



**The Management of the  
Hostile/Aggressive  
Visitor/Patient/Employee**

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**Objectives**

- Identification of Potential Human Threats in the Medical Environment.
- Security/Police vs. Medical Personnel and Hostile Person Management Differences.
- Angry Person Identification and Management – A Team Approach.
- Review of De-escalation Techniques

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**Violence at Medical Facilities**



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A.

A middle aged man enters the health center requesting to see a physician about his daughter who was a patient at the health center about 2 weeks ago. He is calm but firm. He says I need to see him as soon as possible.

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B.

He begins to get agitated when told he has to wait. He states that he does not have the time and he wouldn't be here if things were done correctly around here. He begins to raise his voice and begins staring at the front office staff. Begins talking to himself and disregards the other patients in the room.

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C.

After escorting him to a room, he begins to get angrier and angrier. When asked about the nature of his visit he begins to raise his voice and explain that his daughter, a 15 year old girl seemed to have been a patient. He found prescriptions for birth control and acyclovir. He wants to know why no one called him and treated her without his permission.

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D.

After informing him that the center is not required to get his permission, he begins to threaten the staff. He is becoming more agitated and begins to push things around. He demands to see the doctor that saw his daughter right now.

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E.

He begins to tell you that he could just kill the person who laid his hands on his little girl and if you don't comply, you won't like the result. He won't sit down and is trying to come between you and the door.

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F.

He stops talking and begins to slam things in the room. He won't sit down and is pacing furiously. He begins to fiddle with his waistband. You say to him that you are going to get the doctor. He is breathing heavily and is sweating profusely.

Next steps.....

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### Other Frequent Issues at Health Facilities - Examples

- Parent presents to the clinic to get a form completed for his/her child to enter school
  - The form is due the following day
- Long waiting time
- Unable to fit in walk in patient
- Unable to get test results
- You do not take their insurance.
- Insurance denial for services (specialists)

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### A Response to a Hostile Person



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### Concerns

- Your Safety
- Patient Safety
- Staff Safety
- Obligations and Duties as Medical Professionals
- The Aggressor's Safety
- Workplace Security

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### Reasons for Hostility

- **Stress** – Family, Self-Esteem, work, etc.
- **Anxiety** – Diagnosis or Life Situation
- **Mental Illness** – Mania, Schizophrenia, Psychosis, COBS, Other.
- **Addiction** – Polysubstance abuse, EtOH
- **Perceived Aggression** towards self from others.

12




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### Triggers for Hostility in the Medical Setting

- Little face time with care givers.
- Regulatory environment affects self.
- Trust
- Perceived failure to listen
- Low self esteem
- The public demonization of health care professionals perception
- Loss of self determination – Coercive visit

13




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### Definition

#### ***Angry/Hostile/Disruptive/Violent Person***

Any person, visitor, patient, or co-worker, who exhibits behavior or acts in a manner that is outside and beyond the established and accepted customary behavior norms established by their environment whose goal is to disrupt the environment to achieve resolution to their problem or issue. They do this by threatening the safety of the environment and/or other persons either by words or deeds.

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## Management of Violence in the Medical Environment



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### Health Facility Policy

Ensure that your facility has a policy in place that addresses workplace security. It is the responsibility of every medical employee to protect patients, visitors, and staff from potentially violent confrontations that may cause injuries or damage property.

**THESE POLICIES ARE FOR UNARMED AGRESSORS ONLY.**

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### Zero Tolerance Policies

Most if not all medical service providers have policies in place that do not tolerate any act or threat of violence or abuse committed against employees, patients, visitors, etc. or against another persons life, health, well-being, family, or property.

These policies must be integrated into the response to a hostile person.

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## A Two Tiered Approach

1. Identification and application of De-escalation techniques to resolve the problem quickly using the team approach before it can escalate.
2. Securing the environment to ensure the safety of patients and staff.

**KNOW WHEN IT IS APPROPRIATE TO CALL THE POLICE.**

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## Understanding when to call for the Patient Support Team

When do you call?

1. Person is angry that their appointment has been cancelled and is just verbalizing disappointment.
2. Person is making threats.

