

***Past Event: 2023 NCSBN Symposium: Solutions Addressing Nursing Workforce Crisis - Workplace Safety Panel Video Transcript***

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**Event**

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More info: <https://www.ncsbn.org/live>

**Presenters**

Moderator: Maryann Alexander, PhD, RN, FAAN, Chief Officer, Nursing Regulation, NCSBN  
Kristin Benton, Executive Director, Texas Board of Nursing Bogdan Catalin, Workplace Violence Coordinator, OSHA  
Representative Joe Courtney, Connecticut 2nd District  
Gary Lescallett, Assistant Regional Administrator for Enforcement, OSHA



I'll just end by saying that, unfortunately, two weeks ago in my congressional district in Eastern Connecticut, a home health nurse lost her life in a home visit for someone who was on a sex offender list. She was alone at the time that she entered the dwelling. And unfortunately, it's an example of where different kinds of practices where she was not going to be alone with a high-risk patient that had been clearly identified, really could have literally meant the difference between life and death.



- Okay. One final question.

- Please.

- Should a nurse be going into a home situation by herself or himself?

- It's such a great question. And that's a difficult thing that we wrestle with because there's...the solution is hard. We have a program right now where, one, we want them to listen to their intuition. So if you pull up to a home, and you're going to go in to see a patient, and for whatever reason you're not comfortable.

The environment's not right. It feels tense. There's other people there that you didn't expect. Whatever the thing is, we want you to listen to your intuition, we want you to call your supervisor, let them know the situation. And then we have the ability to send two people out. So an extra RN might go with you. And we also, for some of the more high-crime areas and some of the homes that we've had repeat issues, we have the ability to send security out with you actually.

But it's difficult. It's not easy. There's logistical problems. When you call and tell me, "I'm at a house and I'm not comfortable." Now I have to get somebody to you. I've got a 20-minute, half-hour delay before that person arrives where you're just waiting in the car. And meanwhile, the day has backed up.

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- Absolutely. So I want to pick up on that word, prevention. Kristin, I know you're on a workgroup in Texas that addresses this issue. You address things about prevention and talk about... Tell us about that.

- Sure. So several legislative sessions back there was a bill passed that required our Texas Center for Nursing Workforce Studies to conduct a study on workplace violence, both from the nurse perspective and the employer perspective. And not surprisingly,











- Yeah. And like we have said, this is all connected. And that's why we have to get to the heart of these issues to fix them.

- So what you're saying is each institution should assess their own circumstances and address their unique problems?

- Absolutely.

- Can I expound on it a little bit, too? For us, the situational awareness class that we teach is really an added piece that I don't think RNs typically get in their educational process. Right? And so what we want to talk to them about is identifying a weapon. And it's not always...it's not the weapon that you would think, right? Like what in this room is a weapon to you?

And we help them understand that. We want them to change the concept of their environment. Are you always paying attention to your ingress and egress? What are proxemics to the patient? You can still take care of the patient while maintaining a route of egress. But all of those things are important to us. And I don't think that it's training that is mandatory, or typical in an RN's education.

And so we're offering that to everybody so that when you come into the room, you're already thinking, every day, every moment you're thinking about your own personal security. To his point about the position of security on the campus, I've got an enormous campus and I've got 8 or 12 security guys on on a daily basis.

It's impossible for me to be everywhere all the time. And so we empower our staff because it's everybody's responsibility to maintain safety and security on that campus. Security can't do it alone. So I hope that helps.

- Thank you. We have one minute left. I want to once again go around to this panel, and allow you to say one lasting thing, one thing you want the audience to remember from this discussion.

- Yeah. For me, it's all about collaboration, and teamwork, and empowering our staff. So I would focus on those goals.

- Kathleen.

- I would say the same thing. It's all about preparing them, providing them with the tools to support and protect themselves. But also knowing that they are in an environment that cares about their psychological and physical safety, and we'll be there to support them.

- My message would be, one, the whistleblower and retaliation. People are afraid to communicate and report some of these incidents. Almost every incident investigation that we do, when we interview the staff, there's generally several other incidents that have occurred that didn't get recorded. It's almost, I would say, 90% plus of the cases.

- So for me, I recognize that it's a challenge to address workplace violence, but that doesn't mean it cannot be mitigated through certain engineering, administrative controls, removing weapons of opportunity, to go back to the previous question. But it takes a team to address it.

- Kristin.

- I think it's important to keep in mind that workplace violence is not an individual problem. It's a holistic, systemic problem. And it is our ethical and moral imperative to make a health care facility a

