




Stop Workplace Violence Legislative Agenda

PREVENT WORKPLACE VIOLENCE AND INJURIES

PEF supports these bills:

 **WORKPLACE VIOLENCE PREVENTION BILL - S6441 Spano/A9691 John**
Requires all public employers to evaluate their workplaces to determine the presence of risk factors that may lead to violence in the workplace. Public employers with more than 20 employees are required to implement a written program to prevent violence in the workplace. This will include a listing of risk factors and methods to reduce these risks.

 **JUDI SCANLON BILL - S207 Maziarz/A2570 Hoyt**
Directs that an OMH employee who is required to enter the residence of a person with serious mental illness can request to be accompanied by another employee for safety reasons. Requires that OMH provide to all intensive case managers annual training in safety and the prevention of violence and a mobile telephone. Requires that OMH provide enough staff so each intensive case manager will have a caseload of no more than 12 patients.

 **THE WORKPLACE INJURY DISCLOSURE AND ACCOUNTABILITY BILL S6480 Robach/A9692 John**
Amends the Civil Service Law to require that the State Department of Civil Service prepare an annual report about injury rates among state employees due to workplace injuries in state agencies and the costs incurred by the state as a result of those injuries.

To obtain more information about the campaign, the bills, or to request materials contact:

PEF Health & Safety Department

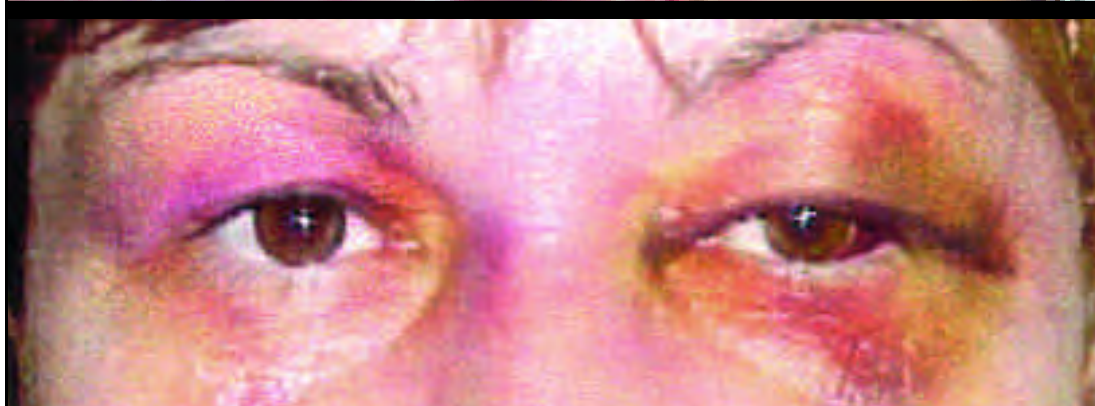
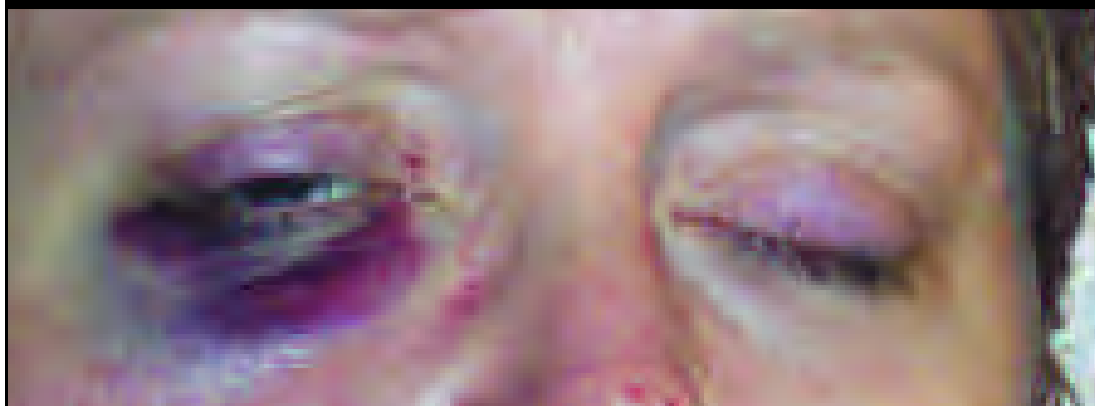
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STOP



 **Join the Campaign**
www.pef.org/stopworkplaceviolence



The human face of workplace violence

The pain and suffering caused by workplace violence
in state facilities, and how we can stop it.

