Security Management Plan

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RESPONDING TO EMERGENCY SITUATIONS INVOLVING CONSUMERS

When an individual appears to be troubled and is having difficulty controlling his/her own behavior.

Each CMH building site or facility has site specific safety protocols. Please review the protocols for your building site and/or assigned work site(s). Each set of protocols can be found attached to the Security Management Plan. Follow standard protocols as indicated in each building site plan.

AFTER A SECURITY INCIDENT: Post-incident response and evaluation are essential. Treatment for victimized employees and employees who may be traumatized by witnessing an incident of workplace violence will be provided. Several types of assistance can be incorporated into the post-incident response including:

- ☐ Critical Incident Stress Debriefing - offered by the Ottawa County CMH Crisis Team
- ☐ Employee Assistance Program to assist victims - contact your supervisor or Human Resources for more information
- ☐ Emergency medical evaluation and treatment for physical injuries - contact Human Resources and/or your supervisor for specifics

If you encounter a suspicious substance (e.g., white powder) in an envelope or some other packaging

1. Contact Central Dispatch at 911 and follow instructions.
2. Notify your direct supervisor who will notify the Executive Director and the Health & Safety Coordinator.

If you encounter a suspicious package

1. Contact Central Dispatch at 911 and follow instructions.
2. Leave the package alone. Do not move or handle the package.
3. Notify your direct supervisor who will notify the Executive Director and the Health & Safety Coordinator.

LITTLE GREEN ALARM SYSTEM

The Little Green Button software is installed on all CMHOC computers and external buttons are installed in designated locations in the following CMH Locations:

12265 James Street, Holland (A)
12263 James Street, Holland (B)
1111 Fulton Street, Grand Haven

1. The Little Green Button Alarm System is to allow staff to easily notify their colleagues that they require assistance. The Little Green buttons are located in clinical offices and are activated by pushing the button typically mounted under the staff desk. Pushing the button activates a silent alarm signal that informs others assistance is required and where such assistance is needed. 911 is not notified unless specifically requested by supervisor or program coordinator.
2. Guidelines for use of and response to the Little Green Button:
    a. Remember that every situation will be unique. Use your best judgment when deciding how to respond to a situation. Your involvement in an emergency situation may be different given the circumstances, the other individuals involved, and/or your ability to respond.
    b. The Little Green Button Panic Alarm System allows you to request assistance quickly and discreetly from colleagues, during potentially threatening situations by notifying colleagues that assistance is required and where such assistance is needed.
    c. There are **two ways to activate the Little Green Button Panic Alarm System**:
        i. By clicking on the small green icon located on your PC screen. The icon can be moved and resized for your convenience.
        ii. By clicking on one of the external panic buttons installed in clinical offices and conference/meeting rooms for all CMH locations. These are typically mounted under the staff desk/wall mount. The color of the button changes to show its status (green for ready, red for assistance required and yellow to show help is on its way). It even works if your computer has been locked, or when the screensaver is active.
    d. As soon as the Little Green Button is triggered, an alert message pops up on every PC on the network that has Little Green Button running. It will appear above all programs and will remain there until someone responds.
    e. The alert displays the location where the alarm has been triggered and the number of users currently available to respond.
    f. Immediate responders, including CMH clinical staff, supervisors, etc. should respond immediately to any notification by clicking the Little Green Button on their PC If no one has responded, secondary responders, such as non-clinical and other administrative staff, should respond and offer assistance. **Never respond if doing so will put another consumer at risk by leaving them alone or potentially jeopardize confidentiality.**
    g. When someone clicks ‘respond’, the alarm message turns green and lets all users know that someone has responded. The location of the responding user is displayed

along with the response time. Other users can then either click to respond or dismiss the alert.

