

Risk Insights: Senior Living & LTC

Episode 3

Identifying, responding to and preventing workplace violence

Welcome to the Risk Insights: Senior Living & LTC podcast, hosted by Tara Clayton with Marsh's Senior Living & Long-term Care Industry Practice. Each month, Tara, a former litigator and in-house attorney speaks with industry experts about a variety of challenges and emerging risks facing the industry.

Tara Clayton:

Hello, everyone, and welcome to Risk Insights. I'm your host Tara Clayton. Today we are discussing a difficult topic but unfortunately it's one that every senior living and long-term care company needs to address. That topic is workplace violence, including active violence.

For the discussion today, I have two industry experts joining me to dig into how this industry needs to consider and address preparedness planning. I'll first introduce Doris Fischer-Sanchez, who is the senior vice president of clinical risk with the Marsh Senior Living and Long-term Care Industry Practice. Hey Doris, thanks for joining us today.

Doris Fischer-Sanchez:

Thank you, Tara, and thank you, everyone.

Tara Clayton:

Doris, I know you've joined me before on the podcast on a different topic, but just in case listeners haven't yet checked out that episode, can you give us just a little bit of background about yourself and your role with the senior living and long-term care practice group

Doris Fischer-Sanchez:

Happy to, Tara. My background is that I'm a psychiatric and family nurse practitioner by training and practice, but probably about 20 years ago, I went into risk management. Along the way, I also was a resident care director for a larger CCRC here in Chicago. In terms of today's topic, also have a background in emergency preparedness at a large academic and the development of a safety committee within that organization as well.

For Marsh Senior Living and Long-term Care Practice, I'm a risk consultant. That includes matters of clinical care, and of course safety and quality within that piece of the organization.

Tara Clayton:

Thanks, Doris. The other expert I have joining us today is Jonathan Frost. He is the senior property risk consultant with Marsh Advisory Consulting Solutions. Jonathan, hi, and welcome to the show.

Jonathan Frost:

Hi, Tara. Thanks for having me.

Tara Clayton:

Yeah, absolutely. Thank you for joining.

Jonathan, can you give the audience a little bit more information about your background and the role that you play with the Marsh Advisory Consulting Solutions Group?

Jonathan Frost:

Sure. I'm a Marine Corps and law enforcement veteran with a little more than 20 years experience in the security, law enforcement realm, as well as the active violence field. So I'm a trainer for both the avoid, deny, defend method and the AVERT, the Active Violence Emergency Response practice as well.

When it comes to my place here at Marsh, I focus on primarily security assessments for our clients. So I come in and evaluate security programs based on policy and procedures, the way people work in the environment, and then physical walkthroughs as well. So a lot of that stuff is incorporated with active violence as well. So we do a little bit of everything. If it touches security, then I usually have my hands in it at some point.

Tara Clayton:

Awesome. Well, like I said, it's unfortunate, but grateful that we have people like you, Jonathan, who can help out, and thank you for your service as well. So to get our discussion going, I thought I would kind of open up with... I pulled some statistics, did a little research going into our session. To set the framework about violence in the senior living, long-term care space and really the broader healthcare space, one data set that I came across, there's a 2018, the United States Bureau of Labor Statistics did a report.

At that point in time, and I'll note obviously this is before COVID, and we know that COVID has had an impact, but at that point in time, they found that healthcare workers are five times more likely to be victimized on the job than other workers overall. Furthermore, healthcare workers accounted for 73% of all non-fatal workplace injuries and illness due to violence.

I'll note, there were several other studies that I looked at that talked about in the broader healthcare industry, and I would say the same probably applies to senior living and long-term care, that there's quite a bit of under-reporting of violent events. I know we'll talk a little bit about this when we talk about incidents that we see, but I think that stems from a normalcy that we place on behaviors that we see in the settings of the populations that we serve. As I noted, that study came out before COVID, and there's been a ton of articles about how COVID-19 has really exacerbated what I would say the

treatment of healthcare workers in the environment as a whole.

So with that, again, those statistics are in a broader violence in the healthcare workplace. We'll talk about that broader discussion at the end, but I want to first, Jonathan, I really want to focus on this area that unfortunately we see come across our news feed much more frequently than any of us would hope to see, and that's active violence. Can you, Jonathan, from your perspective and your experience, how do you define what active violence is, and how is that different from a general workplace violence area?

Jonathan Frost:

Right. So active violence has been, of course, in the media, and it's been around for several years now. The Department of Homeland Security has actually decided to define that as an incident where an individual is actually actively engaged in killing or attempting to kill people in a confined or populated area.

