



# Staying Safe from Violence at Dialysis

By **Jane Kwatcher**, MSW, LCSW

I write and reflect on the eve of yet another school shooting with fatalities. In my youth, and likely yours, the biggest threat at school may have been cruel bullies. Now we need to acknowledge the fact that schools are no longer safe havens. A quick Google search indicates there have been more than 200 school shootings since Sandy Hook in 2012. But what about our safety in healthcare settings, specifically in dialysis centers? These are places you may be for hours at a time, multiple days each week. Can you take your safety for granted?

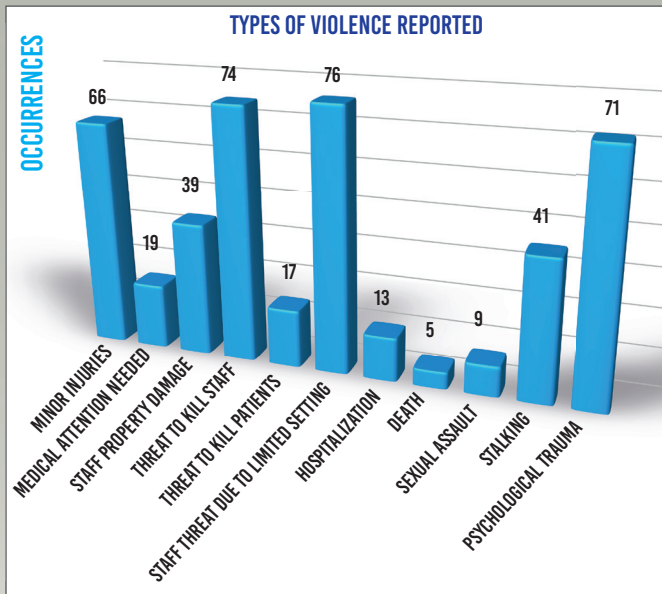
There are no publicly available statistics for violence in dialysis centers. Everything we know of these events come from events reported in the news or anecdotal reports. Beginning in 2013, my colleague, Mathias Stricherz, Ed.D. started to research the extent and types of violence in dialysis centers. Initially, we administered a survey to dialysis social workers, and received 274 responses. Since then, we have continued to collect narratives from dialysis staff and from news sources.

## Some of the incidents reported:

- Florida: woman shot man in the abdomen while he was undergoing dialysis in a spillover of domestic violence.
- New York: an involuntarily discharged patient walked into clinic and opened fire, critically wounding a nurse.
- Kansas: a bomb threat at a clinic required patients undergoing dialysis to be evacuated.
- Kentucky: two 70 year old men had a fist fight in a dialysis clinic.
- Patient's Delusion Results in Threat of Murder in Dialysis Clinic
- Man on Dialysis for 40 Years Threatens to Shoot Dialysis Center CEO
- Veteran with PTSD Threatens to Bring Gun to Dialysis Clinic
- Dialysis Patient Threatens Violence Against Technician
- Spouse of Dialysis Center Manager Uses Racial Slurs to Clinic Patient

Types of violence reported in our survey data are shown in the

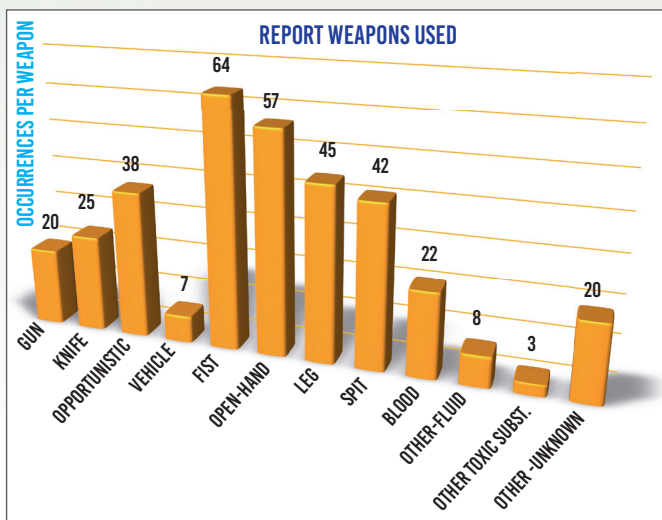
table below, ranging from threats, property damage, sexual assault, to death.



Of all the incidents reported, 50% were carried out by patients, largely in response to staff setting limits. Consider the types of things that commonly occur:

- A patient is upset that they are not put on at the expected time.
- A patient is offended by another patient’s behavior, dress, politics, sexuality, etc.
- Staff does not respond to patient’s need in a timely manner.

