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Presented by: Nebraska Methodist Health System



**SAFE (Situational Awareness for Employees)** is a prevention-focused program that teaches staff to recognize early warning signs, use effective verbal de-escalation strategies, and respond safely to escalating behaviors.

### Purpose:

**Protects Staff:** Reduces incidents of workplace violence, stress, and burnout.

**Protects Patients:** Creates an environment of trust and healing, where patients feel secure and cared for.

**Protects Visitors:** Ensures families and friends feel respected and safe when supporting loved ones.

**Supports Professionalism:** A safe environment reflects the hospital's commitment to ethical, compassionate care.



3

### Key Statistics

Seventy-six percent (76%) of healthcare workers in the U.S report having experienced some form of violence

Healthcare & social assistance see 72.8% of all nonfatal workplace violence cases in private industry over 2021-2022

From 2021-2022, in these violent-related incidents, about 69% of them required days away from work.

The proportion of healthcare workers reporting harassment at work increased from 6% in 2018 to 13% in 2022

In 2023, there were roughly 16,975 assaults against nurses in the U.S., a 5% increase over 2022



4

**Verbal De-escalation:** Verbal de-escalation is the strategic use of calm, respectful communication and non-verbal cues to reduce tension and prevent conflicts from becoming violent. The goal is to encourage cooperation and compliance in an agitated person, ensuring safety for everyone involved without resorting to physical force. This involves techniques like active listening, showing empathy, maintaining professional composure, and using clear, controlled language.



5

## Three types of communication behavior

**Passive Behavior** - involves a pattern of avoiding expressing your opinions, needs, and feelings to protect yourself or avoid conflict.

**Assertive Behavior** - Clearly and respectfully expressing your thoughts, feelings, and opinions in a direct, honest, and appropriate way.

**Aggressive Behavior** - Expressing your feelings, opinions, and thoughts in a forceful, hostile, and often angry way that violates others' rights.



6

## The importance of Early Intervention for Verbal De-escalation.

- Prevents Escalation of Violence
- Protects Staff and Patient Safety
- Builds Trust and Preserves Patient Dignity
- Reduces Stress on Healthcare Teams
- Saves Time and Resources



7

## Why Violence Occurs in Healthcare: Factors Contributing to Violence in Healthcare settings

***Precipitating factors*** are the immediate events, triggers, or circumstances that cause a specific situation, behavior, or condition to occur suddenly or sooner than expected. These are distinct from predisposing factors, which create vulnerability, and perpetuating factors, which sustain the issue. In essence, precipitating factors are the "spark" that ignites a reaction or the direct cause of a sudden change or onset of an illness or behavior.



8

## Precipitating factors prevalent to the healthcare setting.

- Patient-Related Factors
- Family and Visitor Related Factors
- Environmental Factors
- Organizational and Staffing Factors
- Societal and Cultural Factors
- Situational Triggers



9

## Review of Organizations Workplace Disturbance/Violence in the Workplace policy

### Key concepts

- Incident Reporting
- Types of Violence
- Staff/Manager Responsibilities
- Available Resources



#### HUMAN RESOURCES POLICY & PROCEDURE ALL METHODIST HEALTH SYSTEM AFFILIATES

**TITLE:** Workplace Disturbance – Violence in the Workplace  
**ORIGINATION DATE:** 3/1998  
**REVIEWED DATE:** 8/01, 7/03, 9/04, 11/05, 10/06, 12/07, 6/08, 12/08, 11/09, 1/10, 1/11, 11/11, 5/12, 7/12, 1/13, 9/13, 9/14, 5/15, 11/15, 8/16, 6/17, 6/18, 12/18, 12/20  
**REVISED DATE:** 8/21  
**PURPOSE:** Methodist Health System is committed to maintaining a safe, healthy and efficient working environment where patients, employees, physicians, volunteers, vendors, contractors and visitors are free from the threat of workplace violence.

#### DEFINITIONS:

Workplace violence is "An act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors." (The Joint Commission)

#### Type 1: Criminal Intent

- This type of violence focuses on violent acts by people who enter the workplace to commit criminal related activities.

