleague's, patient's or visitor's behavior, utilize your resources for consultation. Notify your manager or supervisor, Police and Security, or make a direct referral to the Employee Assistance Program (EAP), HAVEN at MGH or Human Resources at any time.*

## Myths

Merriam Webster defines a “myth” as an unfounded or false notion.

*“It can't happen here”*

*“S/he just snapped”*

*“It can't be prevented”*

*“Former employees commit more violence”*

In almost every instance of healthcare violence, coworkers suspected or knew there was a problem. What did management know? When did they know it? What did they do about it? When did they involve security? Don't get caught up in the “myths” of healthcare violence.

# Warning Signs

Always take particular note if there is a change in behavior patterns, if the frequency and intensity of the behaviors are disruptive to the work environment and if the person is exhibiting many of these behaviors rather than just a few.

## Warning signs include:

- Behavioral health crises
- Blaming others for mistakes
- Complaints of unfair personal treatment
- Complaints of unusual and/or non-specific illnesses
- Crying, sulking or temper tantrums
- Disregarding the health and safety of others
- Disrespect for authority
- Excessive absenteeism or tardiness
- Faulty decision making
- Forgetfulness, confusion and/or distraction
- Handles criticism poorly
- History of violence
- Holds grudges, especially against his or her supervisor
- Increased mistakes or errors, or unsatisfactory work quality
- Insistence that he or she is always right
- Making inappropriate statements
- Misinterpretation of communications
- Objectification of violence
- Obsession with firearms or other weapons
- Personal hygiene is poor or ignored
- Quiet or keeps to himself or herself
- Refusal to acknowledge job performance problems
- Social isolation
- Sudden and/or unpredictable change in energy level
- Swearing or emotional language
- Talking about the same problems repeatedly with no resolution
- Testing the limits to see what they can get away with
- Verbalizes hope that something negative will happen

**WARNING WARNING**



# Domestic Violence

(also known as Intimate Partner Violence)

Domestic violence is a pattern of controlling behavior where one person is exerting **power** and **control** over a spouse, partner, girl/boyfriend and/or a family member. Some of these behaviors include:

- Coercion
- Economic manipulation
- Emotional abuse
- Intimidation and threats
- Isolation
- Murder
- Physical violence
- Sexual assault and rape
- Stalking
- Verbal abuse

Below is a list of warning signs that when clustered together, may indicate that you, or someone you know, are in an abusive relationship. Are you or is someone you know with someone who...

- attempts to manipulate you
- checks up on you
- has a history of violence
- has choked you
- has physically assaulted you
- has restrained you
- is jealous and possessive
- believes that women should be submissive
- blames you when they mistreat you
- has caused people to question your safety
- says, "If you really loved me, you'd..."
- is very bossy
- loses their temper easily
- owns or uses weapons
- pressures you for sex
- says you provoked them
- won't accept breaking up
- won't let you have friends



For information on our services offered, please see our Resources page in this booklet. For immediate, confidential consultation:

Police and Security (numbers vary by location- see the Backpage)  
Employee Assistance Program (EAP) 617-726-6976  
HAVEN at MGH (for visitors and patients) 617-724-0054

# M.O.A.B.®

## (Management of Aggressive Behavior)

**M.O.A.B., or Management of Aggressive Behavior®, provides strategies for preventing and diffusing aggressive behavior. M.O.A.B. teaches principles, techniques and skills used to recognize, reduce and manage anxious, aggressive and violent people. Our department offers one-hour and three-hour in-person M.O.A.B. classes (visit our website, listed on the back page, to view the dates of upcoming classes).**



**You must be aware that you might be working with a person who is exhibiting one of three stages of conflict. Your reactions or responses to each stage will be different. The three stages are anxiety, verbal aggression (also known as emotional confrontation) and physical aggression.**

# Stage 1: Anxiety

**ANXIETY** can be defined as a noticeable change in behavior, an involuntary reaction or response triggered by a specific occurrence.

## Triggers of Anxiety:

- Anger/Frustration
- Cornered
- Depression
- Disappointment
- Distrust of authority
- Emotionally disturbed
- Fear
- Hate
- Jealousy
- Job loss
- Long lines
- Losing control
- Psychosis
- Sorrow
- Third party
- Your body language

## Signs of Anxiety:

- Confusion
- Excessive swallowing
- Eyebrows frown or twitch
- Eye contact is minimal
- Face flushes or twitches
- Head down
- Lips twitch
- Minimal or excessive talking
- Mouth dry
- Nervous laugh
- Pacing
- Shallow breathing
- Sweating
- Veins appear

## Responses to Anxiety:

- Acknowledge their anxiety
- Be aware of your gestures and postures – be in control
- Employ supportive verbal communications using a low tone
- Keep proper spacing, staying outside of 4 foot from the person
- Let them vent
- Listen to understand
- Maintain a supportive stance, hands facing up at the waist
- Maintain supportive eye contact, don't look away or be distracted
- Offer the Employee Assistance Program as a supportive resource
- Use the individual's name but work as a team ("we")

# Stage 2: Verbal Aggression

**VERBAL AGGRESSION**, or emotional confrontation, can be defined as observable anger. Because someone is engaging you in verbal aggression, does not mean that a physical assault is imminent.

