Safe Management of Aggressive Behavior in the ED
A Self-Training Module For
Licensed Health Care Providers

(RNs, P.A.s, N.Ps, MDs, and other licensed providers of medical care who work in or float to the Emergency Department)
WHAT CAN I LEARN FROM THIS MODULE?

The goals of this self-training module are to:
A. Teach you about violence in the Emergency Department
B. Teach you that visitors, patients and other employees can become violent
C. Teach you how to react to a violent person
D. Teach you how to predict some cases of violence early on
E. Teach you how to respond to aggressive persons in order to prevent violence

HOW WIDESPREAD IS THE PROBLEM?

Here are recent statistics taken from OSHA (2011):

According to the Bureau of Labor Statistics, the health care and social assistance industries accounted for the majority, nearly 60%, of all nonfatal assaults and violent acts by persons in 2007. Nearly three quarters of these were assaults by health care patients or residents of a health care facility. The most common victims of assault were nursing aides, orderlies, and attendants. Physical violence rarely occurs without verbal abuse. Verbal threats are the most common form of violent acts. Pushing/grabbing and yelling/shouting were most prevalent types of violence. Eighty percent of cases occurred in the patient’s room. Most incidents occur at night between 11pm and 7am. Most frequently reported activities that emergency nurses were involved in when they experienced physical violence were triaging a patient, restraining or subduing a patient and performing an invasive procedure.

WHAT IS KAISER DOING TO PREVENT VIOLENCE?

Kaiser Permanente's concern over the problem has resulted in a Policy Statement of "Zero Tolerance for Workplace Violence"

"Acts and/or threats of violence by employees or physicians on KP premises, including carrying weapons in other than an official capacity, will not be tolerated and will be grounds for appropriate remedial action. Similarly, acts and/or threats of violence by patients or visitors against employees or physicians will not be tolerated and will be grounds for appropriate remedial action."

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Kaiser policies and guidelines have been developed to specifically deal with:

- **Visitor Policy**
  All visitors in the ED should be wearing a visitor badge. If you see someone in the ED whom you don't know and they are not wearing a visitors badge, let the nurse know.

- **Psychiatric Patient Guidelines**
  Nurses and ED techs need to know these guidelines.

- **Obtaining Security Officer for Involuntary Holds**
  We sometimes hold patients against their will in the ED. This is usually because the patient is sick and has indicated to the doctor or nurse that he wants to hurt himself or hurt someone else. You can tell this type of patient since (s)he is usually in a private room with a Security Guard sitting in front of the door. You should check with the nurse before entering a room with a Security Officer seated in front.

- **Kaiser Regional Workplace Violence Policy**

- **Restraint Policy**
  Care givers in the ED must be familiar with this policy.

Make sure you are familiar with all these policies.

**WHY IS VIOLENCE INCREASING IN SOCIETY**

Our society is becoming violent. Some factors that have contributed to this include:

A. Increasing violence in newspapers, television and moves
B. Increasing numbers of handguns
C. Increasing numbers of gangs
D. Financial pressures and personal problems
E. Influence of drug abuse
F. Influence of alcohol abuse
G. Closure of many mental health programs
H. Breakdown of the family
The following are some common myths about violent acts:

<table>
<thead>
<tr>
<th>MYTH</th>
<th>TRUTH</th>
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<tr>
<td>Only young, attractive women are raped.</td>
<td>All women are vulnerable to rape. In fact, even men and boys can be targets.</td>
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<tr>
<td>Rapists attack only when their sexual desires are high</td>
<td>Rape is a crime of violence and power. It is a way for one person to dominate and humiliate another. It is not a sexual act but an act of violence.</td>
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<td>Your assailant has to be a man; only a man can hurt you.</td>
<td>Women commit violent crimes too. Many people make the mistake of trusting a woman in a situation where they wouldn't trust a man. Don't let gender determine whether you think a situation is dangerous.</td>
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<td>Violent crimes are committed only by strangers.</td>
<td>Forty percent of all personal crimes are committed by the people the victim already knows (family, co-worker, date, etc.)</td>
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<td>I only have to worry if someone gets angry with me.</td>
<td>You could be severely injured by a confused or demented elderly patient, if your guard is down.</td>
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<td>Employees who become violent, suddenly just &quot;snap.&quot;</td>
<td>Employees who exhibit violent behavior often display warning signs before an incident.</td>
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**Risk Factors for Workplace Violence**

*Environmental* risk factors including long wait times, overcrowding, Uncomfortable waiting rooms, working understaffed, working alone, unrestricted movement of the public, poorly lit corridors and rooms, inadequate security, lack of staff training and policies for preventing and managing potentially violent patients and visitors.