h. The person who activated the alarm on their PC will know help is on the way when their Little Green Button changes to a smiley face for a few seconds. If the alarm is activated by using the external panic button, the button will change red for acknowledging that assistance is required and then yellow to show help is on the way.
i. Once the location of the emergency situation is identified you should coordinate your response with any other staff/colleagues/persons available to help. You may be of most assistance by helping to remove other consumers from the area, calling 911, or providing other non-direct tasks.
j. If a member of management is present, the senior management staff should coordinate the response effort. The lead manager should be assertive and clear regarding his/her role, as it is possible that several managers of equal seniority may be present. Step up and calmly assume responsibility. If the lead responder chooses to "pass" the responsibility for managing the response to another staff member, he/she must clearly convey the hand-off.
k. If staff are present who work with and know the consumer, responders should defer to them regarding the best way to calm the person, ascertain if it is alright for other staff to leave the situation, or identify other assistance as needed.
l. If no management staff or staff who are familiar with the consumer are available, staff should work together to address the situation. Someone must assume responsibility as the lead responder, as above.
m. If there is a reasonable risk of harm to self or others, Call 911. It is better to have the police on the way to help and then have to excuse them because the situation was resolved than not to call them and have the situation escalate out of control.
n. Never use physical intervention on a consumer unless you have been trained in CMH's crisis intervention techniques **AND** the individual is at immediate risk of ***significantly*** harming themselves or others. The presence or threat of minor or moderate harm (e.g., superficial scratching/cutting; throwing objects without targeting others; kicking a wall) does not merit physical intervention.
o. A debriefing will be held after any significant event.
p. The lead staff of the incident will write up an Incident Report of the situation and send this to CMH Recipient Rights Officer.
q. The lead staff will complete an Emergency Plan Evaluation form and send to Health and Safety Coordinator.

PROTECTED HEALTH INFORMATION (PHI) AND PROTECTED IDENTIFIABLE INFORMATION (PII)

It is important to remember the privacy and security of consumers' health information is the responsibility of all employees.

What is Protected Health Information (PHI) and Protected Identifiable Information (PII)? According to CMHOC Policy 10.8, PHI is defined as individually identifiable information that identifies the individual or provides a basis for identifying the individual that is transmitted or maintained in any form or medium. PII is information that identifies the individual or that provides information that, when used alone or with other relevant data, can identify an individual. It is the policy of CMHOC that all personnel preserve the integrity and the confidentiality of PHI/PII pertaining to all consumers. PHI/PII is collected and used only for the purpose of providing services and for supporting the delivery, payment, integrity, and quality of those services.
Collect and use PHI/PII only:

1. To provide proper diagnosis and treatment.
2. With the individual/parent/guardian's knowledge and consent.
3. To receive reimbursement for services provided.

Areas of Vulnerability:

Laptops: Most of our electronic information is created here; whether in AVATAR, Word, Excel, desktop, or another application. When you have your laptop in the community, never leave it unattended, always use a VPN connection, and turn your computer screen away from others.

Fileserver1: Any documents created that contain consumers' names and identifiable information must be saved on fileserver 1.

Fileserver1 documents are saved to a large repository of data that is stored on a central server. This is considered more secure. Additionally, there are protocols in place as to which employees have access to various files on Fileserver1. If you have questions about these protocols, ask your supervisor.

External Storage Devices: Any documents containing PHI/PII should not be stored in flash drives, CD's, or other external storage devices. These devices can easily be lost, stolen, or misplaced. Additionally, unless specifically required as part of your job, do not save data from electronic medical record (EMR) onto external storage devices such as a flash drive, CD, or hard drive, or upload to cloud storage such as Google Drives, Dropbox, etc. without the express permission of the Privacy Officer.

Passwords: Passwords can also pose a security risk. When in the community, make sure to be discrete when entering your passwords (Active Directory [AD], Lotus Notes, and AVATAR). Whether in the community or at the office, do not keep your passwords in an obvious place such as on a yellow post-it note on your laptop or desktop, or on a piece of paper taped to the bottom of your laptop or keyboard. If your laptop or desktop is stolen, having the passwords readily available could make PHI/PII all the easier to access. If you do keep your passwords in a space that is typically in view, use a "key" to code your passwords. For example, add an extra digit or two (in the same pattern) to your passwords that only you know are fake.