## Triggers of Verbal Aggression:

- Feeling insulted or demeaned
- Frustrated in pursuing a goal
- Physically threatened
- Self-esteem or dignity threatened
- Suffering from mental illness



## Signs of Verbal Aggression :

- Belligerent, yelling, cursing
- Deep or quick breathing
- Direct, prolonged eye contact
- Excessive salivation
- Finger pointing
- Frowning
- Hands and fists pumping
- Head and shoulders back
- Invading personal space
- Kicking at the floor or objects
- Lips pushed forward
- Red Face
- Shoulders square
- Standing as tall as possible

## Responses to Verbal Aggression :

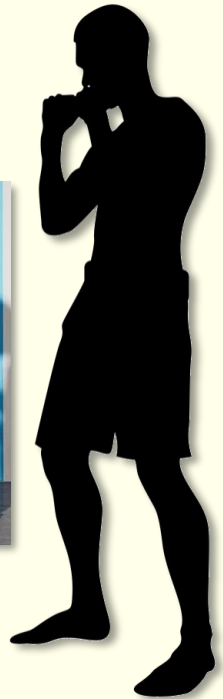
- Don't take the bait (the individual is testing you for a reaction)
- Do not be aggressive
- Keep proper spacing, staying outside of 4 foot from the person
- Let them vent
- Listen to understand
- Maintain a calm but assertive voice
- Maintain a supportive stance, hands facing up at the waist
- Maintain an assertive stance, hands facing down at the waist
- Maintain appropriate eye contact
- Set reasonable and enforceable limits or consequences
- Use the individual's name

# Stage 3: Physical Aggression

**PHYSICAL AGGRESSION** can be defined as a loss of physical control or physical violence. You have every right to defend yourself.

## Signs of Physical Aggression :

- Bobbing or rocking
- Body settles (dropping the center and lowering the body)
- Breathing is rapid and deep through the mouth
- Change of stance (weight shift described as “the set”)
- Eyebrows drop covering the eyes
- Face becomes lighter
- Head drops down
- Lips tighten over the teeth
- Movement stops
- Phrases are repeated
- Shoulders roll forward
- Targeting glance
- Verbalization stops
- Voice is strained



## Responses to Physical Aggression :

- Create a diversion by tossing an object
- Escape as quickly and as safely as possible
- Keep your head and shoulders straight
- Maintain a defensive stance, hands bladed above the waist
- Maintain direct eye contact
- Use loud positive commands (“Stop”, “No”, “Drop the chair”)

# Active Shooter

An active shooter is an individual or individuals actively engaged in killing or attempting to kill people in a confined and populated area. The likelihood of you being involved in an active shooter incident is the equivalent of the likelihood of you being struck by lightning.

Nine active shooter incidents have occurred in healthcare facilities between 2000 and 2018. Over 200 shootings, not active shooter incidents, have occurred in healthcare facilities in that same time period. Hospital shootings are targeted and personal.

People who train or review what to do in the unlikely event that an active shooter incident were to take place are more likely to take action to save their lives than those who haven't. Training and mental conditioning lead to positive outcomes.

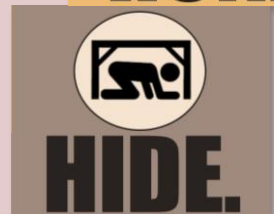
What you can do:

- **RUN.** – run or evacuate if safe to do so
- **HIDE.** – hide and barricade if you are unable to run
- **FIGHT.** – fight for your life if you come in contact with a shooter

Law enforcement's first job when they arrive on scene is to locate the shooter and neutralize them, not evacuate or treat victims.

When interacting with law enforcement:

- Have nothing in your hands
- Raise your arms
- Spread your fingers
- Show your hands
- Do as requested
- Provide information



# All Employees Should:

- **Believe you can make a difference**
- Be aware of your surroundings
- Inform Police and Security immediately if an incident occurs
- Know and use all available services
- Lock your doors for safety
- Report all suspicious activity
- Report incidents immediately
- Think prevention
- **TRAIN – TRAIN – TRAIN**
- Trust your instincts
- Wear your hospital ID badge



“I appreciate the support your staff provided to us during this event in helping to create a plan and then through the execution of it.”

