

Violence in the Workplace: Guidelines for Management – SAMPLE

Causes of Violent Confrontations in the Healthcare Workplace

- Overall increase in violence in society in general.
- Increased prevalence of drug and alcohol abuse.
- Increased presence of gangs.
- More citizens arming themselves for protection.
- Increased usage of “medical clearance” for drug- and alcohol-related arrests.
- Prolonged wait times for treatment, sometimes in unpleasant surroundings.
- Lack of available facilities to provide acute psychiatric treatment, resulting in emergency departments becoming psychiatric “clearance” centers.
- Distrust of healthcare providers.

Source: American College of Emergency Physicians (ACEP), *Emergency Department Violence Fact Sheet*, n.d., <http://newsroom.acep.org/index.php?s=20301&item=30010>, Accessed 05/30/2018.

Clues to Potential Violence

- Loud, threatening, or insistent speech.
- Restlessness, pacing, agitation, easily startled.
- Tense or clenched posture (gritted teeth, clenched fists, widened eyes, rapid breathing).
- Sudden increase in disorientation or confusion.
- Auditory or visual hallucinations.
- Sudden change in affect or lack of affect in someone previously agitated.
- Some diagnoses (e.g., substance abuse, acute psychosis, personality disorders).
- History or threats of violence.

Source: American College of Emergency Physicians (ACEP), *Emergency Department Violence Fact Sheet*, n.d.

<http://newsroom.acep.org/index.php?s=20301&item=30010>, Accessed 05/30/2018.

Be Mindful of Your Physical Stance

- Don't ever turn your back to the person.
- Keep some extra distance from the person.
- Stand sideways to the person. This allows you to step away more easily if needed.
- Stay at the same eye level – stand when they stand, sit when they sit.
- Do not keep constant eye contact with the person – allow them to look away.
- Do not smile, as you could appear disrespectful.
- Do not touch the person, as it could be misinterpreted as threatening.
- Do not shake or point your finger at the person.
- Keep your hands out of your pockets.
- Be mindful of your body language – as patients escalate, they pay less attention to your work and more attention to your body language.

Source: Eva Skolnik-Acker, *Verbal De-Escalation Techniques for Defusing or Talking Down an Explosive Situation*, National Association of Social Workers, Updated October 13, 2011,

https://ppsfba.weebly.com/uploads/2/5/0/7/25071730/verbal_de-escalation.pdf, 10/23/2018.

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Defusing a Volatile Situation

It is important to remember that you most likely will not be able to reason with an enraged person. Your goal should be to reduce the level of anger so that a discussion becomes possible.

- Remain nonconfrontational – do not argue with or try to convince the person.
- Remain calm – do not try to shout over a screaming person.
- Empathize with the person's feelings, but not their behavior. Instead of asking how they feel, ask the person to help you understand what they are saying.
- Explain rules and limits in a firm and respectful tone.
- Provide choices with safe alternatives when possible.
- Suggest alternative behaviors (e.g., take a break or offer something to drink).
- Trust your instincts on whether your attempt at de-escalation is working.

Source: Eva Skolnik-Acker, *Verbal De-Escalation Techniques for Defusing or Talking Down an Explosive Situation*, National Association of Social Workers, Updated October 13, 2011, https://ppsfba.weebly.com/uploads/2/5/0/7/25071730/verbal_de-escalation.pdf, 10/23/2018.

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