*Patient* risk factors include those under the influence of drugs and alcohol, previous history of violence, psychiatric illnesses such as schizophrenia, gang membership, access to firearms, urban young male of lower socioeconomic stat.
SO WHAT CAN I DO?

1. Be prepared. That's the best defense.
2. Develop a personal safety plan that will help you no matter what situation you find yourself in.
   Here are some ideas:
   A. Be alert and familiar with your surroundings at all time.
   B. Avoid places that your common sense tells you might be dangerous.
   C. Be familiar with the layout of the ED. Know the entrances and exits.
   D. Always leave yourself an escape route when you are near an angry person.

TIPS FOR SAFETY IN THE E.D.

Always be aware of your surroundings
- Explore the ED until you know the layout.
- Pay special attention to the exits
- Note the places where you could be cornered
- Where do you feel most vulnerable in the ED?
- Where do you feel most safe?

Always be aware of people you don't know
- All visitors should have a visitor pass on his or her chest.
- Question all people who don't have a Kaiser ID or a visitor pass and show them where they can obtain one.
- Enforce the visitor policy.

Be aware of people who look suspicious
- If you sense danger or are uncomfortable about a person, alert another staff member to your concerns.
- Know where your security alarms are and know the telephone extension to call Security for an emergency CODE GRAY (combative person) or Code Silver (person with weapon or hostage).
  When you call Code Gray or Code Silver, give your exact location.

Use a buddy system
- Always have a team member who knows where you are.

Always approach the following persons with caution and, if possible, with a buddy:
- angry patients or visitors
- psychiatric patients
- demented patients
- patients who are under the influence of alcohol or chemicals
Don't enter a room without leaving yourself a clear exit
- the door should be behind you, not between you and the patient.
- Don't close the door, if possible.

Don't have scissors, pens, reflex hammers, etc. protruding from your pockets
- These items are potential weapons which could be used against you.

Don't lean over a patient with a stethoscope or ID necklace hanging from your neck.
- These items could be used to choke you.

Don't ever take a weapon directly from a patient.
- If you suspect a patient has a weapon, notify Security promptly.
- If a patient volunteers to hand over a weapon, have him or her place it on a table and step back. You should call 911 if you see a firearm or other deadly weapon with a patient.

WHAT ABOUT MY CLOTHES AND EQUIPMENT?

We don't often think of clothing when we are faced with a potentially violent situation, but what we wear can be used against us!

REMEMBER
Clothing should be loose, comfortable and allow freedom of movement.

Shoes should be low-heeled, closed toe, and non-skid.

All earrings, including studs, can be pulled, thereby tearing the ear.

Necklaces, ties, scarves, bracelets, long hair and beards can be pulled, causing injury. Don't hang ID tags around your neck; they could be used to strangle you.
THE ASSAULT CYCLE

Psychologists have researched persons who have been involved in violent behavior. *4 levels of behavior that accompany violent activity* have been discovered.

1) Anxiety
2) Defensiveness
3) Acting Out and
4) Tension Reduction

LEVEL 1 – ANXIETY

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<th>YOU SHOULD:</th>
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<tr>
<td>You notice a change in the person's behavior. The anxious person may show any of</td>
<td><strong>Attempts to calm the person will be most successful in this first level.</strong></td>
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<td>the following clues:</td>
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<td>appearing more and more nervous</td>
<td>Ask yourself &quot;What does this person want or need that he/she is not getting?&quot;</td>
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<tr>
<td>drumming fingers,</td>
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<tr>
<td>wringing of hands,</td>
<td>Be supportive and understanding.</td>
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<tr>
<td>staring at you,</td>
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<tr>
<td>staring at watch or clock,</td>
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<tr>
<td>making frequent phone calls,</td>
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<tr>
<td>pacing back and forth</td>
<td>Be kind, and let the person know you understand and want to help.</td>
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# LEVEL 2 - DEFENSIVENESS

**YOU SHOULD:**
- Calmly tell the person what specific behavior is not appropriate.
- Tell the person why that behavior is inappropriate. Clearly spell out the consequences of continued behavior.
- Pause.
- **Listen skillfully to what the person is saying.**
  
  E.g., "Your screaming is disturbing other patients. If you continue screaming I will have to ask you to leave."

**Sometimes a reasonable show of force is necessary at this stage.** This could be another staff member, or Security.

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## Level 3 - Acting Out

**YOU SHOULD:**
- Use safe control and/or restraint techniques to control an individual.
- **Often a show of force is all it takes.**
  
  Use physical restraint as a last resort.

