

REFLEX PROTECT®

Revolutionizing Non-Lethal Defense



A “Purpose Built” Active Defense Solution to Reverse Escalating Healthcare Workplace Violence:
Reflex Protect® Presidia Gel® + Reflex Remove® Decontaminant

A publication of Reflex Protect®
1121 E. Broadway Ste 135, Missoula, MT 59802
844.207.6389 | info@ReflexProtect.com | ReflexProtect.com

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Summary

If the nation has learned anything from the COVID-19 crisis, it's that advance planning in safety preparedness is vital to our ability to respond to emergencies, whether they're viral, violent, or otherwise. Healthcare organizations must combine thoughtful procedures backed-up with equipment and training to respond quickly to potentially confusing, dangerous, and fluid circumstances.

The escalating problem of workplace violence against medical caregivers now has an affordable solution to give peace of mind and compassionate control through a self-defense spray and fast acting decontaminant – Reflex Protect® and Reflex Remove® – specifically developed for sensitive healthcare environments.



“I have now personally experienced the Reflex Protect® product, and I can honestly say, I find it to be a superior product for our environment here in the hospital...When the officer gave me the first blast of spray, the effect on my body was immediate. I had intense pain in my eyes; they clamped shut more than from pepper spray, and I was no longer able to aggress toward someone like I would have been able to do with OC. One other great takeaway was while I was in such a great discomfort, no one else in the room was affected at all!”

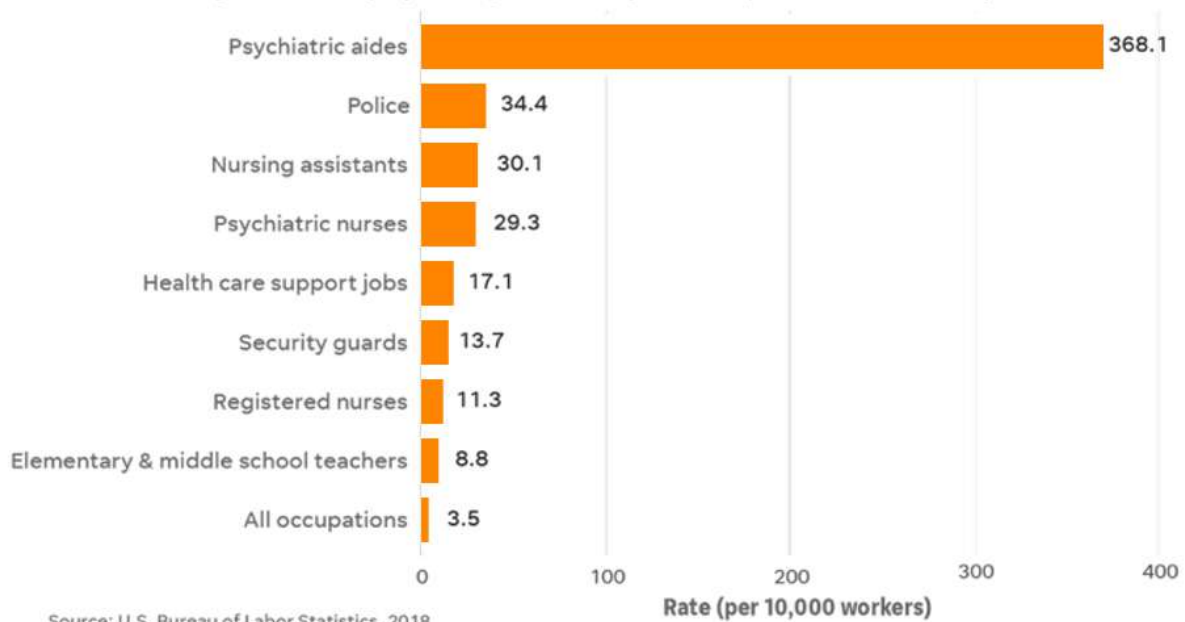
- Nathan Stielstra
Hospital Security Training Officer
Kootenai Medical Center

The Problem: Workplace Violence Against Caregivers

The stats are stark and clear. Of all professions, healthcare workers are the leading victims of workplace violence across the country. OSHA reports that 70% of claims for injuries from violence occur in a healthcare setting.

Violence against workers by occupation

Rates of being intentionally injured by violence by another person while on the job.