Attention Legislators:

Act now to save lives and taxpayer dollars

Dear Policy Maker:

May 1, 2006

The NYS Public Employees Federation (PEF) has produced this booklet and an accompanying DVD kit that clearly illustrates the human pain and suffering caused by workplace violence in state facilities. The stories of the ten PEF members provide compelling reasons to support the three bills that are at the center of the **STOP Workplace Violence** Campaign.

Work shouldn't hurt! Yet, for too long public employees have faced being punched, kicked, spit on or worse for just doing their jobs. Too often state administrators and other authorities have reacted by telling our members that violence is "part of the job".

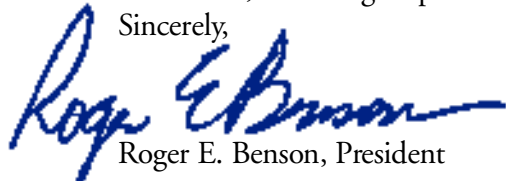
PEF members and fellow public employees provide safety and security for the citizens of New York State by providing treatment, care, and containment for the most difficult populations: violent criminals, mentally ill and disabled persons, alcohol and drug addicts, and troubled youth to name a few. Policymakers have made crime prevention and containment of criminals a priority for decades. However, violent crime against public employees in state facilities has not received equal treatment under the law. Too many public employees experience broken bones, battered bodies, psychological trauma, and even career ending injuries for just doing their jobs.

The annual cost of violence in public worksites in New York State is estimated to be in excess of \$125 million dollars in workers' compensation and related costs. These incidents are extremely disruptive to state operations and interfere with the mission of the agencies. They result in setbacks to treatment and recovery for clients who witness them as well as those who are directly involved. Overtime, retraining, and loss of experienced staff are just a few of the negative outcomes.

Passing the three bills that are contained in the **STOP Workplace Violence** campaign will go a long way to providing a reasonable standard of assessment and intervention to protect the well-being of public employees.

Last year (2005) Governor Pataki vetoed the Workplace Violence Prevention Bill. Let's ensure that this does not recur this year. It is time to extend crime prevention to all of the state's citizens, including its public employees.

Sincerely,



Roger E. Benson, President

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ON THE COVER: Rhonda Bedow, RN (Top Panel), Catheline Seguin, OMH Nurse (Center Panel), and Diane Schrader, RN (Bottom Panel).
Published by New York State Public Employees Federation, AFL-CIO. Copyright 2006. Researched by Jonathan Rosen, MS, CIH Director, PEF Health and Safety Department, Matthew London, MS PEF Health and Safety Specialist.
Written by Darcy Wells, Director of PEF Public Relations Department, and designed by Mario Bruni, Graphic Designer, PEF Public Relations.



My mother was murdered two days before Thanksgiving, while conducting a home visit...

Case: Judith Scanlon, RN, Intensive Case Manager
New Options ICM, Buffalo Federation of Neighborhood
Centers, Inc., NYS Office of Mental Health
Date of Attack: 11/26/1998
Current Status: Deceased



ON CAMERA INTERVIEW —
Kelly Scanlon-North speaks about her mother
Judith Scanlon, a PEF member murdered on the job in
1998.
— Interview photo by Golden Lamb Productions



The Scanlon family in happier times.

By Kelly Scanlon, daughter of Judith Scanlon

On November 24, 1998, I lost the most important person in my life, my mother. She was murdered while conducting a home visit to Diane Wylie, her client. My mother was murdered two days before Thanksgiving, two days before I was going to tell her that I was pregnant with my first child. The loss of Mom has been tremendous for my family and the way she died is almost unforgivable. With a small child and a disabled husband to support, my mother's job was her lifeline, literally. Cutbacks have a big impact on the quality of care for the mentally ill and result in increased caseloads for Intensive Case Managers (ICMs) like my mother. With the rush to deinstitutionalize, patients have been hurried through facility doors before they are ready for integration into society.

