

# Wasatch Homeless Health Care Program Safety Manual

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## **Purpose**

The purpose of this manual is to outline proper procedures for handling situations with aggressive patients that have the potential to further escalate into violence. Staff safety is our top priority at all times. It is also important to respond to aggressive or violent situations in a professional and sensitive manner. Our patients are individuals who deal with grave physical and emotional difficulties daily, and they should not be subjected to unnecessary suffering from interacting with clinic staff or volunteers.

## **Patient Stress and Special Extenuating Circumstances**

When serving our patients, it is important to keep in mind the extremely adverse living conditions and backgrounds patients come from. Stressful living situations break down morale and social behaviors such as courtesy and patience. Under these circumstances, it can be challenging to deal with such a person. If the patient is involved with drugs or alcohol, suffers from a mental illness, or has a serious antisocial background such as a history of criminal activity or prison, they can be especially difficult.

Another factor exacerbating a patient's frustration is the fact that many of them frequently interact with a multitude of private and public agencies to get basic needs met. Consequently, during the process of waiting, answering personal questions and applying for various types of assistance, their frustration level often becomes elevated. By the time that they visit our clinic, they may be—understandably—in the mood to react negatively towards our requests or instructions.

Although a patient's negative behavior may appear unwarranted, this behavior may be a learned survival technique. Through hard living, some patients have found that an aggressive, demanding behavior will get their needs met no matter how inappropriate.

In addition, there are individuals who blame the system for everything that has happened to them. These patients give up very easily using passive-aggressive behaviors—such as walking out—to express frustration. It is important to remember not to take a patient's negative or aggressive behavior personally. There are reasons for this behavior, and most likely you are not the reason.

Regardless of the patient's actions, it is imperative that staff reactions not encourage further negative behaviors or responses. Instead, we can employ simple intervention strategies when a patient begins to act inappropriately within the clinic environment.

### **Guidelines for Addressing Aggressive Patients**

Strategies for dealing with aggressive individuals are best formulated around the principle of least restrictive measure. This means starting with the least invasive tactic for subduing the aggressor and not advancing to the next level of restriction unless absolutely necessary. The three levels of intervention are:

- Level 1: Prevention;
- Level 2: De-escalation of tension; and
- Level 3: Action aimed toward safety for all individuals involved.

Our goal of preventing violent behavior can be achieved by effectively employing these four basic steps:

- n Observing,
- n Skilled Listening,
- n Talking, and
- n Actions.

### **LEVEL 1: PREVENTION**

The first and best method for managing physically or emotionally assaultive behavior is to anticipate and prevent. Management can be achieved by early assessment of the patient. For example, what are his or her needs? Can we meet these needs? If not, what options can we offer the patient, e.g., *"Would you like to speak to a supervisor?"* Consider whether there is another facility that can assist the patient and ask, *"Can we make a referral for you?"* or *"Would another time be more appropriate?"*

**Observation.** As you work, pay attention to the following warning signals that may hint of escalating tensions:

- n Defiant attitude
- n Excessive swearing
- n Aggressive motions
- n Unusual demands
- n Increase or decrease in voice volume
- n Challenging demeanor
- n Tightening of jaws
- n Deep sighs

- n Fidgety movements
- n Rapid pacing
- n Clenched fists
- n Advance or retreat actions

## **LEVEL 2: DE-ESCALATION OF TENSION**

**Listening.** The listening and attending skills of therapeutic communication are the most effective tools of averting violent behavior. Even though you may be having a busy, stressful day, remember to clear your mind and pay attention to what the other person is trying to tell you. Don't rehearse your response. Don't defend yourself verbally.

Practice reflective listening. This involves finding out information about what a person is thinking and feeling, and what may be done about a problem. Don't assume that you know. Ask open-ended questions to elicit more informative responses than a simple yes or no answer. Listen carefully to what is said. Spending two or three minutes interacting with the patient may prevent an altercation. The more information you have, the better you will be able to work out a solution.

### **Steps for Effective Listening**

- n Tune in to your personal anxiety level. Assess your feelings and ask yourself if your feelings are interfering with your communication skills.
- n Acknowledge the other person's feelings. Identify the anxiety or anger and acknowledge the potential for violence. You might say *"You seem very upset"* or *"I'm concerned that you might hurt yourself or others here."*
- n Try to elicit the real issue and determine what is behind the anger.
- n Demonstrate appropriate affect. Be sincere and assertive.
- n Convey calmness, control and a willingness to help.