# Managers Should:

- **Be available, respectful, helpful and non-judgmental**
- Communicate safety concerns
- Engage employees in social action
- Explain what behaviors to report
- Have domestic violence information available
- Inform Police and Security immediately if an incident occurs
- Maintain confidentiality
- Make statements about the value of a report
- Organize informational sessions for staff
- Partner with internal departments
- Take action when indicators are present
- Talk about confidentiality so no fear of reprisal
- Talk about...
  - Employee Assistance Program (EAP)
  - Occupational Health
  - Police and Security
- Tell employees who to report to
- **TRAIN – TRAIN – TRAIN**

# Training

## Classroom Training

(call 617-726-2121 or visit our website [www.massgeneral.org/police](http://www.massgeneral.org/police) for information)

**Active Shooter Incident Preparedness**

**General Safety and Security**

**Management of Aggressive Behavior© (MOAB)**

**Out of Hospital (Home) Visits**

**Security Awareness and Vigilance for Everyone™ (SAVE)**

**Suspicious Packages**

**Workplace Violence/Conflict Prevention**

## HealthStream Training

(Partners Applications >> Utilities >> HealthStream)

**Code Silver - Active Shooter Training**

**PCS MOAB®**

**PHS Workplace Conflict, Violence Prevention Training**

**Police and Security Safety Before, During and After Home Visits**

**Security Awareness and Vigilance for Everyone (SAVE)**

**Strategies to Prevent Workplace Conflict and Violence**



## MGH Policy and Procedure

(Partners Applications >> Policies and Procedures >> MGH-MGPO)

**Active Shooter – Harassment – Weapons – Workplace Violence**

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For information on our outreach training programs, please contact

Senior Manager Tom Mahoney  
[tdmahoney@partners.org](mailto:tdmahoney@partners.org)  
617-724-7694

Training Specialist Matt Thomas  
[mdthomas@partners.org](mailto:mdthomas@partners.org)  
617-726-6792



# Getting Help

We would like to reinforce that as an employee you have resources to keep you safe. We are available 24-hrs a day, 7 days a week. If you encounter something or someone that has you concerned for your safety or the safety of others, please reach out to us immediately. We should be called to respond to prevent a situation from escalating, to intervene if the situation has become physical or to follow up on a situation that has been deescalated. If you sense that something is not right, it probably isn't. Things can be prevented with early intervention.

**Panic buttons** are duress buttons that should be used when you are in fear of immediate danger. When pressing a panic button or alarm, the dispatcher receiving the alarm will be able to view your location and your phone number. After dispatching officers to your location, they will call you on the phone to obtain more information. Please share any information with the dispatcher if it is possible to do so. This will allow us to respond appropriately and know some details before we arrive.

**Doctor Johnson** is a secret code you can use that will NOT alert the person or persons you are having trouble with to the fact that you are calling Police and Security. It might be a situation where the party of concern may escalate if they saw you press a panic button or knew you were calling Police and Security. You should inform them that you need to page a doctor for another patient, call Police and Security at your site and request that Doctor Johnson be paged to your location. Please be as specific as possible as to your exact location. After dispatching officers, the dispatcher answering your call will ask you several questions you can answer with a "yes" or "no" response to determine what the situation involves. If you cannot answer the questions, please know that help is already on the way.

# Resources

## Police and Security

Court-Related Services  
Customized Safety Planning  
Domestic Violence Advocacy  
Employee and Patient Standbys  
Home Security Assessments  
Investigation/Surveillance  
Liaison with Law Enforcement  
Mediation  
Risk Assessments  
Safety Escorts  
Security Systems Modification  
Threat Assessments  
Training

**24-hour Dispatch:**  
**617-726-2121**  
**Special Investigations Unit:**  
**617-726-1474**

## Hospital-Wide

Employee Assistance Program (EAP)      617-726-6976  
Human Resources (HR)      617-643-2857  
Occupational Health (OCC Health)      617-726-2217  
SMART (Strategic Management Assessment and Response Team)\*\*  
    617-726-1474 (business hours)      617-726-2121 (off hours)

### Interdisciplinary Committees:

- Disruptive Patient Committee
- Domestic Violence Working Group
- Gun Violence Prevention Coalition
- Infant/Child Protection Team



\*\* This interdisciplinary team is available as a resource for timely assessment and intervention to manage difficult and complex situations that are developing with patients and families and even employees.

# Notes



Main Campus: 24-hrs  
**617-726-2121**

Charlestown Navy Yard (CNY): 24-hrs  
**617-726-5400**

Charlestown Health Center (CTN)  
**617-724-8151**

Chelsea Health Center (CHC)  
**617-887-4300**

Revere Health Center (CHC)  
**781-485-6464**

Mass General/North Shore (Danvers)  
**978-882-6444**

Assembly Row (Somerville): 24-hrs  
**857-828-6000**

**[www.massgeneral.org/police](http://www.massgeneral.org/police)**

**<http://apollo.massgeneral.org/policeandsecurity>**

**Follow us on Facebook: <https://www.facebook.com/MGHPD>**

