





Effective Management of Aggression




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 Philip was named Vice President at HSS after 20 years of progressively responsible leadership experience. He holds a Masters of Quality Assurance degree and is a Certified Healthcare Protection Administrator with Fellowship Designation, a Certified Protection Professional, and a Certified Manager of Quality/Organizational Excellence.
 Philip has authored numerous articles for professional periodicals and presented at various national professional meetings on protection-related topics.

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 Jeff leads all HSS security employee development efforts and serves as TEAM™ Administrator. He has taught aggression management techniques to healthcare and protection professionals throughout the U.S. He holds a Master of Education degree, has performed graduate level work at the U.S. Army Command and General Staff College, and has also attended the Federal Emergency Management Agency's academy.
 Jeff previously managed the HSS security program at Swedish Medical Center. Prior to joining HSS, he was a lead detective, SWAT team member, and lead trainer and curriculum development officer for the Boulder Police Department.

Course Objectives

- 1 Understand the factors leading to aggression
- 2 Identify the traits of an aggressor
- 3 Identify potential risk factors for the healthcare settings
- 4 Explore safe work habits
- 5 Identify verbal and non-verbal communication cues
- 6 Review communication strategies to deal with aggression
- 7 Learn the Aggression Cycle
- 8 Explore de-escalation management steps

The ingredients for crime & violence
The perfect recipe...

Time & Opportunity	<ul style="list-style-type: none"> • Perpetrator plans ahead • Targeted or random victim
Ability	<ul style="list-style-type: none"> • History • Physical tools to commit the crime
Desire	<ul style="list-style-type: none"> • Rationalization • Need- motivating factor
Stimulus	<ul style="list-style-type: none"> • Triggering event

Adapted from Dr. Nicoletti

The Factors – Who face the risks
Staff with...

- ✓ Greeting, reception, and triage duties
- ✓ Responsibility to restrict or terminate service
- ✓ Private sessions in isolated areas
- ✓ Heavy case loads
- ✓ Personal or work-related distractions
- ✓ No training
- ✓ Shifts starting or ending work alone
- ✓ Night or weekend appointments

The Factors – What are the risks
Assaults...

Threats	Assaults (annually)
<p>1</p> <ul style="list-style-type: none"> 32% 1 verbal threat per day 18% 1 dangerous weapon displayed per month 46% 1+ dangerous weapon confiscated per month 65% Victim of violence in past 7 days <p><small>* 170 hospital survey</small></p>	<p>2</p> <ul style="list-style-type: none"> 74.1 Police 46.1 Mental Health 14.1 Retail Sales 12.0 Teaching 10.0 Medical 8.4 Cabs/Buses 5.3 Other <p><small>* Per 100,000 persons</small></p>

✓ 430,000 nurses are victim's of violent crime annually

The Factors – What are the risks
Other aggressive acts...

Physical Violence	Verbal violence
<ul style="list-style-type: none">• Punched/hit• Kicked• Choked• Spit upon	<ul style="list-style-type: none">• Name calling• Swearing• Yelling• Threatening




What is Harassment
It could be a threat...

Veiled	<ul style="list-style-type: none">• You're time is coming!
Conditional	<ul style="list-style-type: none">• I'll hurt you if you report me!
Indirect	<ul style="list-style-type: none">• I could very easily hurt you!
Direct	<ul style="list-style-type: none">• I am going to hit you!

The Factors – What is the setting
The environment...

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graph TD; A[Possibility of weapons among patients and/or family members] --- B[Co-use/shared commercial space]; B --- C[Dispensing drugs]; B --- D[Varying staffing levels at differing times of day]; B --- E[Accepting cash payments]; C --- F[Open access and limited security features]; E --- F;
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The Aggressor's Traits Clients...

Individuals:	Demographic Changes:
  	  
Previously restrained Substance abuse Chronic Complainer Aggressive history Male	Acuity Age, gender, ethnicity Missing generations Unable to pay


The Aggressor Categories...


TYPE I Stranger	Offender does not have a legitimate relationship with the business or employees -Robbery most common example Only a few events fall into this category
TYPE II Customer or Client	The victim is a service provider and the offender is receiving the service This is the most common category
TYPE III Coworker	Worker against worker or worker against boss Track anniversary dates of terminated employees


The Aggressor Prevention strategies...

Type I Stranger	Type II Customer	Type III Coworker
<ul style="list-style-type: none">Physical BarriersAlarmsEffective LightingEnough staffVideo surveillanceAccess control	<ul style="list-style-type: none">Don't work aloneCarry phone or panic alarmTrain-what would you do if...Listen to employee concerns	<ul style="list-style-type: none">Employees feel part of the teamReview even minor eventsWritten policies-do not tolerate

Safe Working Positions
Standing, Sitting, or Prone...

 Face-to-face
Hands above waist
Palms open
Balanced on your feet

 45° to 90° angle to person
Lock wheels
Use foot rests
Your feet flat on floor-no crossed legs

 45° to 90° angle to person
Bed rails up
No leaning over person
Your feet flat on floor

Communication Strategies
Use the platinum rule...

Establish a relationship
– Be open/sincere/honest

Don't ignore problems
– Deal with situations in a timely manner

Give and take
– Clarify concern
– Work together
– Commit to an action



Communication Strategies
Verbal cues...

