American Academy of Ambulatory Care Nursing Shaping Care Where Life Happens

Leader Response After a Workplace Violence Event

In the aftermath of a workplace violence event in the ambulatory setting, it is important to take the right steps to ensure the safety and wellbeing of staff. Once the scene has been cleared and the physical safety of the area has been confirmed, the ambulatory leader should respond by completing three steps.

"De-fuse" (Remove the fuse)

- During the first 24 hours following an event, the ambulatory leader should ensure the physical and emotional safety of the affected staff.
 - It is important to remember that emotions may not hit them immediately, that people may have witnessed different things, and that the impact of different life experiences will dictate one's response.
 - Any response is normal, except for homicidal or suicidal behaviors or feelings.
 - As details of the event are discussed, be careful not to retraumatize staff.
 - Recommend that for the next 24 hours, they rest, get some physical activity, plenty of sleep, and avoid alcohol consumption.
 - Involve Employee Assistance Program, if one is available.
- Determine immediate needs of staff.
 - $\circ~$ Some may need to go work in another area.
 - Some may need to go home and check on those they love. Take consideration of whether it is best for them to leave and potentially be alone or stay onsite in the clinic.
 - If they go home, periodically check ins with them are essential.
- Involve senior leaders when possible. Support from senior nursing leaders and physician leaders can improve feelings of security.
- Remember, your people are your most valuable asset.

Debrief (Employee Assistance Facilitated Debriefing)

Who?

- Include all potentially impacted staff and Employee Assistance Program. This may be only the people physically present for the event or may include other staff who are emotionally impacted because of their proximity to the event.
 - If an Employee Assistance Program is not available, social workers, spiritual health, and psychiatry services may be able to assist.
- Consider not including the immediate supervisor of the staff in the staff debrief. As leader, who performs their evals, it may be best not to be involved on this personal of a level. Additionally, it is important that staff feels comfortable sharing past experiences and feelings openly.
- It is essential that leaders are cared for too. They are the ones who have hired and mentored the staff, so may be heavily invested in the well-being of that staff. Leaders may feel the angst the staff is feeling. They may be very worried about them, feel protective over them and worry if they had responsibility in what has happened. They may even be blaming themselves.

When?

• Should take place 24-72 hours after the event. Accommodations should be made so that entire team can be present.



Where?

- Can be in person or virtually, but not both. If using virtual platform, all staff must have camera on.
- Break rooms are a perfect location, but a nurse station or other area may work as well, if it is a private area away from patients and people who are not impacted by the incident.

What?

- Discussion should begin with a brief overview of the event.
- Discuss what staff were thinking at the time, how they are feeling now about what happened, and how they will care for themselves in the aftermath.
- Staff should be encouraged to interacting with others who experienced the event as well.
- Leaders should be given the opportunity to discuss with other leaders.

Event Analysis (Performance Critique)

- This is an analysis of how the process performed, not how a person performed.
- Conversation may include some or all of the following: area leaders, Risk Management from the organization, staff.
- This is the process of looking at what error or errors aligned to allow this event to occur.
- Must be intentional about not blaming a person who made a mistake that led to this, but rather about involvement of roles in general.
- Once event analysis is done, there may be process or procedure changes, or facilities needs that must be addressed, based on recommended changes or improvements.