Source: U.S. Bureau of Labor Statistics, 2018

COVID-19 is Increasing Violence Against Caregivers

The COVID-19 pandemic has increased everyone's stress levels – an amalgam of fear of getting the disease, frustration at lives upended (and even lost), anxiety over jobs and income, pressure around educating children. Hospital staffs carry these same stressors, in addition to the daily grind of oftentimes overwhelming caseload and sadness associated with it. An added wrinkle to all this pressure is that COVID-19 the contagion is also a dangerous invisible assailant, so the need to keep any situation within medical facilities under control for the safety of everyone is particularly acute.

Problem Statement

For the past 10 years, incidents of serious workplace violence (those requiring days off for the injured worker to recuperate) were four times more common in healthcare than in private industries on average.

80% of nurses do not feel safe in their workplace.

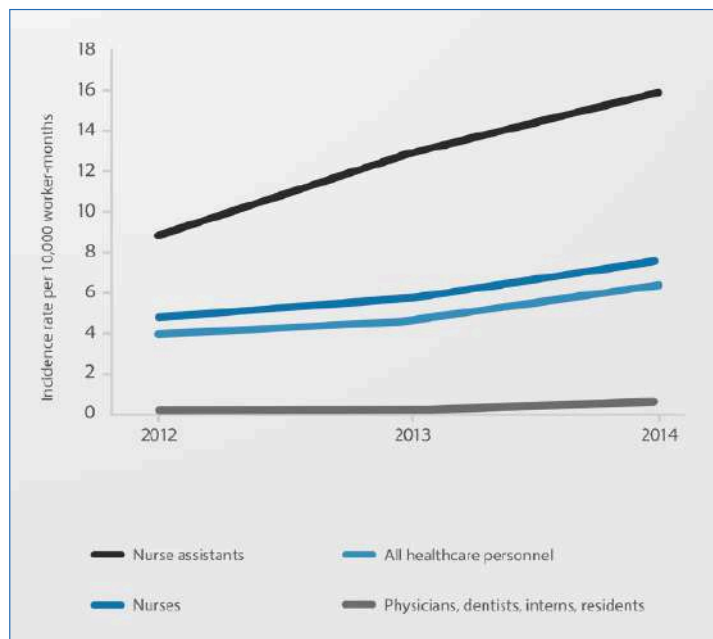
80% of serious violent incidents reported in healthcare were caused by patients.

82% of ED nurses had been physically assaulted at work in one year.

89% of hospitals reported a violent incident.

Cost

One study estimates that workplace violence costs employers between **\$6.4 and \$36 BILLION** in lost productivity, diminished public image, insurance expenses, increased security and other related factors.



Source: https://www.jointcommission.org/assets/1/6/PreventingWPV_081816.pdf

The Public is Learning the Truth

Because all medical professionals want their facilities to be seen as safe places of healing, disturbing stories of nurse, nursing assistant, physician, and aide abuse have often stayed out of the public realm.

This is changing. Pulitzer Prize-winning journalist Raquel Rutledge issued a blistering exposé in the *Milwaukee Journal Sentinel* in August of 2020 on the disturbing failure of healthcare facilities to keep nurses safe at work, including on the walk to and from their cars at shift change.

New Legislation Supporting Workers

Until relatively recently, many nursing veterans (and the administrators responsible for their health and well-being) considered the occasional injury caused by an act of violence in a hospital “a part of the job.”

A new generation of nurses and their unions began speaking out about the fundamental unreasonableness of such a standard and started demanding change. Active legislative lobbying has taken place in many states, for example Texas became the 34th, to ensure all caregivers are treated equally with other professionals or their emergency counterparts when prosecuting assault & battery as an automatic felony, rather than a misdemeanor elevated to a felony based on the level of injury caused or threatened. This is similar to how assaults on law enforcement and the judiciary are treated.

Although laudable for bringing the problem into the light, we don't need more felonies so much as we need fewer batteries. Preparations designed to deter, prevent, or stop an assault before it ever becomes a potentially injury-causing battery truly is the goal.

There is no national standard, as the Senate did not take up the Workplace Violence Prevention for Health Care and Social Service Workers Act that passed in the House in 2019. This leaves states to deal with this issue in a variety of ways:

- 1) Some extend protections to a broad class of caregivers: AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, HI, ID, IL, IA, KS, KY, LA, MS, MO, NE, NV, NM, NY, NC, OH, OK, OR, RI, SD, TN, TX, UT, VT, VA, WV, and WI
- 2) Others limit relief to emergency caregivers only (FL, GA, HI, SC, SD, KY, OK) mental health personnel only (KS) or public health personnel (MS)
- 3) The rest ignore it entirely

Opposition to legislation that punishes offenders and implements workplace protections generally argues that existing laws are sufficient and the cost of prevention excessive. Of course, mounting evidence to the contrary renders these arguments ineffective and potentially counterproductive for the industry.