The ICM program was designed to help former inpatients live safely in the community. Home visits pose a great threat to safety. Before the murder of my mother, ICMs routinely went to a patient's home alone, without any safety, unequipped to handle emergency situations. The state then and now continues to place the lives of ICMs, nurses, and staff of psychiatric centers in danger. The murder of my mother is not an isolated case, as there have been numerous reports around the country of similar homicides. Victims of workplace violence suffer like any crime victim. It is time for the Legislature and Governor to recognize this by passing the Workplace Violence Prevention bills, including the Judi Scanlon bill. My mother left an eight-year-old daughter and never met her grandsons.

My mother was dedicated to her job and to the care of the mentally ill. She was one of their strongest advocates. My mother's patients were a part of her extended family, including the one who took her life. Her loss caused her family, friends, and patients sorrow and pain. Awareness and Prevention are the keys to protecting others. Please don't ignore the murder of my mother. Let us learn from her death so that others will be protected.

I have been speaking out about mental health worker and patient safety ever since my mother was murdered. Now it's up to you as policy makers to decide how you're going to prevent future tragedies. Shouldn't all community mental health workers have safety training, buddy systems, caseloads limits, equipment, and safety policies to protect them? We need to codify the minimum standards in the Judi Scanlon bill into state law! On behalf of my family, God Bless!

I thank you as I know you will do the right thing!



He repeatedly kicked all my body parts as I lay on the floor...

Case: Jill Dangler, RN
Mohawk Valley Psych Center,
NYS Office of Mental Health

Date of Attack: 11/19/1996

Current Status: Returned to work 1/97



RELIVING AN ATTACK — PEF member
Jill Dangler describes how she was brutally
attacked on the job.

— Interview photo by Golden Lamb Productions,
Inset photo from PEF archives



Jill Dangler, RN

On November 19, 1996, I was assaulted while working as a nurse on the Admission Unit at Mohawk Valley Psychiatric Center (MVPC). The patient who assaulted me was more than 250 pounds and six feet tall and had a long history of violence.

After attempting to strangle me, he repeatedly punched my face causing my head to hit the wall at each blow. He repeatedly kicked me as I lay on the floor. It was another patient who heard the sounds of the attack and intervened to save my life. In my 20 years of employment at MVPC, I had never seen such a brutal attack.

The next day, my husband and I went to the Utica Police Department to file charges. At that point my entire face was swollen, I had two black eyes, and I had a concussion causing severe headaches. I could only stand hunched over. My shoulders had sustained muscle damage and I could only lift my arms to my jaw. The jaw needed support so that I could talk. My teeth were so loose that my diet consisted of only soft foods. The vision in my left eye was intermittent, and the bones that surround and support the eye were fractured. I began having panic attacks and nightmares and only left the house if accompanied by my husband. At the Utica Police Department, the officer refused to take the report, stating “You knew that it was risky when you took the job!” Only at my husband's insistence did the police finally take my report.