Email: CMHOC's policy is any email messages containing PHI/PII that are sent "outside" of the Ottawa County network are to be sent "secure, encrypted" by typing [SEND SECURE] in the subject line at the top of a new email. You may need assistance in setting up this option in your Outlook menu if you are unable to set-up on your own. Using the SEND SECURE function applies to external emails whether you are emailing CMHOC contract agencies or other outside agencies, even when there is a release of information in place. Email is considered a less secure means of communication, so extra precaution is needed to avoid the information being hacked or intercepted.

PHI/PII and Paper

In the Office: The amount of paper containing PHI/PII in our workspace should be kept to a minimum. Sometimes paper copies are needed for PCP meetings or other meetings and discussions with colleagues. If information containing PHI/PII arrives from contract agencies and/or families, it should be scanned into the EMR and shredded.

In the Community: When staff need to take PHI/PII along on a visit to a consumer or when attending an annual meeting in the community, etc., PHI/PII should be secured in a folder and out of reading length for people who do not need access to the information. PHI/PII should be with the staff person at all times and not be left unattended. Also, think about what type of PHI/PII you need to have with you in the community. Print only what is needed.
When returning to the office, the PHI/PII should be shredded.

In general, hard copy printouts of PHI/PII should be destroyed after you are done using it or have scanned it into the consumer's record if obtained from an outside source.

CMHOC Staff to Contact for Security Information:

Rich Francisco, Deputy Director – Security Officer

Briana Fowler, Recipient Rights Director – Privacy Officer

Kristen Henninges, Compliance Officer

BOMB THREAT

THREATS PHONED INTO THE ORGANIZATION

1. If possible, alert another staff to call "911" while you are on the phone with the caller. **DO NOT** use a cell phone as this my inadvertently detonate a bomb!
2. Listen for any identifying information such as sex of the caller, ethnicity, or background noise that could give some indication where the caller may be, e.g. overhead announcements, traffic noise etc.
3. If the caller provides information on where the bomb is located, what type of bomb it is, what time it is expected to explode, who the threat is against and what the reason for the threat is, write down as much as possible. (A checklist to assist you in this process follows after this page.)
4. Immediately report the threat to "911", if not already reported by another staff.

THREATS RECEIVED IN WRITING

1. Do not handle the letter once it has been determined it is a bomb threat. This may allow the police to check for fingerprints or other identifying marks.

THREATS RECEIVED IN PERSON

1. Your personal safety is of utmost importance. Notify a colleague of your need for assistance. Activate procedures for security breaches.
2. Try to learn as much as possible; see following sheet for things to note.

ALL THREATS SHOULD RESULT IN THE FOLLOWING ACTIONS REGARDLESS OF HOW THEY'RE RECEIVED

1. The Executive Director or member of the Site Emergency Team should be notified of the threat and will instruct staff to evacuate if needed.
2. If the decision with a bomb threat is to evacuate the building (use pulling the fire alarm if necessary), all staff must evacuate to a safe distance from the building. The building management should be notified as soon as possible to assist in the evacuation. All members of staff and all consumers should be accounted for.
3. The staff person in charge should take direction from the police or fire department as to what to do. Inform the emergency response team of any information that you have regarding the bomb and if not, all persons are accounted for, who they are and where they may be.
4. If the threat is to a staff person while at home, the same basic procedure should be followed as above except that CMHOC Administration should be notified of the threat so that CMHOC could be searched for a second device.
5. Do not re-enter the building until it has been cleared by the police department and the ranking administrator has given all clear for re-entry.
6. The Executive Director should be contacted as soon as reasonably possible with information about the situation. The Executive Director should evaluate the situation and if appropriate contact an Ottawa County Administrative Staff member. The Director may also appoint a media spokesperson as indicated.

