

The Village Residence	POLICY NO:	
	Issue Date:	February 2011 Revised June 2016, September 2021, August 2023
Page 1 of 10		
Policy on management of violence through verbal de-escalation		

Title of Guideline: Policy On management of violence using verbal de-escalation	
Description of the Guideline: This Policy has been developed for the staff in Saint Mary's Hospital only	
Ratification Details:	
Developed by: Director of Nursing Office and Clinical Nurse Managers	Date Developed: Revised February 2011, June 2016, September 2021, Aug 2023
Developed By: Nursing Department.	Date Approved: February 2011, Revised June 2016, September 2021. Aug 2023
Implementation Date: February 2011	Review Date: September 2025
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Status of the Policy: Final	

The Village Residence	POLICY NO:	
	Issue Date:	February 2011 Revised June 2016, September 2021, August 2023
Page 2 of 10		
Policy on management of violence through verbal de-escalation		

- 1.0. Saint Mary's strives to provide a safe workplace, free of verbal or physical threat.
- 2.0. Workplace violence is defined as any situation that may threaten the safety of an employee.
 - Have an impact on any employee's physical, emotional or psychological well-being.
 - Cause damage to company property.

Verbal abuse often goes unreported and is thought to be "just part of the job".

70% of Nurses and care assistants are assaulted on duty during their career.

The majority of healthcare worker violence takes place on evening and night shifts.

The medically ill (physical or mental illness) person may pose a risk to others due to an illness (acute or chronic). This could be the patient, family or visitor.

Cognitive problems due to delirium (which may be secondary to medications or aging), delusions (a misperceived thought process), or paranoid thinking may alter the person's sense of reality.

3.0. The purpose of this policy is to

- To help you recognize situations that impact potential verbal and physical abuse by a patient or visitor toward staff.
- To provide tools to help you de-escalate a volatile situation.
- Your safety and welfare are important.

4.0. There is a need to effectively defuse the anger of a patient, family or visitor in a calm and professional manner. Not every threat of violence can be predicted or prevented

5.0. The following are potential risk factors:

- Head trauma

The Village Residence	POLICY NO:	
	Issue Date:	February 2011 Revised June 2016, September 2021, August 2023
Page 3 of 10		
Policy on management of violence through verbal de-escalation		

- psychiatric illness (especially mania, psychosis or paranoia)
- Substance abuse
- Young age; males
- Prior history of violence

6.0. Reason why Hospitals are at risk;

There are a number of reasons why there is an increased risk in the potential for violence in hospitals. The environment is open. People who are in hospitals are under high levels of stress. There are long waiting times, crowded conditions, and gaps in communication. There are also a wide variety of patients and families from all walks of life. On occasion, families, friends or patients may be under the influence of alcohol and other drugs which may decrease their inhibitions.

7.0. **Anger:**

- Anger is a response to feeling threatened, scared or hurt.
- People displace their anger on a “safe target”.
- People are upset that they are in the “patient” role and displace their anger on those who are providing their care and healing.
- According to the National Institute of Safety and Health (NIOSH), 45% of the perpetrators of workplace violence are patients, family or visitors.
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8.0 **Motivators of attackers**

- 26% Irrational behaviors
- 19% Dissatisfaction with service
- 18% Robbery
- 15% Interpersonal conflict
- 14% Other issues
- 8% Personal problems
- Feel vulnerable and distressed

The Village Residence	POLICY NO:	
	Issue Date:	February 2011 Revised June 2016, September 2021, August 2023
Page 4 of 10		
Policy on management of violence through verbal de-escalation		

- Fear of unknown
- Feeling powerless
- May be unfamiliar with and intimidated by the healthcare system
- Not always at their best
- Emotionally raw

9.0 The Pain Factor.

- Patients dealing with acute or chronic pain are often pre-occupied with their own situation.
- Patients on medication for pain may be less inhibited and exhibit inappropriate behavior secondary to delirium.
- Pain is subjective.
- The outside observer cannot see, feel, measure or verify the patient's pain.
- The patient often feels that he/she is not believed.
- Patients want immediate symptom relief and focus on short-term rather than long-term goals while in acute pain.
- Patients dealing with acute or chronic pain are often less tolerant of the needs of others but aren't bad people.

9.1. Relatives may:

- Lose rational perspective when it comes to issues involving their own relative.
- Want to "protect" their relative from pain.
- Feel vulnerable /helpless/distressed
- Have fear of unknown.
- Feel powerless.
- May be unfamiliar with the process.
- Intimidated by the healthcare system.
- Feel judged as relatives by staff.

9.2. Steps to take.

Determine the Etiology of the Hostility and Anger

- Which of these are present?
 - Pain / Stress / Fear
 - Grief / Depression

The Village Residence	POLICY NO:	
	Issue Date:	February 2011 Revised June 2016, September 2021, August 2023
Page 5 of 10		
Policy on management of violence through verbal de-escalation		

- Suggested Response:
 - Listen...Reframe...Empathize
 - Consider General Practitioner or psychiatric consult.

10.0 When Patients, Families or Visitors are Hostile to Staff

They are communicating...

- **Vulnerability**
- **Overload of emotional stress**
- **Fear**
- **Feelings of helplessness**
- **Powerlessness**

10.1. Steps to take.

Communicate the “Process”

- **Identify yourself and role.**
- **Anticipate their questions using your experience. People want to know what to expect.**
- **Explain the process and procedures in plain terms.**
- **Acknowledge their emotional pain, feelings of helplessness and fears.**
- **Empathize.**
- **Listen to the person’s frustration.**
- **Empathize with their “plight”.**
- **Understand how they perceive the situation.**
- **What do they want that they are not getting?**
- **Address their concerns.**
- **Offer a solution or an alternative.**

11.0. Defusing a Situation Be aware of the anxiety level

- Note when situation first escalates.
 - Louder voice
 - Fidgeting, verbal sounds

The Village Residence	POLICY NO:	
	Issue Date:	February 2011 Revised June 2016, September 2021, August 2023
Page 6 of 10		
Policy on management of violence through verbal de-escalation		

- Build up of energy

- Be Proactive not reactive. Attend to client before things get out of hand.
- The staff needs to be in control by actively defusing the patient, family or visitor.