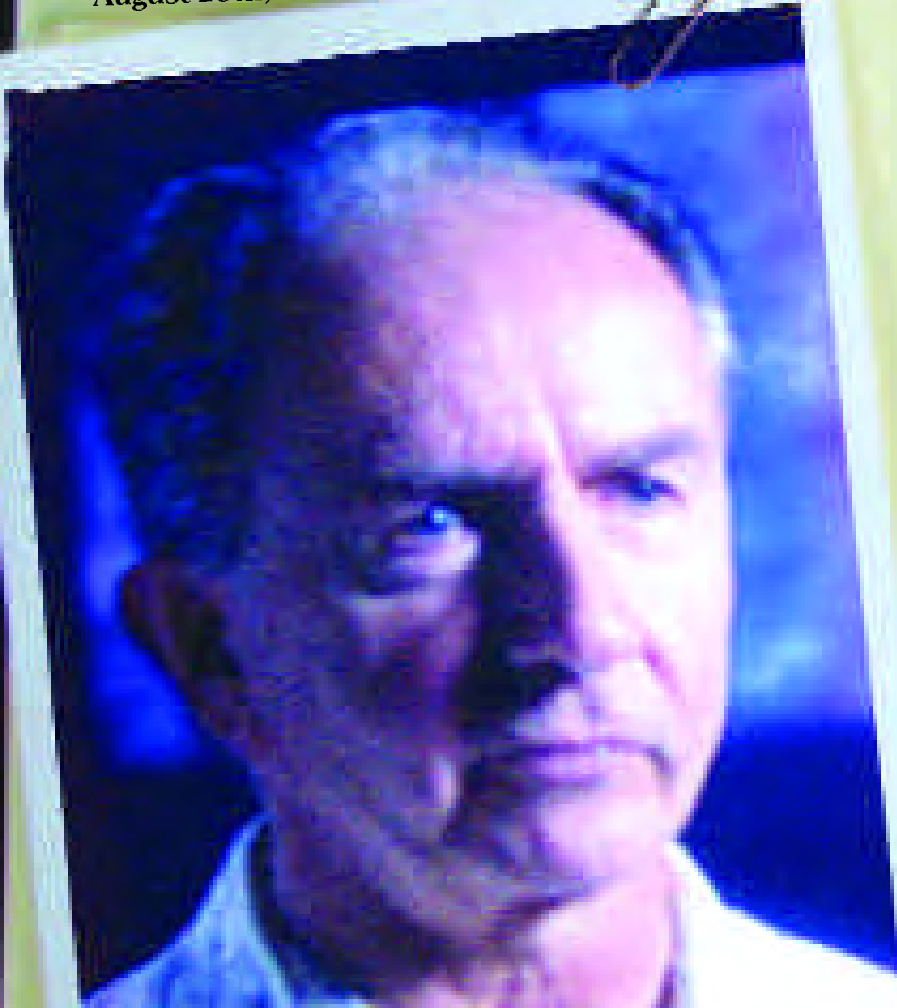
MVPC management had no procedures for supporting staff who were assaulted and traumatized, including no policy for separating them from the patients who assaulted them.

I returned to work in January '97, about two months after I was assaulted. Despite the extraordinary support I received from my union leader and all my coworkers, it seemed that MVPC management had implemented no plans for prevention. Further, management did not even acknowledge that the attack occurred nor validate the trauma to me, my family, co-workers, and patients.

As a licensed healthcare professional, I feel strongly that being assaulted should not be a part of the job. All employers should meet their obligation to provide safe and healthy work environments. I think it is time for New York State to protect the well-being of staff and patients by providing essential health and safety prevention programs and proper staffing on the wards. As a licensed professional nurse, a union member, and a person who has personally suffered the experience of workplace violence, I appeal to you to do all in your power to address this critical problem. Violence in healthcare environments must stop. It stands in the way of safety and provision of quality care for patients.

I was punched on the left side of my face. I never saw it coming. My nose was displaced to the right...

Case: Ricardo Fernandez, RN
Capitol District Psychiatric Center,
NYS Office of Mental Health
Date of Attack: 8/9/2000
Current Status: Returned to work on
August 29th, 2000



DON'T LET IT HAPPEN AGAIN —
PEF nurse Ricardo Fernandez tells the
state Hazard Abatement Board at a
hearing in Albany how his nose was
broken by a patient at Capital
District Psychiatric Center. The
injury required reconstructive
surgery — Photo by Tim Raab

— Interview photo by
Golden Lamb Productions

I have been working as a psychiatric nurse at Capital District Psychiatric Center for six years. I work in the Intensive Care Unit that deals with high risk patients who are in danger of harming themselves or others.

Staff are injured on almost a daily basis. Most of the injuries are minor and never get reported. In the six years that I have been at CDPC, staff have been bitten, scratched, punched and kicked. They have had their hair pulled out, urine and feces thrown on them, as well as food and scalding hot beverages. Injuries have ranged from minor scratches and bruises and burns to sprains, strains, and fractures. In the truly psychotic patient, actions such as these are usually expected and forgiven. However, there are patients with other diagnoses who have learned that they can inflict pain on staff without fear of reprisal. These patients are battle-hardened by the system.

In August 9, 2000, I was punched on the left side of my face. I never saw it coming. My nose was displaced to the right. It happened so fast it stunned me. The force of the blow spun me around. My nose began to bleed profusely and a safety officer rushed me to St. Peter's Hospital emergency room. My nose was bent to the side and I had a large bruise under my left eye. It was determined that my nose was fractured, cartilage was displaced, and I was referred to a plastic surgeon. Trying to recuperate at home was very uncomfortable. I couldn't breathe through my nose for three weeks. I was put on a soft diet and was completely exhausted. I couldn't sleep at night because I had to sleep sitting up with my mouth open.