**Talking.** Being able to talk down an angry, agitated patient is a valuable skill for anyone providing patient care services. It is a skill dependent upon having and demonstrating a positive regard and respect for others. While talking, be aware of your voice. The tone of your voice will have an immediate affect upon the patient. It is imperative that your voice remains calm and soft yet firm. If you become angry or aggressive like the patient, you will be giving away your control of the situation. Simply state the facts and if necessary, repeat them. Avoid using your title or authority. Do not offer lengthy explanations or excuses.

### **The Don'ts and Do's of Therapeutic, Effective Talking**

#### *The Don'ts — Verbal*

- n Don't threaten the patient or demand obedience.

- n Don't argue with the patient about the facts of the situation. Both of you may be right, but this does not help ease the situation.
- n Don't tell the patient that she or he has no reason to be angry.
- n Don't become defensive and insist that you are right.
- n Don't offer placating responses such as *"Everything will be OK"* or *"You're not the only one."*
- n Don't make promises you can't keep.
- n Never challenge the patient or call his or her bluff.
- n Never criticize the patient.
- n Never laugh at the patient.

#### *The Do's — Verbal*

- n Do ask, *"What can I do to help?"*
- n Do use simple, direct statements.
- n Do ask opinions: *"In what way do you feel we may be of service to you?"* or *"How would you like to see the situation resolved?"*
- n Do offer choices and alternatives: *"If our services are not appropriate, may we assist in referring you to another facility?"* or *"May we make another appointment for you at a more convenient time?"* Try to leave the patient with options.
- n Do encourage verbalization of anger rather than acting out. Express your limitation with this verbalization, however, such as expressions or language that is too offensive and not necessary.
- n Do provide reassurance while setting limits and identifying behavioral expectations in a kind manner.
- n Do assume that the patient has a real concern and that she or he is understandably upset.
- n Do recognize and acknowledge the patient's right to her or his feelings.

### **LEVEL 3: ACTION**

**Taking Action.** Everything that we have learned so far about interacting with difficult patients becomes part of the process and culminates when we take action. A key concept in violence prevention is to try to decrease the person's sense of powerlessness or helplessness in order to minimize his or her frustrations. Communicate verbally and behaviorally that the person is responsible for his or her own actions. The following steps promote successful interactions:

#### **The Don'ts and Do's of Successful Interactions**

##### *The Don'ts — Actions*

- n Don't ignore the patient.

- n Don't come too close to the patient or hover over him or her. Keep a comfortable, nonthreatening distance between you and the patient that still allows you to hear and be heard.
- n Don't make threatening physical gestures.
- n Don't analyze or interpret the patient's motivation.
- n Don't personalize the patient's anger.

### *The Do's — Actions*

- n Follow instinct and intuition. Use common sense.
- n Detect danger signals.
- n Keep everyone feeling safe:
  - q Open the door to the room;
  - q Identify an escape route convenient to you and the patient;
  - q Position yourself closest to the room exit;
  - q Keep furniture positioned with safety in mind; and
  - q Assess the environment for potential weapons.
- n Identify a code word that will alert the need for additional help. For example, clinic staff and volunteers are to say *Code Red* through the telephone intercom and identify the area where they are. At that point, designated staff are to respond.
- n Protect others in nearby surroundings.
- n Ask the patient to sit down.
- n Establish and maintain eye contact.
- n Observe social distance. Don't touch the patient.
- n Decrease environmental stimuli by:
  - q Minimizing the presence of staff and other patients,
  - q Turning down any loud music, and
  - q Minimizing distractions.
- n Promote privacy.
- n Attempt to meet as many of the patient's reasonable requests or demands as possible.
- n Follow through with promises. Do not make promises that you can't keep.
- n Remember who you are and practice professional behavior.

### **Summary**

These principles, guidelines and procedures are basic suggestions to assist in averting abusive and violent behavior. They are for the express purpose of effectively serving our patients as well as protecting staff from dangerous and abusive behavior. When put into practice, these steps of observing, listening, talking and action can help achieve our goal of preventing violent behavior. Using common sense while practicing courtesy, concern and compassion will greatly enhance everyone's experience at our clinic.

Always keep in mind the adverse living conditions that our homeless patients deal with day and night. If we can be empathetic, and treat them as we would like to be treated, then we have not only provided good health care, but perhaps we have empowered them in their attempt to take control of their lives.