



# Safety and Active Violence Preparedness in Senior Living & LTC

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1. Understand the risk: Data on active violence and/or workplace violence
2. Define the various types of workplace violence
3. Discuss safety issues and risk mitigation strategies
4. Know the elements of active violence preparedness
5. Insurance considerations, conclusion and resources

# Objectives

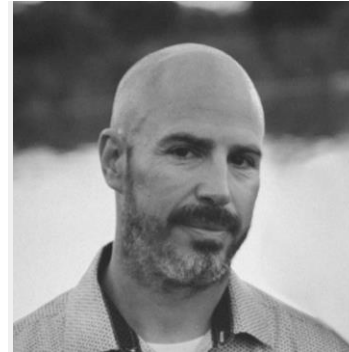
# Presenters



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# Data on active violence and/or workplace violence



# Data

## Active violence and/or workplace violence in senior living and long-term care

### Instances of active violence and/or workplace violence

- 2009: North Carolina – shooter entered a nursing home killing 7 residents, 1 nurse, and wounding 3 others.
- 2015: Oregon - a 75-year-old man with dementia in independent living shot his wife of 57 years. He had no idea.
- 2017: Ohio - gunman entered a nursing home and killed two employees and the police chief. Assailant had a record of domestic abuse violence.
- 2019: Rhode Island – resident in an assisted living community opened fire, killing one associate and injuring an associate and a resident.
- 2021: Maryland – gunman entered an assisted living community, killing 2 associates; he reported being “fed up” with how residents were treated.

# Risks of workplace violence in senior living and long-term care

- In 2018, the U.S. Bureau of Labor Statistics (BLS) found that healthcare workers are five times more likely to be victimized on the job than other workers overall; and, that healthcare workers accounted for 73% of all nonfatal workplace injuries and illness due to violence
- Many studies note that violence is under reported in healthcare
- In 2017, among adults 65 and older
  - 33% own a gun
  - Another 12% live in a household with someone who does
  - By 2050, an estimated 8-12 million people with dementia may live in home with guns
- In 2015, nursing and residential care facilities were among the industries with the highest prevalence of nonfatal occupational violence, with a rate of 6.8 per 100 full-time workers per U.S. BLS. Nursing assistants/caregivers are at the highest risk for violence
- Approximately 30-50% of people with dementia (and up to 80% in congregate care) can exhibit combative behavior over the course of their condition

**Define the various types  
of workplace violence**

**2**

# Workplace violence

## What is it?

- Any act or threat of physical violence, harassment, intimidation, or other threatening, disruptive behavior that occurs at the worksite - *The Occupational Health and Safety Administration (OSHA)*
- Ranges from threats and verbal abuse to physical assaults up to and including homicide
- Third leading cause of fatal occupational injuries in the US, and it can involve employees, clients, customers, and visitors. [Workplace Violence - Overview | Occupational Safety and Health Administration \(osha.gov\)](#)





# Criminal intent

- Primary motive is theft
- The offender may or may not have a relationship with the targeted business or its employees
- The offense of robbery or theft could turn violent and lead to an assault
- Terrorism would also apply to this type of workplace violence



# Resident-to-caregiver violence

- Offender has a relationship with the business or facility (hospital, clinic, senior living community)
- Resident, family, or their visitor can become violent while being served by the victim (nurse, doctor, care provider, housekeeping)



# Worker-to-worker violence

## AKA lateral violence

- Offender has an employment relationship with the organization
- Offender can use threats of violence to a current or former employee, to another co-worker, supervisor or manager
- Violence can be verbal abuse, intimidation, or physical aggression which are all considered workplace harassment
- Motive is usually work-related or interpersonal conflict among employees



# Domestic violence

## Resident-to-family, worker-to-personal relationship

- Offender has a personal relationship with the employee but usually is not employed at the same workplace
- Incidents usually involve a romantic or domestic dispute that leads to an assault or threat and usually takes place directly outside or inside the victims' workplace
- Many times a co-worker can be harmed because they are trying to help the victim
- Not usually recognized as a workplace hazard, but if it interferes with work it can translate into workplace violence and environmental issues
- There is no aging or maturing out of domestic violence

**Discuss safety issues  
and risk mitigation  
strategies**

**3**

# Safety issues in senior living and long-term care





# Safety issues in senior living and long-term care

## Environment

- Lack of safety alert technology
- Access control technology
- Open campus designs
- Skilled nursing has 24/7 access
- Limited exterior lighting
- Obstructed walkways
- Motion sensor lights properly placed
- Trees and bushes obstructing visibility
- Internal visibility of hallways and stairways, etc.
- What businesses or buildings surround the community
- In the event of an incident, the residents/staff are “locked in” with the offender