One comment that got to the heart of the issue was raised during a hearing on legislation that would become Wisconsin Act 96, the most recent state with a “Caregiver Battery as Felony” statute: “The State of Wisconsin doesn’t need more felonies with which to charge its citizens, but neither is violent injury acceptable as part of the caregiver’s job.” That same day, speaking in support of what would become Wisconsin Act 52 (legislation serving to ensure Wisconsinites legal access to Presidia Gel), Reflex Protect® CEO Joe Anderson summarized the company’s healthcare product line as intended to *deter and prevent such an assault from ever becoming a completed battery* in the first place.

The Price of a Safe Reputation

The value of any healthcare environment ensuring a reputation for safety is indirect but easily quantifiable when it comes to retaining qualified caregivers. This is made infinitely easier for those organizations that supply a safe and respectful workplace.

For example, the average cost of turnover for a bedside RN is \$44,375, “with the range averaging from \$33,300 to \$56,000 resulting in the average hospital losing \$4.9 million a year. Each percent change in RN turnover will cost/save the average hospital \$306,400 per year. Whereas the cost of turnover can range to two times annual salary for professional positions, this conservative figure still represents a tremendous drain on profits.” Therefore, the implementation of a reasonably priced workplace violence prevention plan *that keeps a single RN from leaving* for a safer facility or occupation (let alone becoming disabled or dying and the attendant costs thereof) will easily prove a substantial boon to the organization’s bottom line.

Security Personnel Limitations

The solution for many hospitals is to employ security personnel on site, whose presence may serve as a deterrent but who are nonetheless tasked with subduing the violent subjects when they are called upon (via a range of solutions from “panic button” technology providing the precise location of an emergency within seconds to yelling down the hallway). Although the range of equipment provided to security guards varies as widely, “hand-on” encounters with violent subjects are by far the most common, and it is not uncommon for a potential assailant actually to be better armed than the security professionals tasked with applying controlling force.

Thinking about safety preparedness as a matter for trained security personnel has additional downsides:

- 1) The response gap between the time when potential violence erupts and help arrives is often filled with terror and injury during which mere seconds can seem an eternity – even if security’s response is reasonably fast. Trained security cannot simply be everywhere instantly, even if they are a significant presence in hospital.
- 2) Many smaller or rural facilities have no onsite security at all. Local law enforcement is the closest help, and depending on the location, that help can be many minutes away.

Inappropriate Weapons For Hospitals

There’s no question that maintenance of the sensitive, contamination-free, and healing environment of a hospital or other medical facility does not lend itself to typical forms of self-defense. Weapons like guns and knives are generally forbidden, and even “non-lethal” measures such as pepper sprays or Tasers have potential cross-contamination or other dangerous unwanted effects, preventing their presence or use in most facilities.

Most obviously, caregivers are trained to heal, not hurt.

The Idea: Be Your Own First Responder

While healthcare workers should understand that suffering injury due to violence is *absolutely not* “part of the job,” equally important is training to understand another simple truth: “You are your own first responder.” Not security, not a panic alarm, not law enforcement.

Added to this adage is that every second counts. Seconds count during violent encounters. People can be injured, and even killed, in an instant. Every second that a threat of violence is not being responded to is a second that can result in injury and trauma. Medical workers need to know how to react immediately to the threat of violence, regardless of its source.

Step One: Prepare + Train for Violence

Healthcare workers receive little (often no) training on how to recognize and respond to violence in their workplace. At the very least, they should receive annual training in verbal and non-verbal de-escalation techniques. Imagine if this training were part of their licensing curriculum prior to working in acute/hospital settings and mental health treatment locations. Discussions about planning and preparation could begin well before and segue into training in other facility policies and procedures.

The April 2018 *Sentinel Alert*, published by the Joint Commission healthcare accreditation organization, declared that healthcare facilities must provide adequate training in response codes and anti-violence safety preparation to all healthcare workers, including but not limited to security. To date, surprisingly few hospitals or healthcare organizations have taken this admonition fully to heart by establishing and integrating well thought out anti-violence safety preparedness policies, procedures, tools, and training. In part, this is because, until recently, best practices in general safety preparedness were not well established on a national level.