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## Difference in the Two Tiered Response

### Patient Support (Code)

- Early as possible
  - Don't wait to see if it will escalate
  - Use when feeling slightly uncomfortable
- To show strength in numbers
- To show patient we're taking them seriously
- One (maybe two) come by to see how things are going
  - if staff member indicates all is going well simply say "I am outside if you need me." Let's patient & staff member know you're still there
  - Have the ability to switch out
- Aim is to reverse escalation and provide support to staff member in need

### Security Code

- Use if incident continues to escalate or subject exhibits sudden unpredictable behavior
- To show strength in numbers
- To show patient we won't tolerate behavior
- Multiple staff come
- Staff stand by and periodically check in to make sure things are ok
- Aim is to contain situation and assess for need of 911 call

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## Rationale for Code Patient Support

- The sooner we make the Patient Support call the sooner we can bring things down.
- The longer we wait the more time and energy it takes to bring someone down.
- Calling for a Code Patient Support early on is NOT a sign of weakness, but rather a sign that you are able to recognize a potentially problematic situation and the need for intervention NOW.
- Allows for more than one person present when dealing with a patient and makes it easier to initiate a Security code should it be necessary.

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## Patient Support Team

The Patient Support Team – A team of health care professionals trained in de-escalation techniques should be identified and trained to respond to these issues. This team will offer support to any staff member that may be confronted or involved in a potentially hazardous or adversarial situation that may impact the safety and security of the center and its staff.

The team should include:

- Clinical Person
- Security if available
- Mental Health Professional
- Administrator
- Others

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The response will be set up in 5 levels based on presentation. Each level will correspond with the level of response.

### Primary Goals:

- Intervene as early as possible
  - Do not wait to see if it will escalate
- Show strength in numbers
- Show the patient you are taking them seriously
- Aim is to reverse the escalation and provide support to the staff member in need

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### Procedural Objectives and Caveats:

1. Prevent the person from getting beyond Level 2 during the incident and bring them down from there.
2. Understand that escalation may not always be preventable, especially when person is under the influence.
3. Your safety and the safety of the team ALWAYS comes first.

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### Identification of the Hostile Person



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### Level 1

Person is frowning, grimacing, staring. May be pacing, irritable and may use sarcasm with others. Person may have a legitimate grievance

- Supervisor should be called to location
- Possibly call Patient Support Team if staff present can't resolve the problem and person seems to be escalating.

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## Level 2

Agitated movements (pacing, tapping, shaking, jerky movements), volume, tone and content of voice becomes louder and angrier. Profanity may be used. Becomes emotional and/or irrational. Not responsive to comments from staff

- Call Patient Support Team

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## Level 3

Increasingly critical of staff, comments aimed at staff. Threats are made ranging from vague to specific. Physical efforts at intimidation. Throwing things. Pacing and tunnel vision increase along with profanity.

- Call Security Code
- Call Police for assistance
- If in common area, move patients to alternate area to eliminate audience

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## Level 4

Assaultive behavior, damaging property, specific threats. Person is highly agitated, intoxicated and begins to act out.

- Security Code called
- Police called
- If in common area, remove extra staff and patients to alternate area to eliminate audience

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### Level 5

- Confrontation begins with violence of any kind
  - Security Code called
  - Police must be called
  - Move or evacuate staff and patients to an alternate secure area

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### Key Actions for Managing an Escalating Situation

- Remove person to a calm quiet environment.
- Remove objects that could be used to inflict harm to self or others.
- Express sympathetic concern.
- Responding in a confident yet supportive manner.
- Inquiring what can be done to resolve the cause of the anger.

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### De-escalation

- **Reduce speed and volume of voice without resorting to whispering.**
- **Hands either behind back, or down at sides.**
- **Body slightly turned away from person.**
- **Eye contact non-threatening.**
- **Keep door open/ajar.**

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## De-escalation

- Keep at least 4-5 feet away, further if needed by depending on person's definition of personal space.
- **NEVER** initiate physical contact.
- Ask client/patient—how can we help them?
- Clarify what you are hearing by repeating what they say in your own words.
- Ask for clarification if needed, tends to make clients feel heard and usually starts to calm them down.
- Do not take it personally!!!!

