



Risk Management Principles, Advice & Recipes

Patient Violence

One of the unfortunate side effects of COVID is a spike in patient violence at all levels of healthcare. According to a recent poll, sixty-one percent of ER personnel identified patient violence as the biggest threat to safety. As caregivers, it seems odd to discuss the possibility that patients may hurt us. However, violence is the third leading cause of caregiver injuries. Such incidents include being verbally threatened by a patient, a patient attack, or staff members learning that agitated patients are carrying a gun or knife.

Consider these facts about patient violence:

- Nurses and Technicians are most at risk of on-the-job violence.
- Violent patients can be seen in any part of a facility. However, violence is most likely to occur in a behavioral care unit, an emergency room, intensive care and trauma units, locked wards, and pediatric wards.

Advice:

- Certain patient characteristics tend to predict higher risk, and you should take more care in these situations. As a general rule, patients with the following characteristics should put on hospital gowns and be separated from their personal effects before evaluation by the physician:
 - patients who endorse violent thoughts;
 - agitated, intoxicated, violent, or grossly confused patients; patients brought in for any reason by police;
 - patients who refuse to answer questions about violence or weapons; or patients who have a history of violence.
- Familiarize yourself with safety features, i.e. panic buttons, when you start work at a new site. Always keep yourself between the patient and the door or another accessible exit.
- In known higher risk situations, try to be sure that there are no weapons present during your evaluation; Sit down. Speak calmly. Avoid confrontation;
- Consider having hospital security with you during your evaluation or at key moments (e.g. for injections, or when telling the patient something they don't want to hear)
- Sit between the patient and the door. Always have a way out.
- **In the event a patient becomes combative, do not attempt to restrain the patient. Stay calm. Call Security. Keep out of the patient's reach and talk calmly to the patient.**

Strategic Healthcare Risk Advisors

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STRAWBERRY BREAD PUDDING

- 1 loaf day old bread – shredded or crumbled
- 8 eggs
- 1 cup sugar
- 1 tbsp vanilla
- 1 tsp cinnamon
- 1-quart cream, scalded
- 2 cups fresh or frozen strawberries, thawed (or any fruit)

Preheat oven to 350 degrees.

Scald cream and pour it over the bread in a large bowl.

Blend sugar, eggs, vanilla, and cinnamon in a blender.

Pour over bread and let it soak for 30 minutes.

Fold in strawberries and pour into a buttered Pyrex dish.

Bake in water bath for 1 hour or until puffy and firm.

Serve, topped with whipped cream or ice cream