Words are 20% of the message

1. Simple - procedure vs. test
2. Direct - extend vs. reach
3. Clear - eat vs. chew and swallow
4. Calming - high probability vs. low risk

Inflections are 40% of the message


1. Tone - impatience, fear, talking down
2. Volume - too soft/loud, distance, background noise
3. Speed - impacts understanding



Communication Strategies
Non-verbal cues...

Position is 40% of the message


1. Distance - close up, far away
2. Height - above, below
3. Orientation - facing, turned
4. Movement - swaying, pacing, tilting
5. Head - bowed, cocked
6. Eyes - up, down, staring
7. Lips - quivering, puckered
8. Arms - crossed, flexed
9. Hands - open, hidden, clinched
10. Legs - crossed, straight



Your People Make the Difference
Involvement is the key

According to Russell Colling, past President of the International Association for Healthcare Security and Safety, the most important factor in protecting patients from harm is the **caregiver**.

Colling says, "Security is a people action and requires staff taking responsibility, asking questions, and reporting any and all threats or suspicious events."

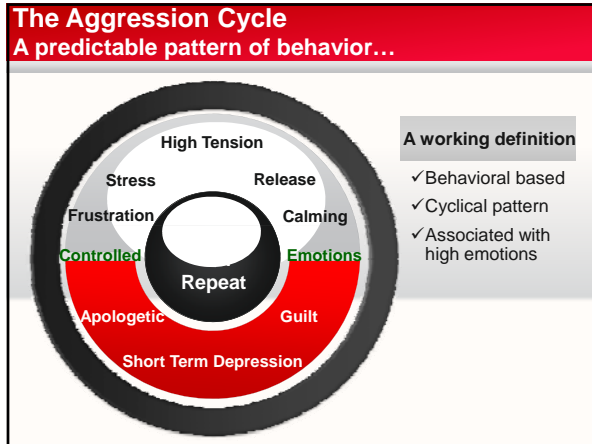


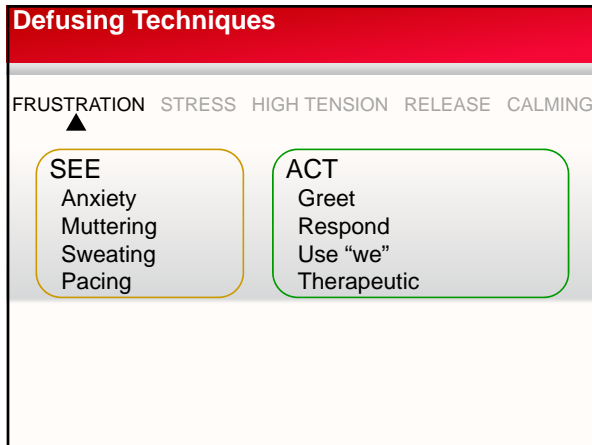
Warning Signs
They are worth the trouble to look for

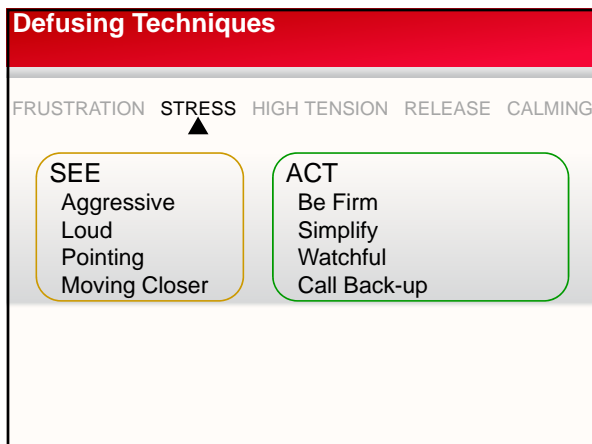


No single profile fits *every individual who may be prone to violence*.

However, before violence occurs, there is *often a pattern of escalation, during which one or more signals may be given*.







Defusing Techniques

FRUSTRATION STRESS HIGH TENSION RELEASE CALMING

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SEE Confusion Threats Fixed Gaze Get Physical	ACT Clear Words Move Away Use Back-up Restrain/Arrest
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Defusing Techniques

FRUSTRATION STRESS HIGH TENSION RELEASE CALMING

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SEE Shake Head Wipe Face Wander Deep Breaths	ACT Reassure Remain Calm Lower Voice Keep Away
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Defusing Techniques

FRUSTRATION STRESS HIGH TENSION RELEASE CALMING

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SEE Questions Reorients Seeks Others Relaxes	ACT No Blame Explain Move To New Room Get Closer
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Defusing Techniques

GUILT SHORT TERM DEPRESSION APOLOGETIC

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SEE Self-Doubt Tired Embarrassed	ACT Privacy One Friend Comfort
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Defusing Techniques

GUILT SHORT TERM DEPRESSION APOLOGETIC

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SEE Silent Hang Head Tears	ACT Don't Talk Seat Them Support
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Defusing Techniques

GUILT SHORT TERM DEPRESSION APOLOGETIC

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SEE List Problem Hide Face "I'm Sorry"	ACT Accept Them Fix Problem Use Their Compliance
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- 9 Answer your questions

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Questions?