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| At this stage, the person is getting increasingly frustrated because his/her needs are still not met. The person is starting to lose rationality. (S)he is often belligerent and challenging at this stage. | Calmly tell the person what specific behavior is not appropriate. Talk the person why that behavior is inappropriate. Clearly spell out the consequences of continued behavior. Pause. **Listen skillfully to what the person is saying.**  
  
  E.g., "Your screaming is disturbing other patients. If you continue screaming I will have to ask you to leave."

**Sometimes a reasonable show of force is necessary at this stage.** This could be another staff member, or Security. |

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<th>LEVEL 3 – ACTING OUT</th>
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<td>At this stage there is a total loss of control or physical acting out (assaultive behavior). At this point you should definitely not be alone with their person and Security may have to be summoned.</td>
<td>Use safe control and/or restraint techniques to control an individual. <strong>Often a show of force is all it takes.</strong> Use physical restraint as a last resort.</td>
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Level 4- Tension Reduction

The person will have used up a lot of energy in the first three stages and will show some physical changes in this level, due to the stress release. The person may now:

- look more relaxed
- breathe more normally
- act frightened
- apologize, feel guilty, embarrassed or ashamed.

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<th>LEVEL FOUR - TENSION REDUCTION</th>
<th>YOU SHOULD:</th>
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<td>The person will have used up a lot of energy in the first three stages and will show some physical changes in this level, due to the stress release. The person may now:</td>
<td>Be supportive and understanding.</td>
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KEYS TO EFFECTIVE INTERVENTION

1. Get help from a nurse or doctor as soon as you suspect that the situation is getting out of control!

2. Be aware of your tone of voice.
   Experts say that only 10-50% of what we "say" is verbal. The remaining message is transmitted in our body language and tone of voice.
3. **Respect personal space.**
   If you get too close to the person you will make things worse. Stay out of the person's space. Personal space is an area of 18 to 30 inches around our bodies. If you get too close the person will get more angry (plus you may get injured!).

4. **Be aware of your body position.**
   Avoid a "toe to toe, eye to eye" "showdown" position. When approaching an individual, be mindful that you send a nonverbal message in the motion and posture of your body. Frowning, staring, yelling, clenched fists, staring all can further escalate a tense situation. Remember, that the more a person loses control, the less (s)he listens to your words. Instead (s)he "hears" your body language.
   **The best way to approach an individual is to stay 3 feet away, at an angle, to avoid a "showdown" stance.**

5. **Listen.**
   Empathetic listening is an active process used to find out what a person is saying. This is one of the most effective steps in defusing a tense situation, but it is usually overlooked.
   a. Don't be judgmental
   b. Don't ignore or fake attention
   c. Carefully listen to what the person is really saying, behind his/her angry words.
   d. Use silence.
   e. Clarify with the patient "Is your concern that.........?" to make sure you understand what (s)he is saying.

6. **Permit the person to "vent" or complain** whenever possible.

7. **Remain calm**, rational, and professional. Your response will have a direct effect on the individual.

8. **Ignore challenge questions.**
   When the person challenges our position, authority, training, policies, etc., redirect the individual's attention to the issue at hand. Answering a challenge question will just fuel a power struggle.

9. **Use physical techniques as a last resort.** Always use the least restrictive method of intervention possible. Using physical techniques on an individual who is only acting out verbally will unnecessarily escalate the situation.
There are four basic types of ED violence and there are certain characteristics that violent people may display. If you are aware of these characteristics, you may be able to predict ED violence in many instances.

FOUR TYPES OF ED VIOLENCE

1. **Violence due to psychiatric/emotional disorders**
   Most psychiatric-related violence comes from patients with either schizophrenia or a personality disorder. **The bipolar patient who is in the manic phase is particularly dangerous,** since his or her euphoric, grandiose, and initially friendly behavior can quickly change to anger and aggression with even minor demands.

2. **Violence due to alcohol/drug intoxication**
   Intoxicated patients usually end up in the ED after some violent incident that was sparked by their intoxication, e.g., altercation in bar. **Patients on "crack", methamphetamine, or PCP can be particularly combative.**
   It may be a patient's visitor who is intoxicated. **Impaired visitors are more likely to become agitated by long waits or when limits are placed on their behavior.** Impaired visitors may immediately escalate to the "acting out" stage, if limits are placed upon their behavior.
   **So it is better to call Security at the first sign of potentially violent behavior by an intoxicated visitor.**
   Thus, you should probably not tell the intoxicated visitor, "If you don't calm down I will call Security to escort you out." It would be better to call Security first, and then limit the visitor's behavior.

