Integrated Healthcare & Substance Use Collaborative
at Beth Israel Deaconess Hospital–Plymouth

Patient and Staff Safety Protocol
Policy Date: January 2016
INTEGRATED HEALTHCARE AND SUBSTANCE USE COLLABORATIVE

1. Purpose
Often patients visiting our facilities are under a great deal of stress. This can in turn lead to intense feelings, some of which may result in anger and aggressive behaviors. While our patients' safety is always one our highest priorities, it is also equally important that our staff feel supported and safe at all times as well. There are proactive approaches that staff can implement so as to avoid circumstances than may result in their safety being compromised, however it is inevitable that there will also be events where this cannot be avoided. All staff should be familiar with the following protocol which offers techniques for preventative safety measures and the plan of action to follow if a crisis occurs.

2. Philosophy
It is the policy of the Hospital to provide a safe environment for patients, staff, and visitors. The goal of all interventions is to promote health, well-being and security in an outpatient setting.

3. Scope
This policy applies to Beth Israel Deaconess Hospital-Plymouth ("BID-Plymouth") outpatient medical offices with associated integrated behavioral health partners.

4. Protocol

Preventive Measures:
Be aware of your attire: Be certain that you are wearing clothing that is easy to move in and shoes that are conducive to moving quickly/running. Do not wear jewelry that hangs (ie. long earrings, lanyards that do not quickly release, necklaces, etc.) or hair styles that can be easily grabbed (ponytails).

Keep a locked door between your office area and the waiting room: Patients and other visitors should not be able to access treatment areas without being escorted in.

Keep your seating area situated nearest to the exit: Provide yourself with the advantage of being closest to the door. Do not inadvertently trap yourself in a room by allowing a patient to sit

closest to the door. Be cognizant of your room set up and the placement of your desk.

Keep your room free of objects that can be used as weapons: Be aware of items such as lamps, paperweights, or anything else that is within the patient's reach to utilize as a weapon.

Always use the "buddy system"- Never be alone in the office and always inform your colleagues of any concerns you may have about a particular patient ahead of time so that they may be vigilant. Do not leave the office building with an agitated patient. The buddy system is also a good habit when walking to your vehicle after dark. Moving your car close to the building entrance and/or to a well-lit area during office hours helps too.

Be aware of your environment and those around you at all times: Please know when to cancel a session, end a session, and/or call for help. Always take a moment to scan your surroundings, be mindful of what is happening around you, and refrain from being on your cell phone when walking alone.

Always know your exact location/address: This is for the benefit of quickly expediting emergency personnel, if needed.

Recognizing Patient Behavior and Knowing How to Respond:

Recognizing Intoxication: Patients who appear to be under the influence of alcohol and/or drugs should be assessed for safety. When safe to do so, Behavioral Health Clinicians will inform patients that their BH visit will be rescheduled and will arrange a safe ride home once they are medically evaluated. When any staff notice signs of intoxication they should alert a BH/medical provider. Vital signs should be taken. Recognize also that agitation may be the result of withdrawal rather than intoxication. The COWS or CIWA protocols may be administered by the BH provider as well. If the patient is acting in a manner that is unsafe, agitated, or threatening, 911 should be called (see additional information about responding to agitated patients contained here). If patients elope and leave in their own car then the BH team will confer and may notify their emergency contact and/or the local police to ensure the safety of the patient and others and issue a section 12.

Recognizing Anxious Behavior: Patients who may exhibit any of the following behaviors may be starting to escalate or become agitated. Do not hesitate to remove yourself from the situation and alert a colleague if you notice these behaviors. Simply letting the patient know you will 'be back in a couple of minutes' can suffice. Behaviors may include: Head dropped down, face flushed, eye brow twitching, excessive swallowing, bulging veins in neck or forehead, nervous laughing, restlessness, sweaty palms/brow , minimal eye contact, excessive or minimal talking, confused, rubbing or pulling at ear lobes, repetitive movements, rubbing hands together, tapping, bouncing knee, sigh or stutter, shaking.

De-escalation Techniques:
- Provide personal space - greater than 4 feet
- Supportive eye contact: maintain direct eye contact 90% of the time, looking away 10% of the time

- Supportive gestures: palms up at waist level, leaning body and head slightly forward
- Supportive stance: Stand at a 45 degree angle
- Supportive facial expressions
- Empathic listening: "You must feel…"
- Supportive verbal communication: Speech: Volume, tone, rate
  Avoid saying: "Calm down", "Be reasonable", "You're wrong", "These are the rules"
   Try saying: "I seem to be upsetting you, would you like to talk to someone else?"