#### Type 2 – Patient/Client / Customer

- This type of violence is directed at employees by patients, clients, customers, students, visitors or any



10

## Pre-Incident Indicators - Behavioral Cues Non-Verbal Cues

- **Personal Space:** Maintain a safe distance, at least two arms-length away, to avoid appearing threatening.
- **Posture & Movement:** Adopt a neutral, relaxed, and alert posture. Minimize fidgeting, excessive hand gestures, or pacing. Position yourself to be at the same eye level, if possible, but stand at a slight angle rather than directly facing the patient.
- **Facial Expression:** Keep a neutral, calm, and attentive facial expression.
- **Visible Hands:** Keep your hands visible and relaxed to show you are not a threat.
- **Environmental Controls:** Minimize distractions like loud noises, excessive lighting, or other disturbances.



11

## Pre-Incident Indicators - Behavioral Cues Verbal Cues

- **Tone & Volume:** Speak in a calm, low-pitched, slow, and steady voice to facilitate understanding and reduce feelings of threat.
- **Active Listening:** Show undivided attention, nod to acknowledge, and paraphrase the patient's concerns to confirm understanding.
- **Empathy & Respect:** Acknowledge and validate the patient's feelings without judgment, showing genuine concern and respect for their dignity.
- **Clear Communication:** Use plain, simple language, short sentences, and avoid medical jargon or abbreviations.



12

## Pre-Incident Indicators - Behavioral Cues Verbal Cues

- **Set Boundaries:** Clearly state limits on behavior using a neutral tone and explain the consequences of not following them.
- **Offer Solutions:** Focus on finding solutions and offer options to give the patient a sense of control.
- **Silence:** Use periods of silence to allow the patient time to process information and calm down.
- **Use the Patient's Name:** Using the patient's name can help in establishing rapport.



13



## Levels of Aggression

### Key Levels:

- Low-Level: Irritability, sarcasm, non-compliance
- Verbal Aggression: Shouting, threats, insults
- Defensive/Resistant: Refusal of care, tense posture
- Physical Aggression (Objects): Throwing items, slamming doors
- Physical Aggression (People): Hitting, kicking, spitting
- Extreme/Lethal Aggression: Use of weapons, sustained violent attack.



14



## 1. Low-Level (Passive or Subtle Aggression)



Signs: Irritability, impatience, sarcasm, dismissive gestures, rolling eyes, or non-compliance with instructions.



Example: A patient refusing to answer questions or a visitor speaking curtly to staff.



**Risk**: Can escalate if ignored, but often manageable with calm communication and reassurance.



15



## 2. Verbal Aggression



Signs: Raised voice, shouting, swearing, threats (direct or implied), personal insults, or blaming staff.



Example: A frustrated family member yelling at a nurse about waiting times.



**Risk**: Intimidating and distressing for staff/patients, may escalate into physical aggression if not de-escalated.



16



### 3. Defensive or Resistant Aggression



**Signs:** Refusing care, pushing staff away, or displaying defiance (crossed arms, tense posture).



**Example:** A patient pulling their arm back when a nurse tries to check vitals.



**Risk:** May stay contained if managed with empathy and boundaries but can trigger escalation under stress.



17

### 4. Physical Aggression (Toward Objects or Environment)

- **Signs:** Slamming doors, throwing objects, damaging equipment, hitting walls or furniture.
- **Example:** A patient knocking medical supplies off a table.
- **Risk:** Property damage, unsafe environment, precursor to violence against people.



18



### 5. Physical Aggression (Toward People)



**Signs:** Pushing, hitting, kicking, biting, spitting, grabbing, or using weapons.



**Example:** A confused or distressed patient striking a nurse.



**Risk:** High — can cause injury or trauma, requires immediate intervention and safety protocols.



19

### 6. Extreme or Lethal Aggression

**Signs:** Use of sharp objects or weapons, strangulation attempts, sustained violent attack.

**Example:** A visitor brandishing a weapon against staff.

**Risk:** Life-threatening; requires emergency response, security, and possibly law enforcement.



20

## De-escalation timing

In healthcare, de-escalation timing refers to **the critical importance of recognizing and responding to a patient's escalating agitation at the earliest possible stage**. The goal is to intervene using verbal and nonverbal calming techniques before the patient's behavior becomes aggressive or violent, thereby preventing harm to themselves or others and avoiding the need for more restrictive measures like physical restraints or sedation.