3. **Violence due to anger over ED environment, conditions, policies**
   EDs are more crowded than ever. We not only have patients who have an emergent medical condition, but patients who want to avoid the clinic system, many of whom do not need urgent care. Long waits are common.
   **In order to avoid waiting, patients or visitors may resort to attention-getting (aggressive) behavior.**

4. **Violence exhibited by an employee**
   Another potential source of violence in the ED is from an employee. ED employees often work under a great deal of stress. If an employee has poor coping mechanisms, it could possible for him or her to become involved in an incident of violence. Warning signs of potentially violent employees will be discussed below.
Food for Thought

Sometimes health care workers become desensitized to a patient's suffering. We see it day in and day out. In order to cope with the demands of the job, we sometimes become insulated to the pain that our patients are feeling. We need to constantly remind ourselves that our patients are suffering in their own way, with the coping skills that they have, and that:

**PAIN AND SUFFERING are the most common reasons for violence by patients.**

What kinds of persons are most likely to become violent? These are not meant to stereotype people. There is research that confirms that these characteristics point to an increased likelihood of violent outbursts:

1. **People who have been violent before**
   - *This factor is the #1 predictor of future violence.*

2. **People who are on drugs or alcohol**
   - *Alcohol is the most common drug which leads to violence.*

3. **People who are gang members**
   - Rival gang members may show up in the ED to "finish the job" on an injured gang member.

4. **People with certain tattoos**
   It has been discovered at autopsies that certain tattoos are associated with gangs or with incarceration, often for violent crimes. Some examples are black/blue tattoos that are made in prison by melting carbon-paper for ink and using needles. These home-made tattoos may be of penitentiary numbers, or anti-social messages, such as "Born to Lose," "Death Before Dishonor," "Misfit," or gang names "Crips," etc.)

5. **Relatives who are upset over an illness or death**
   Health care workers have been injured or killed after notifying a family member that their loved one has died.

6. **People who feel they are not in control**
   People who have had some control taken away from them, such as an abusive parent or spouse who is prevented from seeing his children or spouse.

7. **Misinterpreting medical treatment**
   Family members or friends can misinterpret medical treatment as harmful to someone they care about. E.g., a woman attacked a doctor because she saw the resident inserting a chest tube into her son's chest.
SOME MEDICAL PROBLEMS MAY CAUSE VIOLENCE

Sudden psychotic behavior in a patient who has no history of psychosis may be triggered by a medical problem. Drugs or alcohol may exacerbate the situation. Some common causes are listed below:

A. hypoglycemia
B. hypoxia
C. head trauma
D. meningitis
E. drug intoxication or withdrawal
F. HIV virus complications
G. sepsis
H. brain abscesses
I. hepatic encephalopathy
J. endocrinopathy, including Cushing's Syndrome
K. CO2 retention
L. CNS tumors
M. paradoxical drug reaction in elderly
N. dementia

Although new-onset psychiatric conditions are possible, remember that they rarely occur after age 45. The peak onset of schizophrenic or manic disorders is adolescence or young adulthood.
SOME CLUES TO IMPENDING VIOLENCE

A. Subtle Clues
   1. Gut Feeling
      If you feel frightened or uncomfortable with a patient, don't ignore the feeling; always call for backup or support.
   2. Provocative Behavior
      This includes teasing, hostility, and unreasonable requests
   3. Angry Demeanor
      This includes menacing facial expressions, cursing, and hostile remarks
   4. Manic States
   5. Intoxication
   6. Delirium
      Fluctuating levels of consciousness make these patients unpredictable
   7. Confusion and fear in the elderly

B. Overt Clues
   1. Restlessness
      This includes fidgeting, shifting about, rocking, clenching fists.
      **Pacing around the waiting room is a serious red flag.**
   2. Loud, angry, forceful speech.
   3. Agitated behavior
      Such as knocking over furniture, pounding walls, throwing things
   4. Threats to injure or kill someone
      This type of person is more dangerous if (s)he describes a victim or details of a plan
   5. Known history of violence
   6. Presence of weapons (Call 911 at once)
WHAT ABOUT VIOLENCE FROM EMPLOYEES?

There has been an increase in workplace violence throughout U.S. industries. The Emergency Department is a high stress work place could be the site for an act of violence by an employee with poor coping mechanisms. Usually these violence-prone employees will exhibit some warning signs before an incident. Here are 15 red flags:

1. Make veiled or direct verbal or written threats
2. Intimidate others either physically or verbally, make harassing phone calls, or stalk another employee
3. Show a fascination with weaponry or violent acts (this employee may carry a concealed weapon, flash a gun to test reactions, or show an extreme interest in automatic weapons)
4. Exhibit paranoid behavior, believing the world is against him or her
5. Drastically change his or her belief system;
6. Exhibit moral righteousness about his or her perception that the hospital isn't following its own policies and procedures
7. Be unable to handle criticism of his or her job performance (and hold a grudge against a supervisor)
8. Express extreme desperation over financial, family, or personal problems;
9. Have a history of violent behavior
10. Be fascinated with other workplace violence incidents and even express approval;
11. disregard the safety of other employees
12. Become obsessively involved with his or her job and exclude outside interests even though obsession still results in uneven job performance
13. Take up much of a supervisor's time with attendance, behavior, or performance problems
14. Steal or sabotage projects or equipment; and
15. Become romantically obsessed with a co-worker who doesn't share his or her interest.