I decided to press charges against the patient. I had to go to the police station on my own to file the police report. The magnitude of my injury was great enough to be classified as a felony, assault second-degree. Although difficult and time consuming, I feel if I hadn't met with the criminal justice authorities, the charges would have been reduced or dropped. The patient was put on probation for a year. He had been previously charged with an assault, and was on probation at the time he assaulted me. The patient was subsequently transferred to a different facility.

A lot of the elements of a security and safety standard are in place at CDPC such as a written violence prevention policy, staff training, and environmental rounds. At the same time, OMH has been pushing to decrease the use of restraints and seclusion. Patients have rights to protect them from undue abuse, and staff supports the elimination of unnecessary restraint and seclusion. But patients who are constantly combative and assaultive should not be allowed to continue to pose a risk to other patients and staff. OMH needs to come up with strategies to address the small group of patients that are causing so much harm.

Picture this... he grabs the back of your neck and starts choking you...

Case: Vivian Afuwah, LCSW-R, ACSW
Brooklyn Developmental Center, NYS Office of
Mental Retardation and Developmental Disabilities

Date of Attack: 7/17/2000

Current Status: Returned to work after
1 week



ON CAMERA — PEF Certified Social Worker Vivian Afuwah describes how she was attacked from behind for the STOP WORKPLACE VIOLENCE DVD documentary.
— Interview photo by Golden Lamb Productions,

Picture this — a male, approximately 205 pounds, solid, stocky, strong and psychotic, suddenly and viciously comes up behind you. He grabs the back of your neck and starts choking you, and this assault escalates, charged with intensity. Well, not only was I petrified, so were the other patients, and it took an equally strong male staff member to intervene and rescue me! As I reflect upon this, I QUIVER as I remember!

Workplace violence is pervasive and the severity of the problem is surely not a new phenomenon. Assault on the job, by the same clients we are there to care for, continues to grow, and frankly evokes scary feelings. This crisis has got to be addressed and statewide standards are desperately needed.

There is no one thing that could guarantee prevention of assault by the people we serve. However, I do believe the employers should provide training to middle-management personnel to serve as liaisons and should be held accountable in providing the necessary preventive measures for dealing with victims of workplace violence. One key approach is needed. Managers and middle-management should consistently hold ongoing team meetings, specifically discussing issues of safety to recognize the risk factors and identify strategies to help manage and reduce incidents.

What might my employer have done after my assault to minimize its impact? Show more sensitivity to how I may have been feeling. I believe my employer saw me as the professional and not as a victim of an assault who needed to be treated as any other victim who was physically violated; provide immediate medical and counseling assistance.

DEEP EMOTIONAL WOUNDS — PEF social worker Vivian Afuwah testifies at a Hazard Abatement Board hearing in New York City about her emotional struggle to recover from a very violent assault by a client who choked her. Afuwah stressed the need for state agencies to protect employees and support those who are hurt.

— Photo by Olubiya Shehindemi



I was attacked and beaten unconscious. I was left with back and neck injuries...

Case: Diane Schrader, RN
Stony Brook Hospital, SUNY
Date of Attack: 3/26/2000
Current Status: permanently disabled



HIGH PRICE OF VIOLENCE — PEF Registered Nurse Diane Schrader, shortly after she was assaulted. She required \$100,000 worth of facial reconstructive surgery.

On March 26, 2000 my life was suddenly changed forever by a violent assault. At the time of the attack, two co-workers and I were involved in assessing a linebacker-sized male patient. The assessment room included furniture that was not attached to the floor. The patient began to hit a female co-worker with a chair when I attempted to intervene. I was attacked and beaten unconscious. This violent and disturbed man stood over me preventing staff from coming to my aid. It took fifteen male staff to subdue this patient, but not before he punched another female in the jaw. The blood of three female staff members was spilled that day. I was left with back and neck injuries, TMJ, optic nerve damage causing peripheral blindness, no sense of smell, chronic pain, and required \$100,000 of facial reconstructive surgery.