The Costs of Active Shooter Training Injuries

Many healthcare organizations are taking what may appear to be reasonable steps to provide certain types of security for caregivers, particularly when it comes to the recent growth in popularity of active shooter training. Some organizations, for example, pay local police for ALICE or “Run-Hide-Fight” training, or they may even bring in a professional organization specializing in the subject.

At first blush, this is a positive step, but as a practical matter, an active shooter may be a once-in-a-lifetime occurrence at a given hospital, whereas *general workplace violence is a virtual certainty*. Additionally, unlike the general public, hospital staff has a duty of care to their

patients that may make running or hiding non-starters. Also, numerous workers' compensation carriers have reported a surprising number of claims from the trainings themselves.

Participants have sued over psychic or emotional injuries inflicted by well-meaning officers trying to give a sense of what danger really feels like. Reported physical injuries include hearing loss from blanks shot off at close range, and bumps, bruises, sprains, or worse from practicing high stress escape attempts or hands-on takedown techniques.

Caregivers are taught to "fight" with planned improvisation, tackle and pile-on techniques, and the use of improvised weapons. This training has resulted in serious injuries, time lost from work, and a worse feeling about potential violence (especially from training) than prior to instruction. Reported settlements of \$500,000 exist, and although rare, the risk-reward analysis for such potential liability simply does not merit their continuation.

Step Two: Compassionate Yet Controlling Force

A caregiver with a duty of care to her patients sits in a unique position. Because of this special duty, caregivers (and the security who look out for them) should also have access to and training in defensive tools developed with this duty in mind.

The best practice in healthcare safety preparedness today combines "low impact, no scare tactics" training that includes instruction in the use of a modern defensive chemical formulation specially designed for use inside sensitive environments (i.e. not pepper sprays), accompanied by a fast-acting decontamination.

Training in the use of and access to such tools is a must for professional security operating under a potentially distinct duty of care fact pattern from a similar situation outside a hospital. Ideally, however, such training would be expanded to support registration clerks, orderlies, and bedside caregivers alike (especially where full-time security is not part of the facility's staffing).

All personnel should be trained to act as his or her own first responder – injury and trauma that happens in the "response gap" waiting for help is commonplace. Further, a fully trained staff enjoys the peace of mind that comes from knowing they all have one another's backs. This esprit de corps can have a significant impact on employee morale and professionalism, positively impacting all aspects of care and service.

The Solution: Purpose Built for Hospitals

Reflex Protect® Presidia Gel® + Reflex Remove®



Reflex Protect® created Presidia Gel® *specifically* in response to a request made by hospital personnel for an easy to use yet fast-acting, non-contaminating self-defense spray the effects of which could also be quickly reversed.

Reflex Protect® turned to the primary non-lethal self-defense chemical agent trusted throughout Europe, chlorobenzalmalononitrile (CS), in creating its breakthrough Presidia Gel® formulation: a colorless and odorless sticky and non-atomizing liquid gel.

- Presidia Gel® does not cross contaminate through the air, so it cannot affect bystanders or the user herself.
- Unlike pepper spray (OC), Presidia Gel does not cause inflammation in the lungs.
- It will not spread into HVAC systems to impact other patients throughout the building.
- It sticks to what it hits and therefore does not involve others in the room.
- Any person who has used a spray bottle at home can easily operate Reflex™ products, which employ an intuitive pistol style grip with double safeties.

- This patented spray head shoots a tight stream that is target specific and can reach up to 18 feet.
- The Presidia Gel® acts immediately, causing involuntary eye closure followed by intense pain in the mucus membranes of the face and copious nasal and sinus discharge that causes a sense of (but not actual) respiratory distress, collectively rendering the threatening subject incapacitated in seconds.
- This gives caregivers and other innocent bystanders time to escape and get help.

In short, it is a “hospital safe” active defense solution – *the only one available*.

In a clinical setting, it is targeted and sticky enough to hit only the person being violent, stop them quickly, incapacitate them fully, and then after security or law enforcement arrives, allow both the patient and surroundings to be put back to normal within minutes. *Reflex Protect® has proven to deter, prevent, and protect against potential violence without resulting in lasting harm to anyone and without otherwise affecting the operations of the sensitive healthcare environment.* One ER nurse proclaimed: “It’s like Lysol® for jerks!” Most simply wish it had been available their whole careers.

