

HEARD+D De-escalation IN PERSON



- 1

Hear

Listen actively and model calmness.
- 2

Empathize

Acknowledge and validate their feelings and experiences.
- 3

Assess

Assess the situation and yourself. Recognize your emotional state and biases and ask for help if needed.

- 4

Resolve

Inform and offer solutions.
- 5

Defuse

Set clear boundaries and protect yourself.
- 6

Document

Notify your supervisor and keep a written record of the incident.

<b>FRUSTRATED BEHAVIOUR</b> Showing irritation  Sighing, pacing, fidgeting  <i>"This is stressful!"</i> <i>"I can't believe this."</i>	<b>ANGRY BEHAVIOUR</b> Visibly irritated, sharp, loud, pressured speech, demanding action  Loud voice, clenched fists, abrupt gestures  <i>"This is unacceptable/ridiculous!"</i> <i>"I need it right now!"</i>	<b>AGGRESSIVE BEHAVIOUR</b> Physical posturing, verbal intimidation, hostile tone, accusatory statements  Yelling, cursing, or slamming, invading personal space  <i>"You're being stupid."</i> <i>"You're useless."</i>	<b>THREATENING BEHAVIOUR</b> Physical or verbal threats  Pointing fingers, raising a fist, blocking exits, mentioning weapons  <i>"You'll regret this!"</i> <i>"I'll come back with a gun!"</i>
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**PHYSICAL RESPONSE**

- Use soft eye contact without staring to show attentiveness.
- Maintain a neutral posture with uncrossed arms, visible hands, and unclenched fists.
- Remain seated if you were already sitting.
- If standing, stand straight, and keep your feet shoulder-width apart for stability.
- Keep a safe distance.
- If needed, signal for assistance from other staff or security (e.g., duress system).

**PHYSICAL RESPONSE**

- Increase your distance.
- Keep a physical barrier between you and the patient (e.g., a counter).
- Keep an exit path in sight and position yourself near an exit.
- Signal for assistance from other staff or security (e.g., duress system).
- If available, use the panic button to summon police assistance if needed.
- If they move toward you, extend your arms straight in front of you with your palms facing outward to signal them to stop. Never engage. Do not use force.
- If you feel unsafe, leave immediately to the nearest exit or room with a lockable door. Avoid turning your back on the aggressor unless necessary during an escape. If you or someone else is being assaulted or threatened with a weapon, leave immediately and call 9-1-1 from a safe place.

**PROCEED WITH HEARD+D STEPS 1 TO 4**

Speak calmly and professionally with confidence – do not match their volume. Do not interrupt them while they vent and set limits when needed. Keep sentences short and clear.

Go to **Step 5** if the patient escalates.

**JUMP TO HEARD+D STEP 5 (DEFUSE)**

Use a firm respectful tone. Do not argue. Give clear instructions and state consequences. Use short, assertive statements.

Only proceed with **steps 1-4** if the patient de-escalates

1

Hear

Listen actively, model calmness, and avoid interrupting.

2

Empathize

Acknowledge and validate. Speak slowly and with confidence – do not match their volume. Never shout/yell back.

*"I hear your frustration."*

*"I can see how inconvenient this situation is."*

3

Assess

Assess the severity of the situation, apologize if appropriate, and demonstrate positive intent.

*"I hear that you're upset, but I need you to speak calmly."*

*"Sorry for the inconvenience. I'm here to help, and I will do my best to assist you."*

Recognize your emotional state and biases and ask other staff for assistance if needed:

*"Let me see if my supervisor is available to help you."*

Consider moving the patient into a quieter room if safe to do so:

*"Please take a seat in this exam room. I'll be back shortly."*

4

Resolve

Inform/provide context and reasoning, confirm their needs, and offer solutions:

*"Appointment availability is further out because.../The clinic has a policy that.../Prescription refills must.../What seems to have happened is..."*

*"To confirm you need [to book an appointment] ...is that correct?"*

*"Here's what I can do (provide options if possible): Which one would work best for you?"*

When appropriate, note specific patient needs (e.g., hard of hearing, limited English) in the medical record to help staff prevent future escalations.

5

Defuse

Recognize your emotional state and biases and ask other staff for assistance if needed:

*"Let me see if my supervisor is available to help you."*

Evaluate the severity of the situation. If safe to proceed, set clear boundaries and limits:

*"I need you to stop yelling. Please lower your voice so we can continue."*

*"Please keep this conversation respectful, or I will not continue it."*

*"I need you to stop this behaviour immediately or I will ask you to leave."*

*"For the safety of everyone, I need you to leave now."*

Consider other patients and staff in the clinic. If safe to do so, move the escalated person into a quieter room away from others and ask for assistance from another staff, including a physician. Never be alone in a private room with the escalated patient. If moving the patient into a quieter room:

*"Please take a seat in this exam room. I'll be back shortly."*

Call 911 for direct threats.

6

Document

If Step 5 is needed, notify your supervisor. Chart the incident in the patient's medical record right away and follow incident reporting procedures as directed by your supervisor\*.

What to document:

- Be objective, state the facts, and use quotes.
- Describe the person's behaviour, incident details, and context, including date, time, location, contributing factors, statements, and de-escalation efforts. Consider the five W's: Who, What, Where, When, and Why.
- State the harm caused to you, if any (e.g. intimidation, fear, physical injury, threats made) on the incident report form.
- Chart the incident with the assistance of your supervisor if needed.
- When reporting to the police, do not share patient medical information (except if public safety is in danger).

\*If the incident caused an injury requiring medical treatment, you are required to report to WorkSafeBC and conduct an incident investigation.

**Note:** This chart provides examples of inappropriate behaviour, but it's up to you to assess where the patient is on the escalation scale.

**Need more information?** Visit the portal at CPHS.SWITCHBC.ca or email a health and safety advisor at CPHS@SWITCHBC.ca.