21

## The Timing Continuum

1. Early recognition and prevention
2. Prompt intervention
3. Responding to peak agitation
4. Post-incident debriefing



22

## Team Communication as a Safety Protocol

- Prevents Adverse Events
- Promotes a Culture of Safety
- Improves Care Coordination
- Supports Efficient Handoffs



23

## Trauma Informed Care

Trauma-informed care emphasizes safety, empowerment, and collaboration, shifting from "What's wrong with you?" to "What happened to you?" to prevent re-traumatization. Self-care is crucial for providers and survivors, involving practical strategies like consistent self-awareness, boundary setting, and physical care, alongside relational support through social connections and professional help.



24

## The “4 Rs” - A framework to guide this approach



25

## Integrating TIC into de-escalation training:



26

## Managing Stress and Self-Care

### Self-Care Strategies

**Self-Awareness and Mindfulness:** Regularly check in with your body and feelings, noticing your triggers and needs.

### Practical Self-Care:

**Start Small:** Incorporate one small, manageable practice, like a short walk or a moment of deep breathing.

**Establish a Routine:** Be consistent with self-care, even if it's just for a few minutes daily.

**Physical Care:** Prioritize a balanced diet, regular exercise, and adequate sleep.

**Nourishment and Hydration:** Ensure you are drinking enough water and eating nutritious snacks to support your body's stability.



27

## Managing Stress and Self-Care continued....

### Social and Relational Self-Care:

**Nurture Connections:** Build and maintain strong relationships with trusted friends and family who offer emotional support.

**Seek Support Groups:** Connect with like-minded individuals in support groups, which can foster a sense of understanding and belonging.

**Boundary Setting:** Learn to say "no" to requests or situations that feel overwhelming or draining.

**Professional Support:** Don't hesitate to seek professional help from a therapist or counselor to process trauma and feelings of isolation.



28

## Prevent Burnout

How Trauma-Informed Care Prevents Burnout

Fosters Supportive Environments

Reduces Secondary Traumatic Stress

Promotes Empowerment and Choice



29

## Verbal De-escalation Techniques

### Before You Begin:

Ensure your Safety  
Stay Calm

### During Interaction:

Listen Actively  
Show Empathy  
Use a Calm and Respectful Tone  
Maintain Nonverbal Communication  
Use the Person's Name  
Set Clear Limits  
Offer Choices



30

## Verbal De-escalation Techniques continued...

- Be Concise
- Allow for Silence
- Gain Trust
- Redirect Focus

### What to Avoid:

- Don't Argue or Defend
- Don't Use Jargon or Accusatory Language
- Don't Reinforce Negative Statements
- Don't Overreact
- Power Struggle



31

## Non-Verbal Communication



32

## Verbal Communication

- **Tone, Pitch, and Volume:** The way you say something, even a simple phrase like "I'm fine," can drastically change its meaning, suggesting different emotions or intentions.
- **Pauses:** Strategic pauses before a statement can add emphasis or capture attention.



33

## Eye Contact

- **Engagement:** Making proper eye contact shows attentiveness and engagement with the speaker.
- **Cultural Considerations:** While generally positive, eye contact norms vary across cultures, so excessive or prolonged eye contact can be interpreted differently.



34

## Use of Space and Touch

- **Personal Space:** The amount of space you keep between yourself and others (known as proxemics) is a nonverbal signal that conveys closeness or distance in relationships.
- **Touch:** Physical contact, such as a handshake or hug, communicates intimacy or connection, but cultural norms heavily influence its appropriate use.



35

## Importance of Nonverbal Cues

- **Complement Verbal Messages:** Nonverbal signals can add nuance and depth to spoken words.
- **Reveal True Feelings:** Often, nonverbal cues can reveal what a person truly feels, even when their words say something different.
- **Build Connection:** Using nonverbal signals appropriately can help build trust and rapport with others.



36

## Training Scenarios

Scenario #1 - Agitated Patient in the ER

Scenario #2 - Upset Family Member

Scenario #3 - Escalating Patient in Pain

Scenario #4 - Physical Risk Indicators



37

## Complete Critique/Provide Feedback



38

# Thank You!