<u>Recognizing Conflict:</u> Unmet expectations (related to past experiences), frustration, anger, disappointment. Triggers for patients can be if they fell threatened, feeling that they are treated unjustly or provoked
Conflict resolution techniques:
- Allow patient to vent
- Use silence as a verbal strategy
- Supportive Stance

If patient continues to be angry/agitated:
- Assume assertive stance
- Hands palm down and waist level
- Direct eye communication
- Speak with a calm, confidence voice- use their name
- Set verbal limits which must be reasonable and that can be enforced
  "John please control your behavior by lowering voice or we will have to call the police"
  "It's your choice, you have 2 minutes"

If patient continues to be angry/agitated:
- Raise hands, palm out
- Yell "stop" or distracting statement, push panic button (if available)
- Divert: Throw or drop an object
- Escape

*In the event that the following should occur, the aggression protocol should be implemented.

<u>Recognizing Threatening Behavior</u>: Face gets red, lips pushed rolled forward, direct prolonged eye contact, head and shoulders back, standing tall, hands pumping, finger pointing, yelling, cursing pounding fists, spitting *(**If a patient has reached this phase, it is best to end any interaction/visit/session and to safely exit the area. In addition, it's important to remove any other persons (staff, patients) from the vicinity as well.**)*

<u>Recognizing Threat for Violence</u>: Face becomes white, eye brows drop, lips tighten, head down and forward, rapid breathing, mouth breathing, may go from yelling to silent, repeating statements, voice strained, speaking quickly, changes stance to angular posture, shoulders shift, bobbing on toes, stopping movement. *Target glance*: will look at the area to attack. *Settling*:

lowers body in order to push off rear foot. When body dips, move to a position of advantage-behind chair or desk. *(**If a patient has reached this phase, it is best to end any interaction/visit/session and to safely exit the area. In addition, it's important to remove any other persons (staff, patients) from the vicinity as well. Please refer to the latter half of this protocol for further instruction.**)*

Invoking the Aggression Protocol:
Protect yourself! Remove yourself from the room if you can safely do so.
Leave the room if possible and dial 911.
If you are alone and cannot leave the room for assistance, press your panic button. This will alert neighboring staff to call 911.
If you hear the panic button go off in a colleague's office, call 911.
Consider the safety of the other patients in the office/building. If possible, ask them to leave the area until the situation is contained.
If located within the Hospital or on the premises call 66 to notify hospital security of situation.

Debriefing:
Be prepared to have a staff debriefing with your Behavioral Health Team within 24 hours of the incident. Plan to process the circumstances which occurred and perhaps consider what, if anything could have been done differently. An incident reporting form will also be required.

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5. **References**
   http://iportal.jordanhospital.org/PP/Jordan%20Hospital/Departmental%20Policies/Senior%20Behavioral%20Health%20Center/Psychiatric%20Emergency%20Code.pdf
   http://iportal.jordanhospital.org/PP/Jordan%20Hospital/Hospital%20Wide%20Policies/Environment%20of%20Care/Emergency%20Code%20Designation.pdf
   Moab Training International, Inc
   http://www2.massgeneral.org/moab1/police_moab_videos.htm
   American Association Emergency Psychiatry:
   Psychiatric evaluation of the agitated patient:
   http://escholarship.org/uc/item/9t41z4rb#page-1
   Verbal de-escalation of the agitated patient: http://escholarship.org/uc/item/55g994m6

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6. **Attachments**
   none

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7. **On-Line Edition**
While we make every effort to keep this policy up-to-date, you should consider the on-line edition to be the most current.

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8. Review and Approval

The following hospital personnel originated and approved this policy:

Contact	Sarah Cloud, LICSW Director of Social Work
Approved By:	Donna Doherty, RN, BSN, MM VP Patient Care Services and CNO
Date of Signature:	Sarah Cloud, LICSW Director of Social Work

9. Quality Improvement Tracking Record

Action	Date
Policy approved (initial effective date)	January 2016
Revision	
Reviewed	
Next planned revision	January 2019
Replaces policy	Not applicable