So areas like schools or hospitals or concert venues where everything is confined and people are in there, whereas workplace violence is a little bit more broad, in which that's an area where it's any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs on the work site or with somebody while they're on duty. So although they kind of overlap a little bit, they really are two separate entities or problems that organizations can face.

Tara Clayton:

Gotcha. A little bit more background. We'll talk about the active violence, and I'll get into what sometimes I think may be a thought of that active violence events happen in only certain areas. I did some research again, and there were unfortunately a couple of examples.

No one wants to imagine that this could happen in your setting, but I did find several examples, and I'm just going to list a couple to kind of set the framework. 2009, in North Carolina, there was an incident where a gunman entered a nursing home, ultimately killing seven residents, one nurse, and wounding three others, including a police officer, who was on the scene responding.

The intended target of that active assailant was his estranged wife, who she was not in there at that point in time. I point that out because we're going to talk about some of the connections and red flags to look out for. But she was a nursing assistant there in the nursing home facility. 2017, there was another nursing home where a gunman entered and killed two employees and a police chief who also was on the premises to respond. This particular assailant had a history of previous violence against one of the victims who was an employee, a nurse at that nursing home. She had taken out multiple protection orders against him leading up to the incident.

We have one in 2019 in Rhode Island, a staff member was killed and another employee was injured, as well as a resident injured when a resident who lived in an assisted living community opened fire inside of the community. Then the last example I have is in 2021 in Maryland, two staff members of an assisted living community were shot inside by a gunman who was allegedly "fed up" with the way he felt that the residents inside the community were being treated. So I list those out, Jonathan, because I sometimes get concerned that when people talk about active violence, your mind immediately goes to schools, movie theaters, other big public events.

You think of a big public setting. Your mind doesn't necessarily go to an assisted living community or a nursing home, skilled nursing facility. So knowing that, does the fact that it's not a very frequent event change the way that our industry should look at preparing for and addressing active violence in their setting?

Jonathan Frost:

Yeah, well, no industry is immune and no location is exempt from this kind of a tragedy for that to take place there. So we haven't seen, aside from the ones that you've mentioned, there haven't been a lot in the senior living and LTC communities, which doesn't make it exempt or safer than anywhere else.

Just because they haven't had the 15, 20, 10 people murdered doesn't mean that they're inoculated in some way because they're different, which is important, because they need to make sure that they're not falling into this whole conscious complacency mindset, right? Where it's not going to happen here. So it's really important that they prepare properly, just like a school would or a hospital or emergency room or any of these

areas, they still need to make sure that they're prepared.

Tara Clayton:

On that note, Jonathan, I know we talked I guess maybe a week or so ago on this topic as we're working on some other projects. We talked on this term conscious complacency and the issue of you don't want to become "an easy target". Can you talk to us a little bit more about what that means and really to kind of drive home the importance of not becoming complacent in this area?

Jonathan Frost:

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Jonathan Frost:

Yeah. It's really easy in any job to just come in and go through the motions every day and not think about these tragic incidences that could happen. So it's really important to, from a leadership perspective, to have your organization or your community ready for this kind of an incident. One of the best ways to do that is just to think about it from time to time. I learned a long time

ago when I was becoming a trainer for law enforcement, that we were always told that the body can't go where the mind has never been. So it means that you have to start thinking about these things so that you don't get stuck in that uh-oh, panic moment when something actually happens.

I even kind of started incorporating that into my home. So my wife had a garden at one time before she finally realized she wasn't a gardener. She's also allergic to bees, which we learned. So she has an EpiPen for such an incident like that. I would always tell my kids even at a young age, I said, "If you go outside and mommy's working in the garden and she's laying down in the garden or something doesn't look right, I want you to think about what you're going to do, because chances are maybe she was stung by a bee when she was out there, and she went into shock, and she needs to get the epinephrine administered.

So I would start putting them, in a non-traumatic way, right? To start thinking about that and start thinking about how they're going to respond so that they don't just walk out there and just get stuck in that uh-oh surprise moment. Their mind has already thought about what they're supposed to do. So the premise is that they will go back to that, because they've already kind of ran through it in their minds.

Tara Clayton:

So I think that's really important, especially when you think of this active violence response plan that luckily most people have not been involved in this type of situation.

The last thing you want is for staff or others in the community to freeze and not take the right steps. So knowing that that... It sounds like that's the overall intention of any type of active violence response plan is making individuals feel unfortunately comfortable if this type of event happens, feeling comfortable in those steps that we would want them to take.

I know we don't have time on this podcast, and I'll reference the webinar that you and Doris are working on that's really going to go more into some practical pointers on what that plan should look like.