# Safety issues in senior living and long-term care

## Residents and Employees

### Residents

- Not continuing to practice home safety
- Not utilizing the peep hole in the door
- Not drawing curtains at night
- Allowing unsolicited people or contractors to enter your home
- Hold the doors open for unknown people
- How long are visitors spending overnights in the community
- Mobility issues

### Employees

- Working understaffed, many people in one area such as meal time, activities, etc.
- High worker turnover
- Access control post employee separation not consistent
- Hold the doors open for unknown people
- Lack of training on escalation in behavior and how to manage
- Aging population that many times have advanced physical and/or behavioral challenges



# Safety issues in senior living and long-term care

## Practices

- Travel light
- Use your devices wisely
- Educate residents on surrounding area if they are unfamiliar
- Have realistic conversations/communications regarding crime in the area
- Continue screening procedures for all visitors/vendors to the community
- If someone is out of place, report it; “see something, say something”
- Are you managing your access points e.g., sign in, identification, purpose for visit
- Have local law enforcement come and provide safety talk
- Train staff on safety awareness
- **Include active violence drill in your safety drill schedule**

**Know the elements of  
active violence  
preparedness**

**4**

# Active violence

Active violence (shooter) is defined as: An individual actively engaged in killing or attempting to kill people in a confined and populated area



# Active violence and conscious complacency

Conscious complacency is a feeling of security, unawareness, or a refusal to believe that actual danger could occur

This type of complacency can be dangerous

“It won’t happen to us here.”

“This can’t happen in this area/neighborhood.”



# Statistics on mass murder events

Mass murder is usually committed by an individual or organization

Mass murder is the act of murdering a number of people, typically simultaneously or over a relatively short period of time and in close geographic proximity. The Federal Bureau of Investigation (FBI) defines mass murder as murdering four or more people during an event with no cooling off period.

**29%**

Events that qualify as mass murder

**93.5%**

Percentage of time that a firearm is used

**97%**

Attackers that are male

**58%**

No discernable relationship to victims

**19%**

Current or former coworker

**13%**

Current or former student

# Active violence, workplace violence preparedness

## Developing an active violence / workplace preparedness program

- Needs assessment
- Job hazard assessment
- Employee survey on their specific safety concerns
- Report and track all injuries to residents and/or employees
- Develop a workplace violence/active violence – prevention and intervention program (run, hide, fight; avoid, deny, defend)
- Multidisciplinary threat management team or safety committee (HR, Security, legal, risk management, etc.)
- Consider “Stop the Bleed” training
- Train, validate competency
- Implement the program, drills (tabletop and/or live)
- Incorporate into the community culture
- **The overarching goal is the preservation of life**



# Active violence preparedness

## Environment

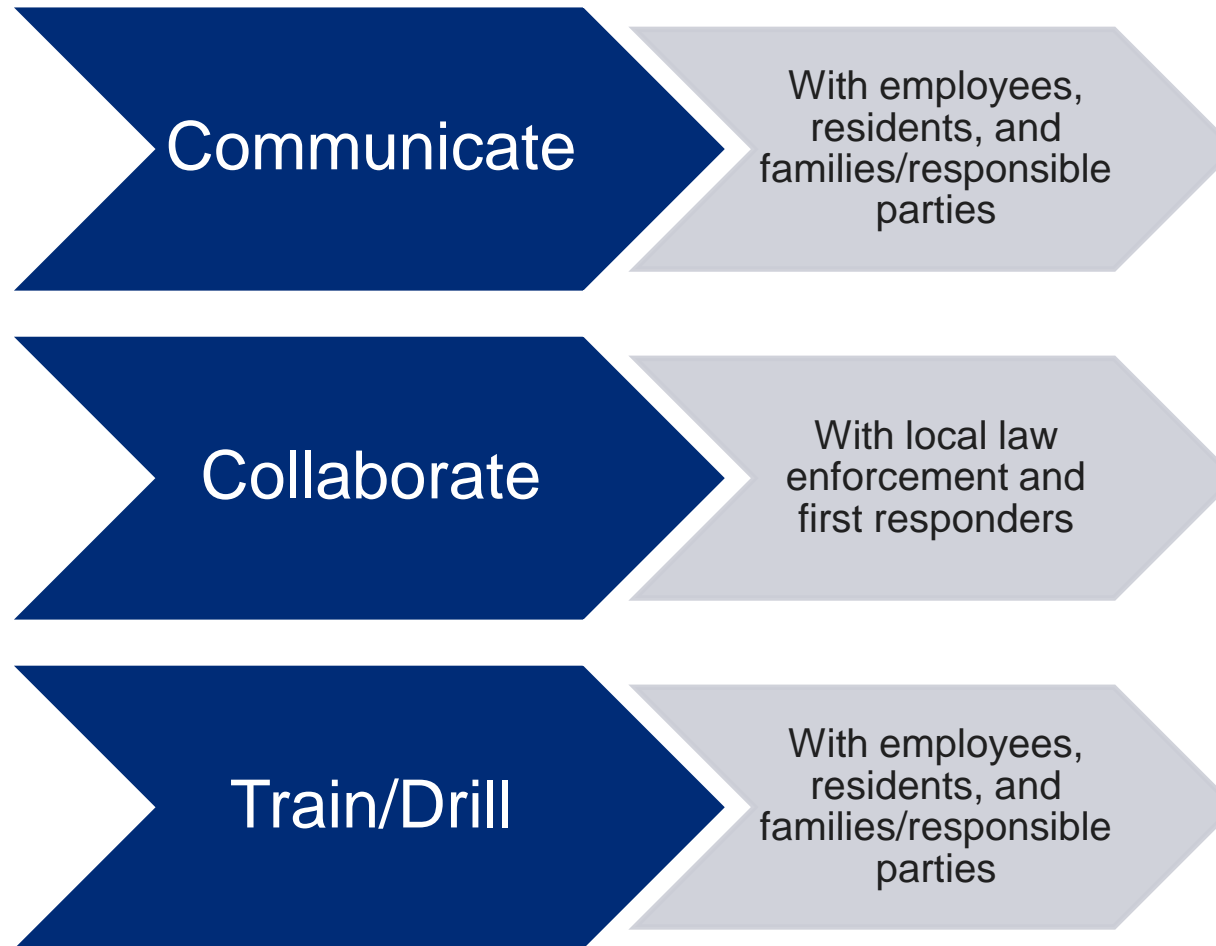
- Are there any recent incidents in your community or surrounding area? Analyze them
- Conduct a risk/needs/security assessment both internal and external





