



## Client Interaction

Community Center staff interact with clients all the time. That interaction delivers the services the community center system promises to people needing mental health care and support for the intellectually and developmentally disabled. Most of these interactions are safe and without conflict but sometimes something goes wrong. Both mental health and IDD clients can get angry or frustrated and lash out at staff members. Trying to control aggression through Prevention and Management of Aggressive Behavior (PMAB) can also cause injuries. The provision of personal care in group homes is also a cause of injuries to both clients and staff. Helping with client mobility as they walk or use a wheelchair is also a source of injury. Other common and uncommon causes of injury to center staff include:

- Assault and aggressive behavior
- Assisting in client mobility/balance
- PMAB/SAMA
- Sexual assault
- Sports activities
- Infection through exposure to disease
- Infestation by bed bugs, lice and scabies
- Animal bites or scratches
- Entrapment in offices

Many of the injuries during interaction with clients are minor, requiring only first aid. Some of the injuries require a visit to the doctor for more involved medical treatment that can include wound treatment, pain medication, and referral to physical therapy. More serious injuries can result in lost time from work, more comprehensive diagnostic procedures, surgery, and extensive courses of physical therapy. A quick look at the cost associated with client related workers' compensation claims totals \$293,763 as of July 1, 2021 during the current Fund year (September 1, 2020 through August 31, 2021). The dollar costs are serious but there are other costs that can be very personal and costly. Time away from work can result in reduced earnings and disruption of family life. Loss of contact with the workplace, fellow workers, and the clients the injured worker serves can be very depressing. These costs are hard to measure but can remove talented and committed employees from your workforce and deprive both mental health and IDD clients of their talents and the care they delivered.

The following table shows some striking results about claims arising from client interaction. Out of a total amount of paid and reserved claims (total incurred), client interaction claims account for 24% of the total cost and 12% of the total number of claims. Client interaction claims this year have resulted in an average cost per claim (severity) of \$3,865 or almost twice the average cost of all other claims. In determining the client interaction claims in the list of claims, there were 243 reported incidents as the result of covid-19 illness exposure, most of which were not determined to be compensable under

workers' compensation. Many of the 243 reported incidents were the result of exposure in the workplace either from contact with fellow employees who were infected or center clients. Since the interaction with clients was often minimal, incidental, or only suspected these claims were left out of the calculations presented above. (There have been 243 pandemic related reported incidents with a total incurred cost of \$102,350 resulting in an average claim of \$421.)

TCRMF Total Incurred Claims 9-1-20 to 6-30-21				
	%		%	
<u>Total Incurred</u>	<u>Total</u>	<u>Frequency</u>	<u>Total</u>	<u>Severity</u>
\$1,234,214	100%	624	100%	\$2,159.72
<u>Client Interaction</u>				
\$ 293,763	24%	76	12%	\$3,865.31

Certainly, some of these claims are unavoidable as center workers care for and help clients with balance and mobility issues. Clients with impulse control and anger issues can lash out suddenly, often without warning. Mental health clients can also become aggressive, especially when there is only one center case manager to contend with. Whatever the cause, the cost can be serious medically and emotionally. The claims included above range from first aid only with no dollar cost to \$57,226 for a knee injury during PMAB. Injuries can also occur during use of Satori Alternatives to Managing Aggression (SAMA) or during training for it.

As mentioned, some injuries are unavoidable. The knee injury during PMAB cited above, is an example of sudden physical action executing physical maneuvers that may be practiced only once a year during a PMAB or SAMA refresher. Close contact with a resistant adult may result in unanticipated movements that place arms and legs in sudden strain that can cause injury. The same thing can happen when an employee reaches suddenly to try to prevent a client from falling. Elopement poses similar hazards to employees who are suddenly called to pursue an eloping client.

There are no easy answers but there are some methods and actions that staff members can take to lessen the possibility of injury. The following list captures some of the many ways centers have tried to reduce risk to their employees when interacting with clients.

1. Training is most important, especially for new employees. New Employee Orientation programs and subsequent on-the-job training should introduce important principles of ergonomics, assisted movement, proper use of wheelchairs, Hoyer lifts, and gait belts.
2. Not every employee is qualified physically to perform PMAB/SAMA or provide physical assistance to disabled adults. Supervisors and managers should be aware of an employee's physical limitations when assigning them to duties that may require strength or flexibility they don't have. Likewise, employees should not be required to perform lifting or movement tasks that should be done by two (or more) people.
3. Familiarity with the client's history of interaction with staff including aggression, biting, striking, and sexual assault is crucial in preventing or mitigating injury. More senior staff who know what clients might do and what the warning signs are should advise

staff members who are new to the job or new to particular clients. Case managers should review a client's file for information about past violent behavior. Notes about violence or aggressive behavior should go in the file immediately after an encounter.

4. Center staff should not transport clients who have a history of aggression by themselves. Nor should they meet this client in his or her home. They should choose a public place, a conference room at the center, or use the phone or telehealth to conduct interviews.
5. Some of the claims included in the table above involved exposure to HIV or hepatitis caused by close interaction with clients including needle sticks, exposure to blood from wounds, or spitting. Use personal protective equipment like masks, face shields, and gloves. Seek medical attention if exposed.
6. Be aware of triggering events or situations that may cause a client to act out or become aggressive. Stress and frustration are often triggers of aggression when clients have impulse control issues. Rely on more senior staff members to offer advice and guidance regarding triggers of aggression.
7. Much of employees' lifestyle and workstyle is sedentary. This leaves our bodies less able to perform some of the actions related to moving clients, assisting with balance, or executing SAMA or PMAB. A program of personal physical fitness will have benefits at home and at work in terms of strength and flexibility.

The knowledge needed to prevent injury by client interaction is usually close at hand in client files, incident reports, and the experience of co-workers. Reach out for it and study the complete files of new clients. You might find a key to recognizing or preventing an injury from client interaction.