As a direct result of this vicious assault, temporary changes were made at CPEP (psychiatric emergency room). Nurses were recognized for their dangerous job by receiving an extra 50 cents an hour “hazardous duty pay.” A room was created to keep violent prisoners and patients shielded from the public when they were brought into the unit. An attempt to appease staff concerns was made by having around-the-clock security guards. However, guard assignments are in constant flux, and the security guards are not trained or classified to work with psychiatric patients. No lasting changes have been made that would effectively impact violence in the psychiatric emergency room. Administrators treat nursing staff like they are expendable, compared to higher paid professionals. Clearly, safety is not a top priority for CPEP administrators.

Due to the profound injuries, I am not able to return to what I call my previous life. I have been stigmatized by the “disability” word and remain in constant battle with the very support systems that are supposed to help me. No one should have to end a truly gratifying career the way I had to. My anger today is based on the fact that my ordeal could have, and should have been prevented. I worked in a great center of learning, with some of the country’s most brilliant minds. Millions of dollars of research is conducted at Stony Brook. Certainly, if the political will is there, Stony Brook has the ability to develop a model workplace safety and security program.

No one should have to beg for safety, especially, in an obviously dangerous environment. It should be a no-brainer. Safety may have an initially high price tag, but in the long run it is cheaper than the costs of disabling injuries. That is why a standard for workplace violence is needed.

Patient X came at me, saying "I'm going to kill you!" I can't recall when he broke my arm...

Case: Phyllis Johansen, RN
StonyBrook Hospital, SUNY
Date of Attack: 7/6/2003
Current Status: Permanently disabled



**PAINFUL
RECALL —**
Phyllis Johansen
reflects back on
the workplace
attack that
forever changed
her life

— Photo PEF archives

X-ray is representative of a broken bone. Johansen suffered a broken arm.

It happened early in the morning, 3:55 a.m. Patient X had been brought in two hours earlier in handcuffs by police following a suicide attempt at Fire Island. He seemed withdrawn and paranoid, not agitated. A physician and I brought him into the interview room. The physician was a resident, and did not usually work on this ward. Following the interview, I went back to the nurses station. The patient came out of the room and another staffer was going to give him water, when Patient X came after me, saying "I'm going to kill you. I'm going to kill you if you don't let me out." He threw a small table at me that hit me in the gut and then body slammed me into the wall three times. I can't remember when my arm broke. A security guard came in and tackled him, but I went down under him. Two other staff came and helped restrain him. Finally, more people came and another security guard got me out of there.

I walked around for awhile, but couldn't catch my breath, so I went to the ER where they x-rayed my arm and said it was not broken. I continued to have problems. I saw my regular doctor who referred me to an orthopedic specialist. He determined I needed surgery on my right hand to repair torn ligaments. Workers' Compensation did not approve my surgery. They only had the emergency room report which said I only had a contusion. They ignored or were not fully aware that I also had torn ligaments and had been in a cast since the assault.

The doctor cancelled my surgery, and when I tried to get them to go ahead and charge it to my private insurance, they said "no" due to the fact that it was work-related.

As time passed, I was not getting better. By October, I still had not had my surgery. I was referred to a psychologist with symptoms of Post Traumatic Stress Disorder. The State Insurance Fund refused to accept it. Finally, I was scheduled for surgery at the end of October '03. My family was beginning to fall apart from all of the stress. My daughter became afraid to be away from home. She underwent therapy and was put on meds. My husband had a heart attack and needed surgery. Additionally, my physical pain continued. I was found to have two herniated disks in my upper back.

Months passed, my pain continued and my doctor agreed that I couldn't work. I was receiving only \$312 per week from workers' comp, and needed to go on disability retirement. At this point I'm retired, receiving a fraction of what I used to earn, and my life has been permanently changed.

He charged me, his fists flailing, running toward me, grabbing at me...

Case: Rhonda Bedow, RN
Buffalo Psychiatric Center,
NYS Office of Mental Health

Date of Attack: 9/1/1996

Current Status: Returned to work after
3 weeks



PAINFUL MEMORY — PEF nurse Rhonda Bedow tells the state Hazard Abatement Board at a hearing in Buffalo how she was beaten by a patient at Buffalo Psychiatric Center. Photos of her injuries are displayed next to her.

— Photo by Caroline Esposito

I have been a psychiatric nurse for the last 26 years, 18 of which have been at the Buffalo Psychiatric Center. Although I had been involved in altercations and had been injured by clients, I have never feared for my life as I did that first day of September 1996. This was the day a client tried to kill me.