BOMB THREAT CHECKLIST - PLEASE POST

(For use when a bomb threat is presented in person or over the phone)

Try to engage the caller in ongoing conversation while a coworker phones 9-1-1

Exact time of Threat: _____ Phone Number (at which call was received): _____

Phone Number (from which call was made according to caller ID): _____

Exact words of Person threatening:

_____

_____

QUESTIONS TO ASK:

1. When is the bomb going to explode? _____
2. Where is the bomb right now? _____
3. What does it look like? _____
4. What kind of bomb is it? _____
5. What will cause it to explode? _____
6. Did you place the bomb? _____
7. Why? _____
8. Where are you calling from? _____
9. What is your address? _____
10. What is your name? _____

SEX of person threatening: _____ **RACE** of person threatening: _____

AGE of person threatening: _____ **LENGTH** of call: _____

PERSON'S VOICE:

- ☐ calm
- ☐ angry
- ☐ excited
- ☐ slow
- ☐ rapid
- ☐ soft
- ☐ loud
- ☐ laughter
- ☐ crying
- ☐ normal
- ☐ distinct
- ☐ slurred
- ☐ nasal
- ☐ stutter
- ☐ lisp
- ☐ raspy
- ☐ deep
- ☐ ragged
- ☐ clearing throat
- ☐ deep breathing
- ☐ cracking voice
- ☐ disguised
- ☐ accent
- ☐ familiar

BACKGROUND SOUNDS:

- ☐ street noises
- ☐ animal noises
- ☐ music
- ☐ motors
- ☐ machines
- ☐ office equipment
- ☐ long distance
- ☐ factory noises
- ☐ PA system
- ☐ house noises
- ☐ clear
- ☐ static
- ☐ local
- ☐ booth

THREAT LANGUAGE:

- ☐ well spoken (educated)
- ☐ foul
- ☐ irrational
- ☐ message read by threat maker
- ☐ taped
- ☐ incoherent

If the voice is familiar, whom did it sound like? _____

REMARKS: _____

_____

Person Receiving Call and Completing This Form: _____

RISK ASSESSMENTS, TRAINING, & RECORD KEEPING

1. All staff must account for their whereabouts at all working times by use of calendar, phone in, community schedule, or other supervisor approved means.
2. No staff member will be left alone in a facility during scheduled office hours. (Reference CMHOC Policy 2.7 – Outpatient Service Hours)
3. CMHOC must implement policies and procedures to ensure optimum levels of security and to minimize risks to staff and visitors.
4. Clinical protocols must be in place to assess the risk of danger a consumer may pose to him/herself and/or others and to document the results of that assessment in the clinical record.
5. If there is suspicion that a security incident might occur, a consumer alert should be completed.
6. Work practices must be such so as to deter violence in the workplace. Examples include:
    - All unfamiliar individuals are to be questioned as to their business.
    - All CMH sites are designated as "weapon free". On duty police officers offering assistance are exempt from this restriction.
    - Individuals (other than on duty police officers) known to be carrying weapons will be asked to immediately surrender the weapon while on CMH property.
    - Wait times should be minimal.
    - Give priority to emergencies.
7. Design of the workplace will consider both the need for consumer privacy and the need for easy access of others in the case of emergency. Examples include:
    - Offices will be designed so as not to place staff with no emergency exit whenever possible.
    - Assessment should be given to office furnishings that could be used as potential weapons (e.g., wall hangings, glass, or heavy objects).
    - Design of non-private areas to promote clear view(s) of entrances/exits, hallways, and public areas.
    - In the event of media contact regarding security matters and/or breaches, the Executive Director, or representative, will speak exclusively with the media. All other staff are to avoid talking with media representatives regarding these issues.

MONITORING STAFF LOCATION AND SAFETY

All staff will maintain their schedules as mandated in CMHOC Policy 8.21 - Accounting for Staff Time when Providing Service out of the Office.