If you see an employee using violence or making threats of violence at work, you must report it to your supervisor immediately.
HOW CAN I PROTECT MYSELF?

When you have a potentially assaultive patient or visitor, the standard courtesy and respect which are expected in all customer interactions is even more crucial.

Remember that empathetic verbal intervention is the most effective method of calming an agitated, fearful, panicky individual.

However, if verbal de-escalation techniques do not work, and the individual quickly becomes assaultive, you'll need to be able to respond quickly to protect yourself. Here are some key principles which underlie most common strategies to avoid harm:

A. **Undress the patient.** If you suspect that a patient has the potential to become violent, bring him or her to an exam room as soon as possible and have the patient change into hospital clothing. Generally a person is less likely to attack if disrobed.

B. Always make escape your primary goal; you should use physical force only if it is required to escape.

C. **You may never use physical force in retaliation. You are a healthcare provider and could be disciplined, sued or prosecuted if you use physical force in retaliation, especially if it is excessive (more than a reasonable healthcare giver would use to escape danger in a similar situation).**

D. **Get away and get help,** rather than try to force an aggressive patient or visitor to comply with your requests. There is no potential violent situation that requires your heroics.

E. **Watch your body language.** When dealing with patients or visitors who are standing up, position yourself to the side, not directly in front of them. This serves two purposes:
   1. It is harder for the person to hit or kick you when you are to his or her side;
   2. It is less threatening to the individual if you are not in his or her "personal space."

F. **Call Security** if you feel the tension is building up or that the situation is getting out of control. An early show of force is often better than waiting for the situation to develop into a crisis.
   *Never warn the person that you will call security if they don't behave,* this may be enough to put them over the edge. If you feel you should call Security, do it without telling or threatening the person. **And remember, if you ever feel that someone is about to be injured, or if you see a firearm, call 911.**
FIVE EVASIVE MANEUVERS DURING A PHYSICAL ATTACK

Of course it is best to prevent the situation from escalating to this crisis level, but if you are not successful in preventing the escalation, here are some maneuvers to keep in mind.

1. **Escape first if you can**
   The best maneuver is to run away and get help. You should be familiar with the layout of the ED and know all of the escape routes. If you are unable to escape you should:

2. **Keep your distance.**
   a. Never allow the agitated person to come within 30 inches of you.
   b. If you are right handed, stand with your left foot at least thirty inches from the individual. Pull your right foot back about a foot behind your left foot. Your weight should be balanced on your dominant (right) leg. Your body should be facing 30 to 45 degrees away from the person, rather than facing directly at him. By doing these things you have made a strong and stable foundation with your legs, and positioned yourself so that it will not be easy for the individual to kick or punch, or grab you. (You are 30 inches away and beyond his or her reach.) By standing at a slight angle and 30 inches away, it is also less threatening to the individual.

3. **Be Prepared to Block yourself**
   a. Put both hands in front of your face, your palms facing the individual, fingers toward the inside, left hand a few inches farther away from your face than the right hand.

4. **Remain Calm and Talk Calmly**
   a. While you are performing steps 2 and 3 above, continually and calmly try to de-escalate the situation by telling the individual that you don't want any trouble, that you don't want to fight.
   b. Make certain that when you perform steps 2 and 3 that your tone of voice and body language show that you are trying to de-escalate the situation and that you are not confronting or threatening the individual.

5. **Block and Escape**
   a. If you have followed steps 1 to 4 at the first sign of escalation to potential violence, you will be ready for a punch, kick or other attack. Your body is on a stable foundation if you are pushed, so you won't fall. If you are punched, you should try to deflect the punch with your forearm (your hands are already up and in front of your face) and at the same time step back and escape, after the punch. If you are kicked, try to deflect the leg with your hands and step back and escape after the kick. If you have maintained your distance, the individual will not be able to reach you.
WHAT IF MY LIFE IS IN DANGER AND I CAN'T ESCAPE?