The Post-Shift Sprint to the Car

In one of the more in-depth analyses in (in fact the title of) her article, Ms. Rutledge points out that danger lurks outside the hospital in poorly lit parking lots or garages caregivers and employees walk to and from their cars during shift change. This is an issue Reflex Protect® learned about during our earliest healthcare training sessions supporting docking stations in strategic locations around a hospital (the “fire extinguisher for violence,” as nurses nicknamed it). In response, we created the Pocket Presidia Gel®, sized to be carried in a purse, pocket, scrubs, or in-hand when navigating areas outside the hospital’s doors. It’s likewise a timely solution for nurses and doctors making extensive rounds alone in rural hospitals at night.

Controlling Force from a Distance

Reflex Protect® brand Presidia Gel® non-atomizing sprays, when combined with revolutionary Reflex Remove® decontamination products, empower what we call “compassionate controlling force” over a potentially violent subject without cross-contaminating the indoor environment or innocents in it. Reflex Remove® decontaminant gives caregivers a way to rapidly reverse Presidia Gel’s effects both on a person and on any surface. Soothing, cooling relief begins on contact. People can open their eyes and can function within 2 minutes, and fully recover within 15 minutes. Reflex Remove® decontaminates surfaces and equipment in 30 seconds. It also is effective on pepper spray and tear gas.

This unique combination of products makes it the only “hospital safe” active defense solution on the market, providing security and caregivers the power to exert controlling force from a distance without going hands-on with a potentially violent subject. This is safer not only from a physical injury standpoint, but also for potential infection and/or mental/emotional injury.

Merely brandishing the distinctive canister is often enough to change undesirable behavior.

When it is fully deployed, the aggressor does not lose body control, but rather usually simply takes a knee, often begging to be relieved of the immediate discomfort, a wish granted within two minutes of the threat subsiding through application of Reflex Remove® decontaminant.

In all reported cases to date, no one but the subject was affected, no lasting injuries occurred, and frequently the rest of the facility (or even hallway or station) was utterly unaware a potentially dangerous event had occurred.

This unique combination of elements – found only with Reflex Protect® products – combined with gold-standard online or in-person training in its use, is now considered “best practice” in violence preparedness wherever it has been employed.

The peace of mind offered is priceless. Nonetheless, the price of implementation is extremely reasonable.

Economic Benefits of a Reflex Protect® Solution

Ms. Rutledge reports that budgetary priorities are often blamed for widespread injuries and even loss of life. Her investigation uncovered that as of 2018, nearly half of hospitals did not have formal workplace violence protection programs. Alan Butler, the former president of the International Association of Health Care Security & Safety, says it plainly: “You have an indefensible position if you try to say, ‘We didn’t think it could happen here.’” But he goes on to indicate that there often is little economic incentive for hospitals to invest in safety preparedness efforts: “Security as a whole does not generate revenue for an organization,” explains Mr. Butler.”¹

This, simply put, is as obscene as it is wrong. Cliché as “a stitch in time saves nine” may be, a reasonable investment in risk mitigation is fundamental to avoiding far more substantial expenditures to repair, replace, or resolve avoidable injury and damages. Organizations do it all the time when it comes to fire prevention, property theft or vandalism, and guest or visitor “slip & fall” avoidance measures. At Reflex Protect®, we argue there are *substantial* economic benefits – especially in an era informed by COVID-19 – to a healthcare organization that invests as thoughtfully in the safety, health, and well-being of caregivers and employees as it does its property and clientele.

Fortunately, with the attention on our “hero caregivers” and other staff in hospitals battling COVID-19 despite Personal Protective Equipment (PPE) shortages and other challenges, it’s more possible than ever for real progress to be made. Almost every hospital, clinic, and medical office in the country has had to re-evaluate its safety preparedness for the spread of the COVID-19 virus. Although accomplished generally on the fly for the past few months, more formal and permanent changes are becoming solidified as time passes and these new challenges become the new normal.

It Pays to Deter, Prevent, or Stop Violence

It’s high time to take the next step: a hospital-safe, non-lethal active defense solution to minimize the ongoing scourge of violence against caregivers. What’s more, the economic benefit of violence preparedness can be easily assessed and measures carried out as part of an overall safety preparedness review right now as those reviews are taking place across the country.

