Staffers say Safety at Napa State Hospital Is “Snake Pit,” “Catch-22” and “Cuckoo’s Nest” Rolled into One

Not long before psychiatric technician Donna Gross was robbed and strangled on the grounds of Napa State Hospital, a nurse at the hospital contacted Cal/OSHA Reporter to complain about safety and security conditions staff members face at the sprawling hospital.

Alan Rushing, a 10-year employee at Napa State, and who has spent a career at other mental health and correctional facilities, says the hospital “is more dangerous than any prison I’ve worked at or been inside.”

His sentiments are echoed by Kathleen Thomas, a registered nurse who came out of early retirement to work at the hospital. “The State of California is not protecting its employees,” she tells Cal/OSHA Reporter. Thomas has been punched in the face by a patient, or “client” or “individual,” as they are known. She witnessed firsthand a fellow nurse being pummeled by a client out of the blue.

NSH is under increased scrutiny after Gross’ murder. Client Jess Massey, a convicted criminal with psychiatric problems, was arrested. He allegedly robbed her of $2 before killing her in a courtyard outside one of the buildings “inside the fence” — the most secure area of the grounds. The tall fence surrounding that area is topped by razor wire to keep people secured within the enclosure, but that’s not for the safety or protection for staff members, who are provided no protection, within any of the buildings, or on the grounds, workers say. Staff never know what to expect when they come to work each day.

“I called Cal/OSHA after Donna got killed and put in my own complaint about workplace safety,” Thomas says. “The people I talked to were not surprised. One of the guys, either at Cal/OSHA or licensing, told me that everybody knows Napa State is the most unsafe hospital in the state. They all know that, and nothing’s changing.”

Rushing filed a complaint with the Division of Occupational Safety and Health (DOSH) after a July 11, 2009, incident that he and two other staff members responded to, leaving him with serious injuries and psychological scars. One client was attacking another and an alarm sounded, alerting all available staff to respond. Rushing and his shift lead headed for the unit. “To put it colloquially, we saw assholes and elbows flying,” he says. Clients were shoving, punching, kicking, punching each other and staff, with staff members in the scrum. “It was the largest melee that I have personally witnessed or been involved in in any employment setting that I have been,” Rushing says, “through over 40 years in the health-care field.”

Finally, the instigator was separated, but the much of the crowd remained. Other staff locked themselves in a conference room. Rushing says, leaving him, his shift lead and another staffer, who said he knew the client and thought they would be okay.

Wrong. Almost as soon as he made his comment, the client head-butted the staffer in the face, stunning him. Unbeknownst to the trio, the client had been threatening to kill staff members. He also attempted to head-but Rushing in his face, but the nurse turned and was head-butted instead to the side of his head, and bounced his head off the wall as a result. He also was head-butted in the ribs, suffering fractures. “I ended up with four guys stomping and kicking me,” he says.

As Rushing and his co-workers were struggling, a staff nurse passed by and asked her for help. “You’re big tough guys. You should be able to take care of yourselves,” he quotes her as saying. When he repeatedly asked for assistance to hold down the client, the nurse announced she was “designating herself,” as the designated observer to insure staff didn’t assault the client.

Finally, three other employees came to the group’s assistance. In all, Rushing says he suffered a fractured foot and ribs, a sprained ankle and knee, broken ribs and a “serious concussion.” He complains of visual disturbances yet.

After getting no satisfaction from hospital management when reporting the incident, Rushing turned to Cal/OSHA and says he got even less. After receiving a one-page “Notice of No Violation After Inspection,” he contacted the DOSH district office that opened the investigation. He was informed that the investigators do not need to go onsite, he says, nor interview any involved, in order to assess the situation and make their determination.

Rushing says DOSH never interviewed him about the incident, didn’t talk to the co-workers who were involved and didn’t do a site visit. When he asked what protections Cal/OSHA provides for state hospital workers from assaults, he was informed that “some of that is to be anticipated or expected” because of the nature of the work and that Cal/OSHA’s emphasis is not geared to the safety or protection of state employees or others working the health-care field. He also says he never received a full report on the complaint, as promised.

Dean Fryer, deputy director for communications for the Department of Industrial Relations, DOSH’s parent organization, says...
the investigator did visit the hospital and spoke with its safety and health officer, two other employees and management. He admitted he didn’t interview Rushing but says he was not able to contact him. Rushing says he was easily available.

The Cal/OSHA inspector reviewed the hospital’s Injury and Illness Prevention Program, hazard communication plan and training records, too, but could not find a violation to cite. “The employer had everything that was required of them on training and other safety requirements,” Fryer says. “There wasn’t enough information to say that there was a violation and he couldn’t substantiate issuing citations. It’s clear that the assault occurred. That’s not the issue. It’s what does the employer have to do to safeguard employees.”

Fryer also responded to Rushing’s assertion that he was told that violence should be anticipated and expected. “I’m checking into this, but I have to say, this just doesn’t sound reasonable. Napa hospital wouldn’t be excluded from workplace protections. We have just as much jurisdiction there as we do with any other workplace,” Fryer also promised to follow up on why Rushing wasn’t provided with a complete report. “That is not the way we operate,” he tells Cal/OSHA Reporter.

Documents provided by DIR show that DOSH queried NSH about the way its alarm system works, responders’ responsibilities, whether staff is specifically assigned to observe and make sure patient rights are not violated during help calls and about staff training. The hospital also provided training and policy and procedures manuals.

Told that conditions sound like those in the old movie “The Snake Pit,” Rushing comments, “It’s exactly a snake pit, and you put in ‘Catch-22’ on top of it.” Throw in “One Flew Over the Cuckoo’s Nest,” Thomas adds.

Rushing believes that staffing at the hospital, which has improved from past years, should nonetheless be upgraded. It looks good on paper, Rushing says — it shows more staff than patients (there are about 1,200 clients), but staff is divided into shifts. “The [clients] are there 24 hours a day and we’re only there 12-16 hours a day, five to six days a week,” he says.

Thomas pegs many of the problems at the hospital to adoption of the Wellness and Recovery Plan that staff must adhere to. Impose after a lawsuit over conditions for patients, the WRP is a guide on how to treat clients, but Thomas, a longtime public health nurse, says she has been told by other staffs that it was not originally designed for, nor tested on forensic clients. “We believe it was designed for mentally ill [clients] who can actually get some recovery and to cut into the community. One of the reasons this dangerousness has escalated could be some components of the WRP,” she says.

She was talking to a client early this year and the client misunderstood what she was saying. His response? He punched her in the face. “The next day he apologized to me, but you just don’t know what’s going to happen with people. I’m telling you, everybody at that hospital has been assaulted. If they haven’t they will.”

Her solution? “I’d have an officer on every unit at least 16 hours a day,” she says. “These guys have a mentality that responds to an officer. When an officer comes into the unit, everybody’s fine.”

She adds that the hospital needs to focus on prevention, rather than reaction, such as spending money on workers’ comp and hospital bills.

“Here’s a perfect example,” she says. “One guy who worked with me six to eight months ago will probably never work again. He had discs fractured in his back from stopping an assault. He’s out on [workers’ comp], the state is paying for him and they’re paying for a new person that’s taking his job. The state talks about being cut of money, but they’re totally backwards in how they’re doing it.

“Everything is a reaction. Public health is all about prevention,” Thomas says.

Napa State Hospital agreed to respond to the criticism of hospital safety, but was unable to provide the response in time for this issue. We will include its comments in our next edition.