The client who attacked me did so over a cigarette. When he realized he would miss the smoking break, he began to make verbal and physical threats. He charged me, his fists flailing, continuing to run toward me, grabbing at me. The staff were trying to stop him by verbal redirection and holding him, to no avail. He continued to viciously punch my face and body.

The time between the start and finish of the assault was minimal, but the trauma is long standing. At first, I could not remember all that happened, but with time, things came back to me.

Arriving at the hospital produced more trauma when statements were made such as, "Don't you know better than to work there? Didn't you know that is part of the job when you work psychiatry?"

By then, my children had found out I was assaulted, and were very anxious to see what had happened, and that I was alive. My 14-year old daughter just sat next to me and cried, holding my hand, begging me to not go to work at Buffalo Psychiatric Center again. The next day, the faint bruises of the day before were now a dark purple. My right eye was swollen almost shut and the cornea was bright blood-red. That's when the bruises all over my arm were discovered. I had not even realized he had hit me that many times. The headache lasted for days.

Returning to work was traumatic. The client continued to make verbal threats to staff in regard to finishing the job, meaning assaulting me. I did not feel comfortable on the same unit with him and after a great deal of discussion, he was finally moved.

For the next several months, I suffered from continuous headaches and ear infections. In December, a specialist discovered my jaw had been dislocated on both sides, and the bone was partially blocking the eustachian tube, not allowing the fluid to drain. Due to the complexity of the required treatment she referred me to another specialist. I found out my jaw had been totally displaced and would need to be surgically repaired.

The trauma of that day is something I will have to live with for the rest of my life.

My thumb mutilated, I was struggling to free my hand and he was trying to pull me into the cell...

Case: Barbara Higley, RN
Attica Correctional Facility, NYS Department
of Correctional Services
Date of Attack: 2/27/2004
Current Status: Permanently disabled



Photo unavailable.

I work in the SHU (Special Housing Unit), where the most difficult inmates are locked-up 23 hours per day. It was morning sick call and I was passing out medications to the inmates in their cells. An officer was with me. I opened the inmate's hatch (the metal door to put food and medicines through) and the inmate put out his hand with his palm up. I was standing by the side as I emptied the meds from an envelope into the palm of his hand, when he flipped his hand and grabbed my hand. He grabbed my thumb and twisted and mutilated it. The officer had one hand on the door hatch and tried to use his other hand to free me, pulling on my lab coat. I was struggling to free my hand and the inmate was trying to pull me into the cell.

My hand was severely injured. I had a fractured thumb, as well as Reflex Sympathetic Dystrophy (RSD). Pain, inability to hold a pen for a long period of time, numbness and tingling in the hand. This went on for months. I began to get depressed out of frustration — as a nurse I need two hands. I received treatment for Post Traumatic Stress Disorder (PTSD), but workers' compensation told me they wouldn't pay, so I paid out-of-pocket.

I did decide to press charges. He got seven more years. However, to add insult to injury, the inmate sued me.

By April '05, my symptoms were getting worse. How can I work with one hand? To compound matters, my regular health insurance ran out in February '05. Meanwhile, workers' compensation continued to deny coverage. I was later told my doctor had provided "poor documentation."

My life is nothing. I'm 51 years-old, and I have to change my whole lifestyle. I still have lots of pain in my arm. I can't work as a nurse anymore. Unable to return to work, I've received my termination letter from the state.

He then punched me from behind on the side of my head, and put me in a bear hug...

Case: Michael Aiello, Teacher
State School for the Deaf, NYS Education Dept.
Date of Attack: 12/13/2001
Current Status: No lost time, working



HAZARDOUS DUTY — Testifying before the state Hazard Abatement Board in Syracuse, PEF teacher Mike Aiello tells how he was seriously injured by a student at the state School for the Deaf in Utica. He is flanked by PEF Region 6 Coordinator Mike DelPiano and Greg Case, who hold exhibits showing Aiello's injuries. — Photo by Mike Greenlar

The morning of December 13, 2001, we were informed that a student was suspended for getting three detentions. Several times throughout that day, I witnessed staff chasing this student both inside and outside of buildings and around the campus. I was advised by my supervisor that the student had attacked him, twisting his arm backward and forcing him to the floor, breaking his glasses in the process, and that he had also forced another staff person out of his way. At about 1:00 p.m., the superintendent had us lock all of the doors in our building and stated that the student was not allowed back into the building. We were also told that if this student was seen in the building, we were to tell him to leave.