¹ See Rutledge, <https://www.jsonline.com/in-depth/news/investigations/2020/08/19/parking-garage-safety-ignored-decades-hospitals-workers-say/3367612001/>

Deterring, preventing, or stopping violence before serious harm occurs obviously minimizes the expense of healing, repairing, or responding to it. Of course, improvements in lighting, communications, video surveillance, and security staffing can help with deterrence or speed of response. But only a non-lethal active defense solution provides caregivers with the peace of mind that comes from being trained and equipped to act as their own first responders. The time between potential violence erupting and the arrival of security or police (the “response gap”) too often ends in avoidable injury and property damage.

Direct Costs of Settlements and Insurance

The direct cost to a healthcare organization when responding to the death or injury of an employee from violence is often substantial. In addition to payment of workers’ compensation claims, liability claims for failure to provide a safe workplace for medical facility employees or even the general public present:

1. Are expensive to litigate regardless of merit
2. May well result in substantial settlements when not subject to workers’ comp.
3. May include fines or penalties from government oversight groups.

OSHA has levied considerable fines on healthcare facilities for failure to provide a safe workplace. Fines against facilities in [Pennsylvania](#) (\$32,000+) and [Florida](#) (\$71,000+) were assessed for making employees and patients vulnerable to injuries from punches, kicks, bites, scratches, hair or extremity pulling, and objects used as weapons by patients. A psychiatric treatment center in [Massachusetts](#) faced more than \$207,000 in penalties in 2017 after OSHA accused the facility of similar failures despite a prior warning and the facility’s agreement to improve.

Although Ms. Rutledge despairs over the infrequency and relatively small amounts of more recent fines or penalties, these examples provide evidence that OSHA has legitimate enforcement power when so moved, something to be expected again as a result of the very type of reporting she does. Adding the increasingly high incidence of claims, it is fiscally responsible to act now to deter, prevent, or minimize the effects of violence than it is to pay reparations in the future, be it directly or through insurance claims and rising premiums.

Injury Free Reflex Protect® Training

Training injuries and workers comp claims are eliminated when an organization trains on Reflex Protect® hospital-safe products that stop an attacker in his or her tracks *from a distance*. Adopting this active measure means caregivers needn’t practice tackling an assailant – or even

be near – while instead gaining confidence in the use of compassionate controlling force to protect themselves, colleagues, and patients.

As previously detailed above, workers’ compensation carriers have recently begun advocating the type of “low impact, no scare tactics” training that is made possible by the advent of the Reflex Protect® non-lethal active defense solution.

Liability Insurance Support

Liability insurance carriers have also expressed solid support for adoption of the non-lethal active defense training and product solution. As mentioned above, potential liability arising from a failure adequately to provide a safe workplace is drastically limited by (a) having reasonably adequate policies, procedures, training, and equipment, and (b) avoiding those injuries altogether, not only to caregivers and other employees, but to bystanders and even to the subjects of the defensive action themselves.

When a caregiver, staff, or security member of a medical facility team can rapidly and effectively incapacitate and control a potentially violent subject without physical contact and without any effect on bystanders or lasting harm to the subject, virtually all potential catalysts of injury from violence are effectively eliminated. No injuries? No claims.

The Value of Compassionate Control

In addition to fines or workers’ comp claims, potential lawsuits may arise from the unique nature of many healthcare workplace violence events. Often, the assailant is a patient suffering delusion, fear, drug reactions or omissions, or is similarly overwhelmed by circumstances, which is where the concept of “compassionate control” is most valuable. It’s easy to see how a compassionate nurse (and even well-trained security) might find it difficult to take assertive self-defense measures against a patient in such a situation, only to find his or herself compromised and in trouble. That’s when injuries can happen, not only to the caregiver, but also to the patient once security arrives and enters an ongoing fray.

Confidence and Comfort

The key to compassionate control is for the caregiver to have the confidence and comfort level to use it sooner rather than later in a potentially violent situation. Reflex Protect® is designed to provide peace of mind during the “response gap,” which in an urban hospital may only be a few minutes, but in a rural one could be an hour. Regardless of its length, however, if threatened violence can be deterred or stopped – before an assault becomes a battery – then injuries are prevented.