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## Things to Avoid

- Raising tone of voice
- Responding defensively
- Challenging the validity of claim
- Raising hands, making gestures with hands
- Moving closer to client
- Hostile eye contact
- Profanity
- Rolling of eyes/Sarcasm
- Issuing Threats
- Exaggerated movements
- Speaking in a condescending manner
- Overt deception

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## Restraint of Violent Persons in the Medical Setting

- Thin line between restraint and assault.
- May have legal implications.
- Could cause further harm to practitioner
- Could harm the patient and others.
- It is NEVER ok to physically assault anyone in the clinical setting.

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## Restraint in the Medical Setting

### Physical Restraint

- Only use to protect self or others.
- Not to be punitive
- Used as a last resort when person makes first physical contact.
- Protect against an imminent threat.

### Mechanical/Chemical Restraint

- Must have the order of a licensed provider.
- Used for very specific reasons (assessment, prevent imminent harm, provision of involuntary treatment).
- Must be continually monitored medically.
- Can not be transferred to Police.

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## Hostile Person Management

### Medical Professionals

- Can defend themselves but the patient's safety must be kept in mind.
- No mandate to restrain.
- Medical restraint must be ordered by a physician.
- Certain criteria must be met in order to chemically restrain.
- Fine line between defense and abuse..

### Police

- Are empowered to use force to stop aggression.
- Are trained in restraint and self defense techniques.
- Carry equipment to for the job.
- Have the capability to handle all types of aggression.
- Have many resources including mutual aid.

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## 911 calls

- What situations warrant a call to Police via 911?
- Who calls 911?
- What key words should be used?
- Protocol while waiting for Police arrival
- Protocol after Police has arrived

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### Calling 911

When calling police, give them the following information:

- Your name, position, and phone number.
- Tell them the problem. Do not lessen the issue.
- Tell them how many people are in the area.
- Do not hang up until the police arrive.

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### When to Call

When in doubt, call the code!

**Do not wait.** The sooner you call, the sooner the situation is resolved.

**Do not wait to call the police. All prefer the call be made rather than being called when the situation is already dire.**

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### Expectation of Safety

- Protect yourself
  - Attempt to remove yourself
  - Create a barrier between you and the patient
  - Do not turn your back to the patient
  - Defend yourself
- Difference between protecting yourself and retaliating against a patient
- Agency support

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## Procedure for Managing Hostile Persons

1. ID the potentially hostile person.
2. Take the person to a private room. Notify the team (Call Security Code) Place the person in the back of the room and keep the door open.
3. Attempt to de-escalate the situation.
4. Signal to other responders the situation.
5. If it continues to escalate, switch out to other professionals or administrator.
6. If it still continues, show the presence of the team.
7. Any demonstration of violent behavior, call 911 and secure other patients and staff.

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## Procedure for Managing Hostile Persons

1. At the identification of a potentially hostile person, call for patient support code to alert the team.
2. The team will assemble and wait outside the room where the problem person is. One person shall "pop in", ask if everything is ok. Signal the group.
3. If de-escalation is not working, have a policy that will dictate who will call for a call 911 at their discretion.

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## Internal Communication

- Hand signals
- Code words
- Keep your cool
- Do not make any threats
- Do not talk about the person within earshot.

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## Hand signals

When communicating with the team, use hand signals to deliver messages.

Plan for hand signals that would communicate the following to your team:

- Team Stand By
- Switch Personnel
- Show yourself and come forward.
- Call 911
- Everything is OK
- Need support or help
- Evacuate area

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## Code Words

Internal Security Code words should not tip off the offender that he is being "managed."

Use for example:

- Patient Advocate
- Patient Support
- Dr. Armstrong

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## Early Avoidance Steps

### Incident Reporting

- Identify patient who have had minimally hostile interactions with staff
- Report to managers and complete incident reports
- Frequently Aggressive patients have exhibited signs of "bad behavior" before the extreme incident
- Incident reporting allows senior staff to address appropriateness of TFH for the patient

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### Questions?

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