I immediately went around and locked all of the doors. On my return, I encountered this student in the main lobby of the building. I told him, as directed, that he must leave the building. The student charged toward me, placing his shoulder under my right armpit and forcing me off the ground. He then punched me from behind on the side of my head, and put me in a bear hug forcing me into a brick wall. I regained my footing and restrained him to the floor. Within seconds, another male staff happened to walk by and assisted in the restraint. Shortly after that, three other male staff members came to assist us. Police were called, as the student continued to resist. The student was then handcuffed, shackled, carried to the police car, and transported to the police station. After several hours at the station, I went to three separate Urgent Care facilities for treatment of my injuries, which included injuries to my head, my right hand, arm, and shoulder.

This assault has caused great physical as well as financial losses for me. I have a serious and permanent injury (a detached shoulder to torso muscle), which I have been told will only worsen with time. Prior to this assault, I had always been a very physically active and self-sufficient person; doing all of the mechanical repairs as well as bodywork on my vehicles and home repairs. I am no longer able to perform any of these activities. More personally, I can no longer lift and carry my grandsons or play baseball with them or do many of the daily activities which I was previously able to do.

I was not hired as a security guard whose job would be to control overly aggressive students. Staff needs to know that they also have rights; the right to work in a safe and healthy environment, the right to question administrative decisions, the right to teach students and not have to be a referee, the right to call the police if they are threatened or attacked, and the right to receive immediate and appropriate medical attention when needed. My intention is to prevent further violence in our school and to insure that our staff is safe and free to teach, and our students are safe and free to learn. Please join me in pursuing these goals.

I was knocked out cold. I woke up curled up on the floor, my hands were full of blood...

Case: Catheline Seguin, RN
St. Lawrence Psychiatric Center,
NYS Office of Mental Health
Date of Attack: 12/17/2004
Current Status: Returned to work 2/1/05



ATTACK AFTERMATH — Catheline Seguin, PEF member and OMH Nurse.

At 6:20 p.m. I was working as the charge nurse. There were 20 patients on the unit at the time. I was working with an LPN and a Mental Health Therapy Aide (MHTA) who was out of the building at dinner during this incident. I received a call from another ward that a client from my ward had been in a verbal altercation in the canteen with another client. The staff member broke it up, but this client had threatened another staff member. The LPN went to bring the client back to our ward. None of our wards are locked at that time of the evening and patients can go off ward to the canteen from any of the three wards in our building.

I asked the MHTA to write a note on the threat. I got the client's medication and went to talk to him about taking it. He was in the TV room at this point. He argued and became agitated. I decided to get the doctor to order medication and turned to walk away when the client apparently punched me. I was knocked out cold. I woke up curled up on the floor. I moved my hands away from my face and they were full of blood. I reached to push the panic alarm in my pocket and saw a foot coming down at my face. When I came to again my head was in the LPN's lap and she assured me help was coming. I learned later the client threw an arm chair and knocked over the TV.

I was fortunate there were no broken bones in my face. I had been hit and kicked repeatedly in both sides of my face. I had black and blue marks on my chest and a bruise on my stomach, as well as a sore knee and shoulder. I received treatment from a doctor, dentist and social worker who treated me for Post Traumatic Stress Disorder, anxiety and panic attacks.

The facility I work for did obtain a statement from me and took pictures several days after the attack, but did not offer me any type of counseling or debriefing, even though there is an OMH policy requiring it. They did assist me in finding a social worker.

Patients who witnessed the attack told me I was punched at least twice and kicked several times. I was off work for almost 2 months. I was told the client who assaulted me had a previous record of 22 assaults on corrections officers. The local police told me he had an arrest record dating back to 1982 for sexual assault, assault and battery, and robbery. I don't understand why we have such a guy in a place with no locked wards. This patient had threatened to kill me a few weeks prior to the attack, and he had assaulted another patient.

Currently, the situation is unchanged. Client assaults directed at staff are routine here and seemingly "a part of the job".

We have a zero-tolerance policy that clients have to sign upon admission, however, I was recently threatened by a patient and there were no consequences.