Safely Addressing Violent Encounters

An aid to recall significant aspects of our program -Be SAFE!

Pre-Conflict

- **Awareness**
  - Don't have tunnel Vision
  - 6th sense - Listen to your GUT!
  - Recognize Indicators

- **Avoidance**
  - Buddy System
  - Pre planning
  - Think two steps ahead

- **Communication** *(De-escalation)*
  - Listen / Acknowledge -- Think before responding
  - Depersonalize "don't allow it to become personal"
  - NEVER threaten
  - Ask rather then tell – Explain – Give options
  - Presence – body language can escalate or de-escalate - be mindful of how you approach anyone!

Remember

"We treat people like ladies and gentlemen not because they are, but because we are"

"As we make people powerless, we promote their violence rather than control"

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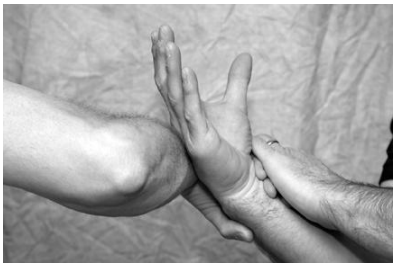
Conflict (Basic hands on principals)

Control # 1

Control # 2



Control # 3

Control # 4

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"Tied Down" or "Safely Secured"

❖ Restraint

- **What is Patient Restraint?**
  - "The use of a physical, chemical, or mechanical device to involuntarily restrain the movement of the whole or a portion of a patient's body for the reason of controlling physical activities **to protect the patient or others from injury**."

- **Patient's Requiring Restraint (4)**
  - Medical access is necessary and resistance or violence can be *reasonably* anticipated.
  - Improving patient's condition could produce combativeness.
  - Illness or injury is suspected to be the cause of the combativeness
  - Involuntary treatment of person incompetent to refuse treatment.

- **Means of Restraint**

- **Before restraining -- Know that ;**
  - An **EMERGENCY** existed & the need for treatment/transport was evident
  - The patient lacked the competence (or ability) to refuse treatment
  - Less restrictive methods of restraint were attempted; ***including*** verbal requests
  - Assistance from law enforcement officials was requested
  - Restraint was for the **patient's BENEFIT and SAFETY**.

❖ Restraint

- **Must Document;**
  - Reasons for restraint were explained to the patient / family.
  - The type (s) of restraint used
  - Any injuries that occurred during or after restraint.
  - Circulation checks every 15 (or fewer) minutes.
- **Summary;**
  - Would failure to restrain and/or treat the patient result in imminent harm to the patient or other persons?
  - Once restrained – Always restrained
  - Never hesitate to back out and wait for adequate personnel to arrive
  - Avoid terms like "tie you down" or "restraint". Try using "safely secure" instead
  - Document and request CQI review of physical / chemical restrained patient

<u>Although Post-Conflict</u> was not part of the SAVE presentation we want to share the following for your reference;

❖ Actions following an incident
- Supervisory notification
- Post incident reports
- Document physical and verbal assaults
  - Events leading to incident
  - Actions taken by staff
    - Awareness
    - Avoidance / De-escalation attempts
    - "Conflict"
    - Notifications
    - Involved parties
- Post incident de-briefing

Safely **A**ddressing **V**iolent **E**ncounters

KEY ELEMENTS to REMEMBER!

Positioning / Awareness / Presence (calm demeanor)
OVERALL PROFESSIONALISM!

All of us at PCS thank you for this opportunity to meet with you in person and present our **S.A.V.E.** Program. We look forward to an opportunity to discuss other valuable programs to aid you. We would be pleased to provide training at your location! Please contact PCS at anytime.

Sincerely,

The PCS Team

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