In cases where you are grabbed, choked or held, and when there is no means of escaping serious injury, your goal should not be to use physical force against the assailant. Your goal should be to escape. Not only does a use of force expose you to the risk of disciplinary, legal and criminal action, but if it is not effective, it may put you in a greater danger of physical harm from the assailant. This is especially true if the assailant has a gun or other deadly weapon.

Calm and gentle communication with the assailant and listening to him or her, is always the best method of de-escalating the situation.

If you ever do have to use physical force to escape, always remember that the assailant has certain vulnerable areas. If you ever need to strike an assailant as your sole means of escape, don't waste your time trying to strike at an area of his or her body which is covered by muscle. If the assailant is large, you won't even hurt them and you will increase their anger.

Vulnerable areas of the body are:

i. the eyes
ii. the throat, directly above the sternum
iii. the groin
iv. the shins

No matter how the assailant is holding you, you should be able to kick or punch the groin, kick the shins or knees, put a finger in the throat directly above the sternum, or two fingers in the eyes. If you are required to perform any of these things in order to escape, do it quickly and forcefully. Run as soon as you are released and call for help.
IF YOU HAVE TO TAKE A HISTORY FROM AN ASSAULTIVE OR VIOLENT PATIENT

It may be difficult to obtain an accurate history from a violent patient. Make sure you don't overlook any of the following sources of information:

◆ Patient
◆ Medical Records
◆ Family, friends, others accompanying patient
◆ Pre-hospital staff (EMS, police)
◆ Information in patient's possession (wallet, Medic-Alert bracelet)

A. **Be patient.** Remember it's an on-going process and you may have to put pieces of information together to get the full story.

B. **Establish the mental state** of the patient early on. You may need to go to other sources for information.

C. **Introduce yourself.** "I'm here to help...I need your cooperation."
   1. Your approach to the patient and the rapport you establish early on...the care you demonstrate...will go a long way toward getting the patient to disclose their history.

D. **Acknowledge the patient's feelings**
   1. You don't have to agree, but it may help to emphasize. This is especially true if the patient is in a lot of pain, angry with the way they've been treated. or just upset over long waits.

E. **Maintain your objectivity** - don't personalize the patient's anger
   1. It is natural to want to get defensive when a person takes out their anger on you, but remember the patient is not really mad at you personally.

F. **Know your limitations** - know when to call someone else in to take over.
   1. Some of us have higher tolerance levels than others. Know when you are losing control of a situation. The indicators are:
      a. your voice is rising
      b. you are judging the patient
      c. you are becoming angry with the patient

G. **Set limits** clearly on patient's behavior.
   1. "I need you to regain control and stop screaming, and then we can talk about....."
THINGS NOT TO DO IN OBTAINING A HISTORY FROM A VIOLENT PATIENT

A. Don't get too close (closer than 30 inches).
   1. Always leave yourself an exit and know where it is.

B. Don't go in alone. Have a backup with you.

C. Don't yell at the patient
   1. Never raise your voice to the patient, even to tell them to shut up.
   2. If the patient is getting out of control, it is better not to mirror that energy level.
   3. Know when to set limits, know when to be empathetic, but don't get into a screaming match.

D. Don't "cop an attitude" and treat the patient with disrespect.
   E.g. "If you don't behave we won't treat you!!"
   1. Such a provocative response is asking for trouble.

E. Don't shame the patient into submission. Don't say:
   1. "Others are sicker than you...",
   2. "You should have thought about that before..."
   3. "Don't you know....."

F. Don't get sucked in to the whole violent scenario.
   1. Sometimes when violence erupts, it attracts a lot of people. Suddenly ten staff members can be involved and it can easily get carried away. Maintain professionalism at all times and coordinate your efforts with other staff members. Heroism is not advisable.
WHAT ABOUT PHYSICAL RESTRAINTS?

Physical restraint should be used as a last resort, when all other avenues of calming an aggressive patient have been exhausted, with the possible exception of chemical restraints. The physician will need to decide which of these two "last ditch" options will be the least restrictive yet effective, in each individual case.

Remember that restraints can cause emotional trauma for the patient and family and must be utilized only after all other alternatives have been tried and documented as not successful.

Restraints should never be applied as punishment, or for the convenience of hospital staff.

Patients who pose an imminent threat to themselves or others should be restrained.

The use of physical restraint requires a Physician's Order. The order must specify the rationale or intent for use, the type of restraint, and the length of time to use the restraint. See the attached local policy on the use of physical restraints in your facility.

GUIDELINES FOR USING PHYSICAL RESTRAINTS

Before:

Quickly assemble a response team (Code Gray). 5 or 6 people is ideal.

Appoint a leader quickly - the most experienced person available - who will assign roles, coordinate efforts, and speak to the patient.

Display a judicious show of force as a final deterrent to the patient's escalating physical violence.