But for purposes for now, are there some big area tips or pointers that we should cover to make sure providers think through when developing these response plans to

help their associates, help their residents mentally go somewhere so that they are prepared to physically respond if necessary?

Jonathan Frost:

For sure. It seems like a lot of the time we get caught up in the videos of the run, hide, fight or the avoid, deny, defend where we send those out to our people once a year and say, "Okay, make sure you review the video. Make sure you understand what's going on and how to respond." But that's not really preparedness. Preparedness is really the key when it comes to developing a program like this, because every industry is different, to an extent, especially when it comes to the communities for senior living and long-term care. So one of the first things to do in that preparedness step is to conduct a needs assessment, because you need to go in and see where your biggest problems could be. I say problems, but your biggest needs, right?

Where if you're in a senior living environment where everybody's still mobile and can move on their own, and they can avoid on their own, that's different than in maybe a long-term care facility, or community, excuse me, where people are in wheelchairs or maybe are in beds and can't move as quickly. So your needs to get those people to safety is going to be a lot different than another area. So doing that, and then of course starting to investigate and develop a multidisciplinary threat management team to head off these issues before they actually turn into workplace violence and active violence situations is going to be another key.

Tara Clayton:

Doris, Jonathan mentioned each industry, but also I think each community or facility is going to need to look at this differently. From your experience, what are some other opportunities or areas that may be unique that providers need to make sure that when they're developing, working with someone like Jonathan or developing these response plans, that they're addressing these unique factors that may be present in their area?

Doris Fischer-Sanchez:

Yeah, so I'm thinking a lot about what Jonathan said in some of the conversations we've had, and the differences between senior living and long-term care and healthcare in general. One of the things that I think

strongly about is if you've seen one senior living community, you've seen one. They all have their own culture and welcoming and such. That becomes potentially an issue. So if you've got a large tower in an urban area with only one access point and elevators, but you can get in through the back of the building because of maintenance and so on, because you don't really know what's going on in the back of the house. Versus in rural setting where maybe it's more of a ranch-style building where you've got a lot of windows and doors that you could get into, maybe a little bit more open design.

All the way to communities maybe like in Florida or California that are actually built in a compound-type setting because they've got villas and they've got other types of buildings where the care buildings are off to the side and there's community centers and such, and just a lot more opportunity for different folks to be on premises, and you don't necessarily know if they belong or if they don't. So I think a lot too about security challenges, in terms of just with COVID and so much has changed and the utilization of agency staff where previously you might have known who your full-time employees were for the most part. If people were newer to the work site, you could say, "Hey, do you know who that is?" That's why now uniforms and name tags and a contact person on each shift when there's an agency staff there is so imperative, because somebody needs to know that you truly belong there or you don't.

In senior living, there isn't a lot of security-devoted staff, right? People play many roles, largely relegated to maintenance or facilities or resident care directors and so on. So what does that mean though in terms of the whole community and being safe? It's kind of like risk. It's everyone's responsibility. So it doesn't mean that it can't be done. It just means how, within your preparedness for your culture and your setting are you going to manage that? That's a lot what Jonathan mentioned about what's your needs? What actually do you have? What are you lacking? And so on.

Then I just wanted to mention one thing. One of the things, and this is a lot of the good that goes on in senior living, is that whole notion of that stand-up meeting that's just been a part of the culture for many, many years, but are we using that to its full benefit? This is one place every day where certainly, even if you didn't have right now a formal safety committee or other, that you could add that as part of an agenda item to the conversation every day.

Jonathan Frost:

Doris, you bring up a really important point too that I'd like to touch on is that when conducting a needs assessment, because these communities are so different, if you're not doing it with an in-house resource and you're bringing in an independent consultant from another agency or from outside the realm, it's important that they have the conversations with the people that are the boots on the ground, not just the caregivers, but maybe a couple people from the community itself so that they can get a really holistic view of what the community's needs really are, because it's not always just access control or cameras. A lot of the time it comes down to employee training, policies, and procedures, right? You've got those certain legs that all need to be there for the structure to stand properly when it comes to a program like this. So working with the people like Doris or somebody within that community that can really give somebody from the outside a 500-foot view or 5,000-foot view, I guess, of what the program is and what the community is really, really important.

Tara Clayton:

What about residents? Do residents play a role in developing a response plan?

Jonathan Frost:

Absolutely. They're the ones that are going to be very, when an incident like this happens, they're going to be responsible for a lot of their own safety, right? And a lot of their own response. So knowing their capabilities and being prepared.

It's just like a fire drill, right? When they need to know where exits are and what areas to use and what to listen for or how to respond to a fire alarm, where to muster outside so that they can get a proper head count of everybody. It's just like that when you get involved in the process.