# Active violence preparedness

## People





# Active violence preparedness

## Policy and procedure considerations

- When developing the policy and procedure for active violence in your community consider:
  - The policy/procedure needs to address an appropriate balance between resident and staff safety
  - Address what employees and residents can do regarding an active violence incident
  - There can be portions of the policy and procedures which are standard; however, each community needs to drill down to the procedures that will work at the individual community level

# What if an active violence incident occurs?

This is when preparedness shows its value

- Follow processes that were created and drilled on
- Set up reunification center-coordinated with local authorities/first responders
- Provide communication as soon as possible both internal and external (traditional and social media)
- Provide aid and support to residents, employees and families
- Conduct clean up and restoration activities, when can the community reopen
- Coordinate claims process with insurers and brokers
- Have an incident debrief with risk/legal counsel and community
- Anticipate possible loss of employees and residents
- Understand lessons learned
- Review and update policies, procedures, plans based on the lessons learned
- Conduct updated training and exercises

**Insurance considerations,  
conclusion and resources**

**5**

# Insurance considerations

## In the event of active violence or active assailant

- An event can trigger multiple lines of coverage - an analysis will depend on multiple factors including:
  - any specifics of the event, including the individuals involved (employees, residents, third parties)
  - the damage, if any resulting from the incident
- Lines to be considered with your broker include:
  - Workers' compensation and employers liability
  - General and professional liability
  - Umbrella and excess casualty
  - Property and business interruption
  - Public relations, crisis management, counseling
  - Terrorism coverage
  - Active assailant coverage (separate, stand-alone coverages)

# Keys to a successful active violence preparedness plan

## Remember:

- Be proactive
- Develop an overall response structure
- Assign roles and responsibilities
- Formalize processes and plans
- Collaborate with stakeholders both internal and external
- Ongoing communications regarding awareness of potential community issues
- Train and validate
- Drills and exercises
- Reevaluate that your program, plan, and assigned teams are realistic and current
- The ultimate goal of this plan is to minimize the loss of life

# Resource guide to active violence preparedness

- American Society for Health Care Risk Management (ASHRM), *Health Care Facility Workplace Violence Risk Assessment Tool*
  - [https://www.ashrm.org/resources/workplace\\_violence](https://www.ashrm.org/resources/workplace_violence)
- ASIS International; *Workplace Violence Preparedness Checklist*
  - <https://www.asisonline.org/publications--resources/protection-of-assets-poa/wpv-sample-contenthttps>
- Homeland Security; *Active Shooter Preparedness*
  - <https://www.cisa.gov/active-shooter-preparedness>
- The Joint Commission, *Workplace Violence Prevention Resources*
  - <https://www.jointcommission.org/resources/patient-safety-topics/workplace-violence-prevention/>
- Stop the Bleed
  - <https://www.stopthebleed.org/training/online-course/>



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