Explain to the patient why he or she needs to be restrained. Ask for the patient's cooperation (calm, reassuring voice), and allow a few moments for the patient to comply, but don't deliberate or negotiate.

Remove all dangerous objects from the patient, including rings, shoes, matches, pens, and pencils.

Remember that people who need restraints are not "bad" people; for whatever reason, they have temporarily lost the ability to control themselves.
During:
- Five people should coordinate with restraining the patient, one securing each limb, and a fifth member to control the patient's head, and prevent biting. (A sixth person could be used to apply restraints, while others hold the patient down). This should be sufficient to restrain any individual; more than six people involved in restraint can create confusion, and poor coordination of efforts.
- **If for some reason it appears that someone will be injured in the attempt, 911 may have to be called for police back up.**
  The team needs to be confident that it is able to subdue the individual.

![Diagram of restraint positions](image)

- If the patient is intoxicated, and you have concerns about airway problems, secure the patient in a face down position.
- A staff member should always be visible to reassure the patient who is being restrained.
- Raise the patient's head slightly (if he is lying on his back), to decrease his or her feelings of vulnerability, and to reduce the possibility of aspiration.
- Place restraints so that intravenous fluids or medications can be administered if necessary.

After:
- Begin treatment using verbal intervention, or rapid tranquilization, as indicated.
- Announce that the crisis is over, and the patient is under control. This has a calming effect on all parties.
- Check for weapons, drugs, and other contraband.
- Document everything as soon as possible, according to ED policies, procedures and guidelines.
- Observe and care for the patient at regular intervals, as required in the Restraint Policy and Procedure.
- Review the team effort with members of the team and offer constructive criticism.

Removing Restraints:
- Remove one restraint at a time at 5 minute intervals until the patient has only two restraints on. Remove both of these restraints at the same time. **Never leave only one limb in restraints.**

Review medical center policy and competency on Physical Restraints (attached).
WHAT ABOUT CHEMICAL RESTRAINTS?

A. Although medications may help to restrain a violent person, we do not use chemicals as restraints in Kaiser San Francisco E.D. If sedation is given at all to violent patients it is as a medical treatment of the condition causing the agitation.

B. Try to gain the patient's cooperation whenever possible, whether sedation is being given or not. Offer them an active role in their treatment whenever possible.

C. Inform the patient of what you are doing as you are doing it: "You seem to be restless and nervous. This medication will make you feel calmer and help to stop the voices you are hearing."

D. Explain to the patient what medicine you are administering.

E. Monitor the patient for postural hypotension and, if neuroleptics are used, dystonic reactions.
DOES KAISER HAVE RESOURCES TO HELP EMPLOYEES WHO HAVE BEEN VICTIMS OF WORKPLACE VIOLENCE?

Workplace violence is traumatic! When we are a victim of violence, or when we observe our co-workers being abused or attacked, it can be extremely distressing. Individual reactions to violence will vary, depending on the victim's unique life history.

Some typical emotional reactions are:

A. shock
B. anger
C. disbelief
D. anxiety
E. irritability
F. fears

There also may be physical reactions, including

A. sleep disturbances
B. eating disturbances
C. increased use of alcohol/medication/drugs
D. headaches
E. muscle tension

There also may be changes in relationships with family members and co-workers, performance difficulties, increased absenteeism.

Kaiser Permanente recognizes the importance of providing support and assistance to employees/physicians who have been victimized by violence.

The Employee Assistance Program (EAP) is available to respond to such crisis situations by providing a range of services. All EAP services are provided by experienced, professional counselors with expertise in trauma response and crisis intervention. Services are voluntary, confidential and provided free of charge for employees and their dependent family members.
WHAT IS THE EMPLOYEE ASSISTANCE PROGRAM?

Work or personal stress
D Marital, family or relationship difficulties
D Childcare referral
D Loneliness or depression
D Alcohol or drug use, your own or someone else’s
D Getting along with people at work

Almost everyone experiences problems that directly or indirectly affect his or her work at times. Kaiser Permanente recognizes that each individual contributes to the success of the organization, and that this contribution can be diminished or lost when problems arise, either at work or at home. The EAP is here to help you find assistance for your problems. The EAP professional staff can help you explore your concerns and identify possible solutions.

WHAT SERVICES ARE PROVIDED?
Assessment. Problems often seem complex and hard to define. EAP professionals can help you clarify concerns, identify changes to make, and recommend priorities for achieving your goals.

Problem-solving. The EAP offers a confidential environment to discuss concerns. EAP professionals will help you to develop a plan to remedy the situation. Sometimes this involves referrals to appropriate resources for specialized help.