Because Reflex™ technology is easy and intuitive to deploy, Presidia Gel® causes no lasting harm, and Reflex Remove® is a fast-acting antidote, *personnel trained in its use are far more comfortable and likely to use it when needed*, thereby preventing preventable injuries. Additionally, damage claims that could arise from a patient subjected to physical defensive measures by a potentially endangered caregiver (right or wrong) or security is drastically reduced when there is limited physical touching and rapid reversal of the discomforting tool or agent used in defense.

Better still, by a factor of at least 10x to date, caregivers have prevented violence from even taking place simply by brandishing Reflex Protect®. The product itself, in part due to the appearance of its unique pistol style spray head, can serve to deter violence through knowledge of its presence alone. In short, this effective self-defense solution prevents injury, damages, or loss from occurring whenever violence threatens.

Indirect Costs of Employee Retention and Compensation

Some financial impact driven by threats of violence is irreparable, unseen, or indirect, yet still affects organizational fiscal health in how it impacts new-hire attraction, employee retention, staff morale, and community standing.

For generations, medical professionals – especially nurses – were expected to accept that a certain amount of violence was an inherent risk of the profession. The acceptance of the risk of *injury from violence on the job* (for these caregivers as well as those responsible for the condition of their workplace) is an entirely different matter.

What a Reflex Protect® Solution Looks Like

Reflex Protect® can be easily integrated into hospital operations a la carte or via a turn-key, subscription model platform that includes our hospital-safe product line and certified training courses in its use (both in-person or online-only). Reflex Protect® also offers end-to-end implementation support:

- Risk assessment to form policy & procedure materials
- Installation advice
- Administrative implementation guides and staff and public-facing communication forms

Depending on the size of the facility, security measures already in place, depth of implementation, and the number of certified users of the products, pricing starts as low as \$19.95 to protect a single nurse on her walk to the car to a monthly subscription to outsource virtually everything except the staff to be protected.

Outfitting A Typical Urgent Care Clinic

(10 Full-Time Staff | 6 Treatment Rooms)

- Strategically Located Docking Stations with Presidia Gel®
- Pocket Presidia Gel® for Staff
- Reflex Remove®
- Certified Online Training (Including “Trainer Training”)

Less than \$1,000 -OR- a Monthly Subscription Fee of Less than \$100

The COVID-19 Effect

Because of the required response to COVID safety concerns, now is the ideal time for hospitals to implement broad and cost-effective safety preparedness measures for virus as well as violence. COVID-19 is likely to have another, nearly immediate effect on the economic aspects of workplace safety for our now highly visible community heroes.

Caregivers and other medical staff, unionized or not, are bound to have additional political capital during upcoming collective bargaining or contract negotiations. While compensation and benefits are bound to top the list of employee demands, the sea change in respect to

expectations discussed above dictates that safety will likely play a major role in those negotiations. Attention to it sooner rather than later could play a substantial and inexpensive role in establishing goodwill between the administration of healthcare organizations and their frontline personnel, directly affecting morale, hiring, and retention and delivering economic benefits thereby, as well as the previously discussed direct costs savings.

The healthcare industry is known for slow adaptation. But money matters and so does the idea of taking care. According to the logic of risk managers, liability pool participants, and claims assessors investigating these matters, premiums paid for workers' comp and liability insurance and/or losses attributed to acts of workplace violence will undoubtedly decrease when violence preparedness training and non-lethal active defense measures are introduced. Concomitantly, employee morale and retention will improve and benefit the bottom line.

The Right Thing, Right Now

There has never been anything like Reflex Protect® available for caregivers to request (or a healthcare organization to offer) that was “hospital safe” yet highly effective in deterring, preventing, and protecting against threats or acts of violence. Addressing workplace violence as part of an overall effort to improve worker safety is timely right now. Healthcare organizations that do not take care of their human resources during this most dire of times are liable to suffer unnecessary and avoidable losses of the kind that may be difficult or impossible to recoup or repair without disproportionate remedial action in the future.

In short, implementation of the Reflex Protect® Active Defense Solution will more than pay for itself on a dollar-for-dollar basis in the foreseeable future, whereas failure to strive to achieve the goodwill that comes from informing workers they are cared about and valued could have untold long-term negative consequences.

According to a World Health Organization (WHO) [report](#) in July, 2020, “Health systems must – among other things – prepare for shortages of health care workers unwilling or unable to report to work due to unsafe environments or obstruction in their personal lives.” Safety preparedness is always something easily left for another time. The lessons of COVID-19, however, make clear that the only good time to prepare for an emergency in the future is today.

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