



521 4<sup>th</sup> Street Havre Montana 59501 • Phone: 406-395-4305 • Fax: 406-395-5643 • www.bullhook.com

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## PROCEDURE

### DISRUPTIVE PATIENT USING PHYSICAL OR VERBAL THREATS

#### PURPOSE:

To minimize the risk of harm to people and property of Bullhook Community Health Center by handling a disruptive, hostile, or difficult patient in a calm, consistent and systemized manner.

#### PROCEDURE:

Whether the difficult situation occurs over the phone or in person, the individual dealing with the patient will attempt to resolve the problem as much as possible. The employee should first decide if the patient's behavior is abusive or disruptive, or if the client has a complaint concerning his/her care or service.

If the patient has complaint concerning his/her care or service and wishes to speak to the employee's supervisor, the patient should be referred to the appropriate person. If the patient is disruptive, the employee will follow the action steps for dealing with disruptive clients (SEE PAGE 2 AND 3). An Incident Report will be completed immediately after the incident and given to the employee's supervisor.

If the inappropriate, disruptive behavior persists, or is extreme, the Management Team will meet to discuss whether the patient is to continue to receive care at Bullhook Community Health Center. If it is no longer appropriate for the patient to receive care at Bullhook Community Health Center a letter of warning and dismissal will be generated and signed by the Chief Executive Officer or Chief Medical officer. The letter will indicate to the patient that he/she should seek care from another medical provider with adequate time to be provided to obtain such care.

### DISRUPTIVE BEHAVIOR – VERBAL AND PHYSICAL THREATS

A. The following are instructions to follow when a BCHC staff member feels threatened by a client:

Step 1: Validate their feelings:

“I understand you're upset....” or;

“I realize you've been on the phone a long time....” Etc.

If this works, apologize for the problem and thank him/her for the feedback

#### **IF THIS DOESN'T WORK:**

Step 2: Inform client of your feelings about his/her behavior, attitude, voice, posture, etc

“I am feeling defensive because you are yelling at me and when I am defensive,

I can't be of any help. Please stop yelling so we can find a solution to your problem, otherwise you will need to come back when you are calm."

Give client two choices:

- a. "You can calm down and we will finish"
- b. "You can leave and return when you are calm"

**IF THIS DOESN'T WORK:**

Step 3: If possible, signal to someone to intercom "Dr. Gray to (location)"  
OR

If you are alone in a room with the patient:

- a. Place yourself closer to an exit
- b. Open the door
- c. Leave the room, if in immediate danger
- d. Page Dr. Gray to location

**IF THIS DOESN'T WORK:**

Step 4: Set stronger limits with the client:

"If you choose not to calm down or leave the building, you leave me no choice but to call the police."

Many times picking up the receiver to phone the police will diffuse the situation.

Dial 911 and remain calm. State your name, occupation, address and phone number. State that: "We have a hostile person at the Bullhook Community Health Center, 110 13<sup>th</sup> St or Bullhook Dental Clinic, 220 3<sup>rd</sup> Ave, Ste 404 and we need immediate assistance.

REMEMBER: You need to stay calm in order to keep the situation calm.

**DO:**

1. Remain calm.
2. Speak in a slow, calm, respectful voice. Speak firmly when setting limits.
3. Position yourself closer to an exit and remain at least one legs distance from the hostile person.
4. Try to keep observers calm.
5. Make a professional judgment by remaining rational.
6. Call for help ONLY when necessary.
7. Talk with the officer after the incident for questions, suggestions on handling other disruptive clients, etc.
8. Make sure all necessary staff are aware of potential problems about this patient or concerns about handling future hostile situations. If you have any additional safety concerns you

should complete a Bullhook Community Health Center Safety Report and submit it to the Safety Committee.

9. Fill out an incident report.
10. If anyone is injured, fill out a "Worker's Compensation Injury Form".

**DO NOT:**

1. Return the verbal abuse, argue or act threatening or sarcastic.
2. Posture your body or face in a threatening nature. (i.e. arms crossed)
3. Become involved if you are not directly dealing with the patient. However, sometimes a supervisor may have better success in dealing with a hostile client.
4. Take the patient into a closed room by yourself. If you are in a closed room, open the door.
5. Cause a scene or escalate the situation by yelling. There is no need to alarm everyone.

Following any violent incident file a Violence Incident Report. The report needs to be completed by the people who had direct contact only. The report will be placed in a file in the Executive Assistant's office. The Management Team will make the decision as to whether or not to release the patient from Bullhook Community Health Center care due to his/her actions.



# Bullhook Community Health Center

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## Violence Incident Report Form

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A reportable violent incident should be defined as any threatening remark or overt act of physical violence against a person(s) or property whether reported or observed.

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1. Date: \_\_\_\_\_ 2. Specific Location: \_\_\_\_\_  
Day of week: \_\_\_\_\_  
Time: \_\_\_\_\_  
Assailant: Female \_\_\_\_\_ Male \_\_\_\_\_
- 

3. Violence directed towards: \_\_\_\_\_ Patient \_\_\_\_\_ Staff \_\_\_\_\_ Visitor \_\_\_\_\_ Other  
Assailant: \_\_\_\_\_ Patient \_\_\_\_\_ Staff \_\_\_\_\_ Visitor \_\_\_\_\_ Other  
Assailant's Name: \_\_\_\_\_  
Assailant: \_\_\_\_\_ Unarmed \_\_\_\_\_ Armed (weapon) \_\_\_\_\_
- 

4. Predisposing factors:  
\_\_\_\_\_ Intoxication \_\_\_\_\_ Dissatisfied with care/waiting time  
\_\_\_\_\_ Grief reaction \_\_\_\_\_ Prior history of violence  
\_\_\_\_\_ Gang related  
\_\_\_\_\_ Other (Describe) \_\_\_\_\_
- 

5. Description of incident: 6. Injuries: 7. Extent of Injuries:  
\_\_\_\_\_ Physical abuse \_\_\_\_\_ Yes  
\_\_\_\_\_ Verbal abuse \_\_\_\_\_ No  
\_\_\_\_\_ Other
- 

8. Detailed description of the incident: (use back of sheet if more space is needed)

9. Did any person leave the area because of incident?  
\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unable to determine

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10. Present at time of incident:  
\_\_\_\_\_ Police \_\_\_\_\_ Name of department  
\_\_\_\_\_ Hospital security officer

11. Needed to call:  
\_\_\_\_\_ Police \_\_\_\_\_ Department  
\_\_\_\_\_ Hospital security

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12. Termination of incident:  
Incident diffused \_\_\_\_\_ Yes \_\_\_\_\_ No  
Police notified \_\_\_\_\_ Yes \_\_\_\_\_ No  
Assailant arrested \_\_\_\_\_ Yes \_\_\_\_\_ No

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13. Disposition of assailant:                      14. Restraints used: \_\_\_ Yes \_\_\_ No  
Stayed on premises \_\_\_\_\_  
Escorted off premises \_\_\_\_\_                      Type: \_\_\_\_\_  
Left on own \_\_\_\_\_  
Other \_\_\_\_\_

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15. Report completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Date \_\_\_\_\_

Witnesses: \_\_\_\_\_

Supervisor notified: \_\_\_\_\_ Time: \_\_\_\_\_

Date \_\_\_\_\_

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**Please put additional comments, according to numbered section, on reverse side of form.**

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