Tara Clayton:

I asked that question because I could hear one possible thought being, "Well, we don't want to scare people, right?"

This is our residents' home. This is where they live, and we don't want to cause unnecessary grief or concern,

even scare our associates. Doris, you mentioned some of the workforce challenges that we're having. We want to make sure that they feel safe and that they're in a safe environment."

Doris, what's your response to if someone has that concern that, "Oh, if we do all this active training, it's going to scare everyone."?

Doris Fischer-Sanchez:

I think that we're talking about a generation of people, and if we look at their age grouping, grew up in the time of the depression, of World War II, Korean War, Vietnam War, Cold War, and they were the very people who, if you can remember when you were a child and you were in school, or the active teachers and so on that were telling us to hide under our desks and to be prepared, and if we need to, we're going to go into this shelter. So their whole life has been in terms of preparing and understanding and working within times that were very difficult and uncertain.

So I don't think at this stage in their life that not preparing them is the way to make them feel more confident. I think that would cause anxiety, because they still have their minds. They still have their abilities for the large part. When they don't have that physical ability, I think you'd want to know who's going to help me? Who's going to make that better for me if something does happen here? How do I fit into that picture? I don't think they'd want to be seen as expendable, for lack of a better word.

Tara Clayton:

So I went through a couple of examples where unfortunately we mentioned it's not a frequent event, but it does happen. I noted a little bit of background of, not what took place, but some of the connections that we're weaving through the examples where there's been an active violence event in a long-term care or senior living community. It seems like, and Jonathan, I could be off base, but it seems like that there is frequently, not just with active violence, I think with the broader workforce or workplace violence that we'll talk about here, there seems to be somewhat of a theme of a connection to domestic violence in some of the cases. Is that something that you've seen as well, and is that part of an active violence and violence preparedness plan that providers need to look at and consider?

Tara Clayton:

Yes. Absolutely it is. We also we see a lot of the time that domestic violence incidents that happen at home will often times spread to the workplace, especially if it's a situation where the partners have decided to separate or one partner left. The one place that the more aggressive partner knows they can find that person is at work, because they still have to work every day, right? They still have to make money and make ends meet, and that's the one place that they know that person's going to be. So it is pretty prevalent to see that kind of situation spill over into the workplace, and often times they can turn violent.

But things can be done to help that too, such as a workplace, making it I guess easier or more acceptable to share incidents or encourage employees to report personal protection orders or incidents at home. Employee assistant programs are great, and they have their place, but sometimes you need to be able to go to some manager or an HR person that you can trust and know that your situation is going to be handled with discretion by not giving all of your business out there, but just enough to make sure that the employees are safe, whether it's contacting a police department and seeing if they can help out, or contacting a security agency if they're around, or if you have one in the community, and letting them know to be on the lookout for a certain person.

Because often times we don't know from the workplace as managers or supervisors or HR professionals, they don't really know what's going on at home. This spouse that maybe didn't have a problem getting into the building before there was no issues, now there's an issue, but there's such a disconnect that they're always allowed in, they don't know that this one time is the time that they shouldn't be allowed in. This would be the best way to kind of describe it or set the scene.

Tara Clayton:

Yeah, and from what you said, I think one of the big keys there are having that environment where associates felt comfortable to share that information, because like you said, this is not something that someone would want publicly out there, that maybe they're having to take a restraining order out on an abusive spouse, but very important from a safety standpoint that the community understands, "Hey, we need to maybe do a retraining on the workplace

violence plan that we have in place, just in case," and like you said, to help facilitate getting police involvement or other agency groups that could help that particular staff member out without violating specific confidences.

Jonathan Frost:

Right, and incorporating that kind of stuff into your workplace violence policy and procedure itself makes it a little less, I guess, taboo or abnormal, because people will start to see that, oh, this kind of stuff does spill over into the workplace, because if they've never been a part of it, they don't really understand, right?

Because sure, we see the things in the news, but if you're not one of the people directly involved in it after a couple weeks, it starts to fall off, and you don't really think about it anymore, unfortunately.

But to be able to have that kind of thing in your policies so that people kind of start to connect the dots, can really make it easier to understand the reason as to why they would want you to report if it's not the organization wanting to be in your business. It's about keeping everyone safe.

Tara Clayton:

Yeah, and I think it's a great example of that phrase I told you I love that you said earlier. It's putting it in the policy, it helps to take the associates, take them mentally somewhere so their body knows how to respond if they are in that kind of unfortunate situation. So I think great point on that. I think that takes me into the last area I want to hit on, again, appreciating we can only cover so much in a limited podcast, but I know you guys are going to really dive into this in the webinar that you guys will be putting on in August on workplace violence and active assailant. But we've talked about the scenario of an active violent situation in long-term care and senior living. I know there are other ways and examples of workplace violence, but kind of big picture, where are other areas of opportunity where these violent type events could happen that providers need to be thinking about as they're developing that response plan?

