

National Patient Safety Policy

Management and Care of Aggressive Patients
in Emergency Department

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المركز السعودي لسلامة المرضى
SAUDI PATIENT SAFETY CENTER

Introduction

Aggression in the Emergency Department (ED) creates instability in the environment, it remains an ongoing issue through all decades, impacting patient care outcomes and leads to increased level of tension on healthcare providers. The ED is a critical and challenging work area, heavily populated 24 hours a day. Therefore, it is essential that all health professionals are capable to address and well prepared to manage aggression.

Acknowledgement

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1. Policy Purpose

The policy is intended to recommend a national best practice of Management and care of the aggressive patients presenting to ED.

2. Scope

- This policy applies to all aggressive patients presenting to ED.
- Legal and Disciplinary processes are outside the scope of the policy.
- This policy applies to all healthcare settings.

3. Definitions/Abbreviations

Aggressive behavior

an act of physical or emotional harm that causes or intended to cause harm to others, property or themselves.

Neurocognitive disorders

A state of diffuse cerebral dysfunction associated with a disturbance in consciousness, cognition, mood, and behavior due to a medical disease (Organic), rather than a psychiatric illness such as drugs, infection, or a metabolic abnormality.

De-escalation techniques

A Technique that is intended when confronted with aggressive behavior to prevent escalation of conflicts.

Seclusion room

A quite locked room that is specifically designed , well-prepared, safe, and isolated for temporary placement of an aggressive patient while making sure that there is no chance for the patient to harm himself and others.

4. Policy

- Patient presenting to ED with aggressive behavior are best categorized for urgent care based on the followed hospital triage process.
- Security personnel is the first line of defense when it comes to protecting patients, visitors and healthcare providers in emergency situations.
- All healthcare providers involved in the care of the agitated patients should receive adequate training of all de-escalation techniques to deal with those patients.
- Patients with medical condition are best admitted to a medical ward with consultation to the psychiatry service.
- Admission/Transfer service of aggressive patient to a psychiatry ward/team be done after assessment by psychiatry team with clearance of organic causes of aggression by the primary team.

- If the healthcare facility doesn't have a psychiatry ward/team, patient can be transferred to a specialized facility for psychiatric cases (i.e., Centers for Mental Health) or a facility with psychiatry services after stabilization and clearance of organic causes of aggression by the primary team in the referring facility.
- Healthcare facility must adapt their own internal policy, drafted from this policy according to their resources, such as, availability of medications and healthcare providers.

5. Procedures

Ensure safety to the patient, health care providers, and other patients by:

- In the triage area, the aggressive patient should be assigned to a trained and competent healthcare provider and take into consideration the following:
 - If possible, aggressive patient should be prioritized in the triage line and placed in a seclusion room if available at the ED.
 - If seclusion room is not available, aggressive patient should be placed in a single secured room.
 - It is the responsibility of the assigned team to remove any object that can be used as a weapon in the patient room, screen the patient for any weapons then have him/her wear hospital gown.
 - The assigned healthcare provider should not attempt to evaluate the patient alone.
- Assigned healthcare provider should take into consideration the following before and during the interview of the aggressive patient:
 - Remove neck ties, stethoscope and necklaces for personal protection.
 - Keep the door open and allow easy unobscured exit.
 - Maintain at least two-arm distance and a nonconfrontational posture.
 - Evaluate the risk of aggression by a validated Aggression Risk Assessment Tool.
 - Have the security involved in case of suspected concealed weapon, or if the patient becomes a real threat and activate hospital security code (e.x. White, brown, etc.) for immediate intervention.
 - If, at any moment, the health care provider doesn't feel safe interviewing the patient, he/she should discontinue the interview and move for other lines of management.
- If the patient situation allows, the assigned healthcare provider should use the following **De-escalation techniques** initially:
 - Adopt a nonconfrontational attitude, show empathy, honesty, care and avoid provoking behavior.
 - Use attentive and empathic listening and reply in a straightforward, simple, nonprovocative language.
 - Address patients' complaints and needs and offer realistic choices.
 - Set clear limits and emphasize on the rules.
 - Involve the family and/or the friends of the patient.
 - Should not threaten, force, or attempt to physically attack the patient during aggression incident unless the situation is against the safety of the healthcare provider.
- If the patient remains uncooperative and de-escalation techniques fails, **chemical restraint** is the next approach.
 - If chemical cannot be administered due to the patient aggression, physical restraint can be used to facilitate the administration only.
 - Benzodiazepines or antipsychotics are the classes used in the emergency department, with intramuscular (IM) route as the preferred route of administration.
 - If organic causes are suspected, give lower doses of sedative medications if needed, to facilitate the definitive management.
 - If aggression due to intoxication or withdrawal effect, the administration of selected medication and/or benzodiazepines are permitted.

- If danger of aggression remains high, **physical restraint** should be a last option to control agitated patient to prevent immediate harm to the patient, health care providers, or surroundings.
 - It should be limited for few minutes until it takes for the sedative medications to take effect.
 - Five personnel at least are needed to restrain the patient, preferably done by the security team at the institution in the presence of the assigned healthcare provider.
- If organic causes are suspected, assigned healthcare provider should optimize the patient care and treat the underlying condition.
- Assigned healthcare provider can obtain psychiatric consultation and collaboration for organic cause of aggression if needed.

6. Appendices

- Aggression Risk Assessment Tool: A number of validated assessment tools are available for use in the ED by health care provider to recognize and assess the aggressive patient, including:
 - STAMP (Staring, Tone and volume of voice, Anxiety, Mumbling, and Pacing)
 - Violence/Aggression Assessment Checklist (VAAC).

7. References

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- Violence prevention and intervention in Emergency Medical Services Systems (2019) ACEP. <https://www.acep.org/patient-care/policy-statements/violence-prevention-and-intervention-in-emergency-medical-services-systems> (Accessed: 05 July 2023).

8. Approvals

Reviewed

By:

Scientific Committee



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