

# Resident-initiated Violence: Five Tips for Creating Safe Environments

Due to an overtaxed behavioral healthcare system, younger individuals with serious mental illness are seeking [long-term treatment](#) in nursing home settings. This trend is contributing to the rising incidence of resident-initiated violence. In fact, according to a recent [study](#) of long-term care (LTC) facilities, 65 percent of surveyed nurses and certified nursing assistants experience workplace violence. Over 40 percent believe that upper management shows little or no concern for their safety. Whether resident-initiated violence takes the form of resident-on-staff or resident-on-resident aggression, it is a prevalent and often overlooked problem in LTC.

These five tips can help LTC administrators craft an effective response to workplace violence:

## 1. Adopt a zero-tolerance policy

A zero-tolerance policy toward violence effectively establishes the standards of behavior that are expected of everyone at a facility, including management, employees, contracted workers, residents, volunteers, and visitors. The written policy should define violent and abusive behaviors – e.g., physical, verbal, and psychological forms of aggression and harassment – and expressly state that violence in any form will not be tolerated. Offenders should be subject to serious disciplinary action, including termination of staff and eviction of residents when appropriate. See [OSHA & Worker Safety: Guidelines for Zero Tolerance](#) from the Joint Commission.

## 2. Implement a violence prevention program (VPP)

The responsibility to implement and monitor a VPP should be given to a multidisciplinary team, including senior administrators, nursing and medical directors, and representatives from human resources, quality improvement, risk management and safety. The OSHA [Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers](#) provide a framework for an effective program. Core elements include, but are not limited to:

- **Physical and administrative security measures**, such as appropriate staff-to-resident ratios; parameters for working alone; alarms and video cameras that monitor internal and external spaces; locked and guarded entrances; and professionally trained security guards
- **Emergency response measures**, including interventions for managing escalating behavior; communication techniques for crisis situations; and post-incident procedures, i.e., medical interventions, event reporting, and staff debriefing
- **Reporting and investigative processes**, including protocols for documenting all incidents of violence and reporting to law enforcement and state agencies, as required by law

## 3. Train staff to spot danger signs

Staff should be taught to recognize the warning signals that are most likely to trigger combative behavior in residents. These include:

- Arguing with other residents
- Unresponsive to caregiver questions
- Pacing restlessly
- Fearful of others
- Speaking loudly or cursing without motivation
- Responding to delusional or paranoid thoughts

Assessment tools that measure aggressiveness in residents with acute mental illness can help staff anticipate violent events before they occur.

#### 4. Develop a crisis intervention protocol

Staff should be proficient in crisis intervention, including the ability to counsel combative residents, de-escalate violent behaviors, and respond to resident-on-resident acts of aggression. New hire training should include the following conflict management techniques:

- Speak to residents in a calm and respectful manner
- Remaining firm while avoiding giving directives
- Acknowledge feelings of frustration and helplessness
- Maintain a safe distance
- Notify the physician of record and family of the situation
- Medicate only after the resident is examined and consent is given
- Utilize restraints as a measure of last resort

Crisis intervention planning should contemplate the impact to resident behavior when emergency situations require an organization to swiftly alter its normal operations. The COVID-19 pandemic underscored the impact of regulatory mandates on residents when facilities were required to shutter their settings and prohibit access to family and visitors. These and other emergency measures induced widespread feelings of isolation, anxiety, and depression in many resident populations.

To prevent confrontations and potentially violent encounters that may arise when residents struggle to cope with uncertainties and fear, facilities require a conflict management program that includes well-delineated provisions for reporting, preventing, and handling disruptive behaviors including these measures:

- Provide leaders with the skills and support they need to manage conflict at all levels of the facility, regardless of the source, i.e., residents, family members or staff
- Designate multiple reporting access points and mediums for reporting concerns, such as hotlines and designated electronic portals
- Emphasize swift intervention and proactively manage disruptive residents, family members, visitors, or disgruntled staff
- Designate “conflict coaches” throughout the organization

#### 5. Use surveillance equipment judiciously

The voluntary use of surveillance cameras – dubbed “granny cams” – in resident rooms permits staff to observe residents when they are out of their direct sight. Surveillance has a two-fold benefit: 1) It helps staff anticipate when adverse behaviors in residents may escalate to violent encounters, and 2) detects when other caregivers are directly harming residents. While the legal framework for video surveillance is still evolving in many states, opponents argue it adversely affects resident privacy, fosters a false sense of security, and may reduce staff involvement with residents.

Prior to approving the use of surveillance cameras, LTC facilities should take the following proactive measures:

- Address surveillance policies in writing with new residents and family members
- Obtain resident consent before installation and secure written permission from roommates
- Develop guidelines for handling disagreements between family members and residents regarding camera use, or when a resident is unable to consent
- Mount cameras in fixed positions to minimize their impact on resident privacy
- Inform staff whenever a camera is installed or removed
- Draft a policy regarding custody of camera recordings, as well as the conditions and duration of their storage

Protecting staff and residents from violence requires a proactive strategy. By combining violence prevention policies and staff education with procedural security measures and rigorous ongoing assessment, LTC administrators, operators, and providers are better prepared to anticipate and contain violent encounters.

**Chubb. Insured.<sup>SM</sup>**

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at [www.chubb.com](http://www.chubb.com). Insurance provided by ACE American Insurance Company and its U.S. based Chubb underwriting company affiliates. All products may not be available in all states. This document is advisory in nature and is offered for informational purposes only as a resource to be used together with your professional insurance, medical and other technical advisors in maintaining a loss prevention program. The information contained in this document is not intended as a substitute for legal, medical, technical, or other professional advice and does not establish a standard of care. Chubb, 202 Hall's Mill Road, Whitehouse Station, NJ 08889-1600.