Jonathan Frost:

We look at workplace violence, and there's four different categories really. They're broken into types one through four. So type one category is going to be

your criminal intent, right? That's the person that's going to come in and commit some kind of crime, including terrorist-type activity, right? Type two is going to be... It's often times customer-client, or in this case, it's going to be resident-caregiver. So type three is going to be a worker on worker and employee on employee-type violence. Then type four is going to be that personal relationship, like we discussed before with the domestic violence, spouses, and even within a long-term care or resident facility, right? There are still relationships in there, and you still got to watch out for those too, whether it be somebody coming in and visiting a spouse or a significant other, or even the relationships that develop within the communities themselves. It can still be there. So you got to watch for those personal relationships as well.

Tara Clayton:

The personal relationship one, that's one that I know unfortunately we've seen some examples of, and I'm kind of thinking of usually it's a husband and wife situation where... Maybe, Doris, you can speak on just... Again, I don't want to say red flags, but it seems like there are opportunities to see things when they happen and clue us in on, hey, maybe something unfortunate could be coming down the pipe. So I'll turn to you to maybe talk a little bit about some of the relationship flags.

Doris Fischer-Sanchez:

I think that when seniors are making the decision to leave their homes and to come into community living, that develops a stressor from the start, even with the best of circumstances and such. But you've lived somewhere for many years. You've had that grouping of friends and so on, and now you've made this huge decision, and people are excited, but once all of that luster has kind of diminished, then the real feelings start to set in, and sometimes there's a lot of complication with depression and exacerbation of other habits, potentially alcohol, drug-taking. It's not unknown or unheard of in this setting and with this population.

So even with some of the statistics that you mentioned at the beginning when we started talking, that all kind of relays into how people feel, and that's also potentially complicated by maybe some of their chronic medical conditions, which may have been some of the reason for their decision to leave their home in the first place.

So now you've got just a lot of competing things and life that they're dealing with.

Then you've got rules, right? When you're in your own home, you set the rules. But here, it's community living, and there's other things that you have to think about. So you can see where frustration and other types of feelings start to percolate and tensions as well. If they were someone who meant to be in control and feeling very out of control and depression is getting the better of them, and maybe their wife or their husband isn't doing as well as they once were, you can see where this road is headed, and how they react with staff, and how they were when they first came, and now maybe they're just more tense, and they're more short-tempered, and they're saying things that maybe you weren't anticipating that they would talk about or allude to, which we kind of mentioned as well. So I think all of these things together point to something's going on here.

Then I'll just conclude this piece of my comment with when we talk about preparing for violence or workplace issues, and you're thinking to yourself, "What is one more thing?" But what we really want, and I'll press upon you, this is a roll-up, right? If you're doing all of this together as part of your culture, it's just incorporated into all of the other active assessing and observations and such that you're doing as a whole just to make the community a safer and a better place for everyone to be in, number one, the residents, but of course, number two, the staff who almost live there as long as the residents themselves do.

Jonathan Frost:

Doris brought up a great thing earlier about utilizing stand-up meetings. That's the time to voice your concern about maybe what you thought is an isolated incident with a resident, because maybe it just happened once during your shift, but it also happened once during another shift with someone else, and then maybe once with that other person. You start to develop a pattern in those red flags. But if it's not spoken about because the caregiver maybe thinks that it's just an isolated incident, and we don't have that time or that ability to connect those dots. When Doris had mentioned before about the stand-up meetings, that's just a great time with everybody there to start brainstorming and talking about situations that you've been involved in, in case maybe it triggers a memory for somebody else and gets us pointed in a direction to

stop what could potentially be an aggressive incident before it even happens.

Tara Clayton:

Doris and Jonathan, thank you both for such a great conversation. There is so much more we could discuss on this topic and the two of you are discussing this topic in even greater depth on our August 24 webinar entitled "Safety and Active Violence Preparedness in Senior Living and Long-term Care." Depending on when you are listening to this webcast you can either register for the webcast or listen to the replay by clicking the link in the show notes. That's all for this month's episode of Risk Insights. Please subscribe so you don't miss an episode. You can find us on Apple, Google, Spotify or your other podcast platform of choice. If you have feedback or questions about today's episode or suggestions for future topics, I'd love to hear from you. You can find contact links in the show notes. As always thank you for joining and listening in and I hope you join us for our next risk insights.

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