11.1. Defusing Techniques

- Avoid arguing or defending previous actions.
- Avoid threatening body language (don't stand with arms crossed).
- Calmly but firmly outline limits of the setting.
- If situation continues to escalate, patient will give more physical cues (louder, more agitated verbalizations, etc).
- Staff needs to intervene to defuse.
- Reduce stimulation from setting...e.g. bring from waiting room to exam room.
- Communicate information about any delays etc.
- Give some choices.
- As emotions increase, auditory processing abilities decrease.

11.2. Focus on Patient, Not Rules

- Patients, families and visitors don't care about the rules of JCAHO, OSHA or other regulatory bodies. They care about meeting their own needs and symptom relief.
- Phrase issues based on purpose - (safety or healthcare issues)-not because it is a rule or policy.
- Give an upset patient, family or visitor plenty of personal space.
- Allow a frustrated patient some time to vent.
- Ignore personal verbal "attacks".
- Limit stimulation and traffic in treatment area.
- If there is a trusted person that can be identified, consider suggesting that the person be present in treatment room to calm patient, family or visitor.

11.3. Solutions

Some outbursts of anger represent displaced frustrations, depression or other issues that can be addressed through counseling.

The Village Residence	POLICY NO:	
	Issue Date:	February 2011 Revised June 2016, September 2021, August 2023
Page 7 of 10		
Policy on management of violence through verbal de-escalation		

There are organizational resources that can help employee's deal with their anger or frustrations in a more positive way.

Some outbursts of anger represent displaced frustrations, depression or other issues that can be addressed through counseling.

The Occupational Health Department and the Confidential Help Line are a resource to help the employee deal with interpersonal stresses, depression or other emotional issues. It is offered at no cost to the employee.

11.4. Identify Potential Hazards Don't leave these around!

- **Remove things from around your neck when possible.**
- **Ties, stethoscopes, jewelry, and name badges can be used as a noose.**
- **Tuck ties in shirt.**
- **Don't wear hanging jewelry.**
- **Don't divulge personal information about yourself.**
- **Give yourself access to exit.**
- **Name badges can be on break-away clips. Don't use around-your-neck lanyards.**
- **Stethoscopes can be clipped to the belt instead of around the neck.**
- **Scissors can be used as a weapon. Be aware of where they are in relation to your patient.**
- **Note when silverware is missing from food trays. Both metal and plastic utensils could be misused.**
- **Be aware of items that could be hazardous in the wrong hands**
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11.5. Tips: Verbal Strategies

- **Listen**
- **Set limits**
- **Restate common goals**
- **Isolate the person who is agitated (patient, family member or visitor) if possible.**
- **Position yourself between the patient and the exit.**
- **Call for help.**

The Village Residence	POLICY NO:	
	Issue Date:	February 2011 Revised June 2016, September 2021, August 2023
Page 8 of 10		
Policy on management of violence through verbal de-escalation		

- Offer simple statements.

12.0. Manager Intervention or Senior Nurse Intervention

Someone who is perceived as the person with control and power may need to intervene with patients and families to define unacceptable and inappropriate behaviors.

13.0. Staff Abuse: It is Not Right

The management of Saint Mary's Hospital will not tolerate violence of any sort towards its staff.

- Verbal threatening or physical assault of staff is not acceptable.
- The residents Informational Booklet may help patients, families and visitors be reminded of their obligation to behave as "guests" or patrons of the facility.

14.0. Acting Out Level Client *loses control*

- Staff need to remain professional and in control.
- It is not personal.
- Use calm voice...simple statements. The client can't process as well as normal.
- Help client get in control. "I want to hear what you have to say but I can't do it when you are screaming".
- Reduce outside stimulation- excess stimuli reduce auditory discrimination.
- Ensure safe environment for other clients (and staff).
- Call for Assistance (from Unit).
- Respect personal space.
- Use phrases like "I want to help you but I need you to ..."
- Getting assistance from someone who is neutral can change the dynamics.
- Having someone who has a different approach can de-escalate the situation

15.0. Re-establish Therapeutic Rapport

- Clients fear that after "losing control" they will be rejected.
- Reassure the patient, family or visitor of desire to help as long as they can respect the

The Village Residence	POLICY NO:	
	Issue Date:	February 2011 Revised June 2016, September 2021, August 2023
Page 9 of 10		
Policy on management of violence through verbal de-escalation		

safety guidelines of the facility.

- Discuss the need for the staff and patient to address frustrations before they get out of hand.

16.0. Debriefing the Professional

- Few professionals like to deal with conflict or confrontation.
- It is very stressful to deal with threatening, volatile or out of control patients.
- The art of conflict management is a skill that can be developed.
- The staff may need to debrief after such an incident.

17.0. Reporting Protocol

- Report workplace verbal or physical threats to your supervisor or manager.
- Document the incident on an incident accident and hazard report form.

18.0. Universal Behavioral Precautions

- Remember, your safety is of the utmost importance.
- There is the potential for any resident or visitor to become verbally or, in rare cases, even physically assaultive under extreme distress.
- These tips are designed to help you recognize escalating behavior and to take appropriate precautions.

The Village Residence	POLICY NO:	
	Issue Date:	February 2011 Revised June 2016, September 2021, August 2023
	Page 10 of 10	
Policy on management of violence through verbal de-escalation		