Referral. EAP staff can help you find the right resources. You can get information about a wide range of programs, services, agencies, and practitioners, both within and outside the Kaiser system, from the EAP.

Consultation. EAP professionals can confidentially assist managers, union representatives, supervisors, and staff concerned about another’s work, personal situation, or their department.

Education and groups. The EAP offers programs by request from managers on a variety of issues such as stress, coping with change, and healthy relationships in the workplace.

Crisis response. EAP professionals are ready to respond confidentially to individual crises or traumatic events that affect people at work. EAP also provides individual counseling, management consultations, and group services to staff after an adverse clinical outcome.
WHAT SHOULD I KNOW ABOUT THE EAP?

EAP services are available to all Kaiser Permanente physicians, employees, and their dependent family members. You do not have to be a Health Plan member, and no referral is necessary. There is no charge.

EAP services are strictly confidential. It is solely your decision whether to let anyone know that you've used the service. The EAP professional will not share information about you or your visits with anyone unless you give written permission. The only exceptions are for statutory reasons: to report a threat of harm to yourself or another; abuse or neglect of a child; and dependent adult abuse. Your visit will not be noted in your personnel file or medical record.

Using EAP is voluntary. Remember, you do not need to be in crisis to use EAP. One of the EAP’s goal is to help you deal with problems before they become crises. The EAP professional will help you define your problem, develop a plan of action, and follow through with you to make sure that the plan is working.

EAP professionals are licensed, trained mental health clinicians who have years of experience working with a wide variety of work-related and personal issues. Appointments can be either face-to-face or by phone.

For more information or to schedule an appointment, contact the San Diego Service Area Employee and Physician Assistance Program at 619-641-4160 or 8+277-4160 or visit our website at http://insidekp.kp.org/eap

END OF SELF-TRAINING MODULE

Please complete competency review on following pages and return to your Manager
1. What are two ways you can help maintain your personal safety?

1. ______________________________________________________________________

2. ______________________________________________________________________

2. Place the stages of the Assault Cycle in the correct order by placing a number (1, 2, 3, 4) to the left of each stage name. Then match the name of the stage with the appropriate intervention for that stage, by drawing a line from the stage name to the intervention.

<table>
<thead>
<tr>
<th>STAGE #</th>
<th>STAGE NAME</th>
<th>INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>Acting Out</td>
<td>Ask yourself what the person really wants</td>
</tr>
<tr>
<td>#</td>
<td>Defensiveness</td>
<td>Clearly point out inappropriate behavior</td>
</tr>
<tr>
<td>#</td>
<td>Anxiety</td>
<td>Show of force and restraint, if needed</td>
</tr>
<tr>
<td>#</td>
<td>Tension Reduction</td>
<td>No intervention required at this level.</td>
</tr>
</tbody>
</table>

3. Attempts to de-escalate a situation will be most successful at which stage of the Assault Cycle?
   a. Defensiveness Stage
   b. Anxiety Stage
   c. Tension Reduction Stage
   d. Acting out stage

4. Which of the following is the most common drug involved in violent incidents:
   a. marijuana
   b. methamphetamine
   c. LSD
   d. alcohol
   e. cocaine

5. What are the most common reasons for violence by patients?
   ______________________________________________________________________
   and ____________________________________________________________________
6. Which of the following is the most effective intervention for calming an agitated, fearful, or panicky individual?
   a. empathetic listening and calm verbal intervention.
   b. quick use of physical force
   c. telling the individual that you will call the police
   d. laying down the law of the ED
   e. pulling rank, and telling the individual who's the boss

7. Which of the following are good strategies to avoid harm (circle the most correct choice)
   a. don't wear things around your neck
   b. don't wear open-toed shoes
   c. quickly room and undress patients who you suspect could be potentially violent
   d. call Security early on if you feel the situation is getting out of control
   e. use physical force to restrain the individual as soon as you suspect potential violence
   f. stand toe to toe with the person so (s)he can realize that you mean business
   g. all but C
   h. A, B, C, D
   i. A, B, C, D, F

8. Which of the following is an important factor that should be remembered when administering sedation order is required
   a. you should try to get the patient to cooperate
   b. you should explain to the patient what medications you are giving and why
   c. you should monitor the patient for any side effects of the medication.
   d. all of the above

9. Which of the following should be done before attempting to physically restrain an individual
   a. assemble a Code Gray team of at least 5 members
   b. appoint a leader who is the most experienced person in this type of situation
   c. catch the patient off guard, making certain (s)he doesn't know what you are about to do.
   d. remove all dangerous objects from the patient.
   e. all of the above
   f. all but C

10. Where can an employee who has been a victim of violence go for help and support at Kaiser Permanente