A variety of weapons used was also reported. Some were used to do physical harm, others were used to threaten harm.



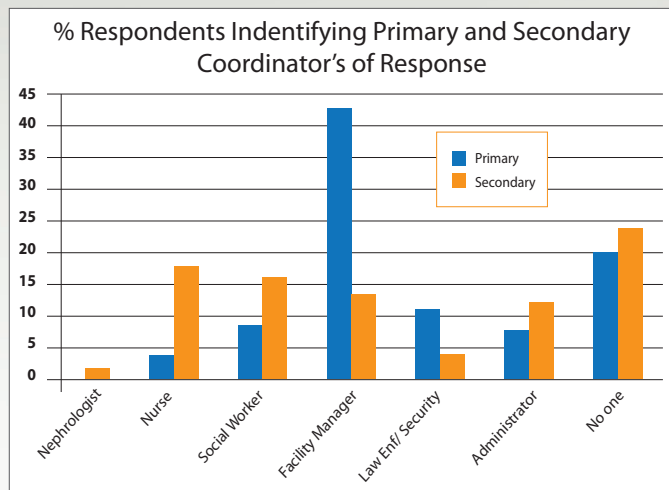
There are three main risk factors for threats of violence in dialysis centers: people suffering from mental illness, substance

abuse, or an inability to cope with the changes presented by life. These can afflict patients, staff, or family members. Additionally, the characteristics of the neighborhood need to be taken into consideration. Is there gang activity, shelters or soup kitchens, or homeless people in the area?

**Personal Safety:**

There are things you can do to stay safe. It starts with being aware. When you are coming to a facility for dialysis, you are naturally thinking of your own care, your own day. But a dialysis facility is no different from another public place. You want to be aware of your surroundings; who is there, what’s going on, where are the exits? Are exits blocked or accessible? Is the security door to the treatment area propped open? Is the parking area well lit? Do you know how to safely disconnect from your machine in an emergency?

It would be a tremendous relief to believe that staff will take care of any potentially violent situation, but staff have varying levels of training, experience, and communication skills. At certain times, there is only a “bare bones” staff. In our research, we asked about the primary and secondary coordinators of a response to violence. The most frequently identified person was the dialysis facility manager, followed by “no one.”



Further, staff may not have the training and practice to feel they can respond competently. Sixty percent of respondents reported they had on-line training, but fewer than half reported any other kinds of training.

If you hear someone making threats or see an action that tells you danger is present, report it immediately. A lot of times people will say “I don’t want to get involved,” but it is your involvement, and everyone else’s that create a culture of safety by working together. You may be able

## Required Training Reported by Respondents



to de-escalate a situation by speaking calmly, and not arguing, threatening, challenging or shaming. “Hey John, you seem pretty upset. What’s going on?” or “Tell me what happened; I will try to help you.” And then listen with your full attention. We all may experience times when the frustration and stress seem to be overwhelming. Having someone to calmly listen and acknowledge our pain and frustration helps to diminish it; we feel heard. If the person continues to escalate their behavior, you need to call for help; make sure facility staff are aware if possible, have someone call 911, or pull a fire alarm.

In light of current events, it is important to have a discussion of what to do in the case of an active shooter in a dialysis facility. Conventional wisdom is to run, hide, or fight; all of which may be difficult for a patient connected to a machine. This is the why everyone needs to be a part of prevention; immediately reporting concerns, making sure security doors are not wedged open, or perhaps helping to de-escalate a situation. Based on our research, we have identified several risk factors at the organizational level:

1. Lack of facility policies and staff training for recognizing and managing escalating hostile and assaultive behaviors.
2. Working when understaffed.
3. High staff turnover.
4. Inadequate numbers of and inadequate training of security and mental health personnel in violence responses on site.

The staff responding to our survey indicated they are generally not well prepared or supported, and are bound by limited training in preparation, response, and post-event response to violent acts. Only 3% reported having on-site law-enforcement, and 23% reported having security officers with responsibility for checking patients in. Training for personal responses or defensive strategies for safety are not generally available to employees and certainly not for patients.

Generally, we found a lack of prevention plans for responding to threats of violence. Prevention and training require time and financial resources that do not contribute to clinical outcomes or profits. What will you need to do to feel safe? We encourage you to develop your own protection plan and develop the responses you could or should do.