1. Program supervisors should evaluate the means most logical for their staff to accommodate this mandate given their job duties and the site(s) from which they work. The supervisor will,

as part of that plan, need to identify any training or resources needed to accomplish this (e.g. Microsoft Outlook calendar training).
2. All CMHOC Staff Calendars are to be open to view by all CMHOC Staff. Schedules are to be updated and kept current at all times. In order to do so, the staff member must grant editing access to their direct supervisor and team support staff so that changes can be made in a timely manner. If schedule changes occur during the day, the staff member will advise the team supervisor and/or support staff in order to keep their schedule accurate.
3. Staff who provide services in the community must carry a cell phone with them and ensure that their supervisor and team support staff are aware of the **cell phone number**. If staff do not have a county-issued cell phone, they must either use a county cell phone from the pool of available phones allocated to their program or use their own personal cell phone.
4. As it is not always possible to give accurate times when a staff member provides services to numerous consumers in their homes during any given day, the consumers should be listed in the order in which the staff member is planning to provide service. Times should be approximated as close as possible.

RISK ASSESSMENTS PRIOR TO SERVICE DELIVERY

1. Risk Assessments will be completed for all consumers who receive CMHOC mental health services in their independent home or in an unsecured out-of-network location.
2. The Risk Assessment for each consumer will be completed by the staff assigned to the case and will be reviewed by that staff's supervisor.
3. The completion and supervisory review of the Risk Assessment will occur prior to the first unaccompanied appointment whenever possible. If not possible, the staff must consult with their supervisor prior to the first appointment. The initial meeting may need to occur in the CMH office, in a public setting, or with other persons accompanying.
4. When there are indications of risk to an employee's safety, services will be modified in delivery.
5. Other involved CMH staff will be notified in writing by the staff of any consumer assessed to be a potential risk. (Use of the Client Alert process would meet the intent of this standard.)
6. The Risk Assessment will be maintained in the medical record and updated as needed.

ASSESSING PERSONAL RISK WHEN WORKING IN THE COMMUNITY

1. Assess what the risks are by being aware of your surroundings and potential dangers.
2. Complete a Risk Assessment to determine any potential risks.
3. Document in the clinical record your concerns and assessment information.
4. Inform your supervisor of any risks.
5. Develop a plan with your supervisor to keep you safe which may include additional training to enhance your safety, scheduling appointments in safe locations, accompanying another staff on community visits, scheduling appointments in the office, etc.
6. Document your plan.

7. Know your community safety resources. Know where you have a cell phone signal and where you cannot access 911.
8. Determine ahead of time which colleagues can be contacted to assist in an emergency.
9. Remember how to describe your location if you need to contact emergency rescue.

RECORD KEEPING

RECORD KEEPING: It is important to document all incidents so they can be tracked and improvements can be made wherever possible to protect staff and visitors. Incidents MUST be documented on the most appropriate form:

- Incident Report. Incidents specific to a consumer
- Emergency Plan Test Evaluation. This form is used to document Violent/Threatening Situation, Bomb Threats, Fire Drills, Medical Emergencies, Natural Disasters, or Power Failures.
- Unusual Incident Report Unrelated to a Specific Consumer: This form is available through the Health and Safety Coordinator. These incidents may involve visitors in county buildings, or incidents that do not involve a specific consumer. Please contact Health & Safety Coordinator for assistance involving the use of this form.

Supervisor's Report of Injury. This form is available through Ottawa County Human Resources Department. Incidents are recorded which may require medical treatment, workers' compensation or other utilization of benefits.

TRAINING

TRAINING: The Ottawa County CMH Training Center coordinates the offering of trainings for CMHOC staff as follows:

ORIENTATION for newly employed staff includes information regarding:

- ✓ General Safety Issues
- ✓ Use of panic buttons
- ✓ Security Management Plan

ONGOING TRAINING OPPORTUNITIES that are offered monthly to all staff include:

- MANDT 1, 2, 3
- CPR
- First Aid
- Citizen Response to Active Shooter Events & Situational Awareness

Training (formerly CPTED)

PERIODIC TRAININGS are offered in the areas of:

- Appropriate responses in emergencies
- Identification of Unsafe Environments
- Reporting of Critical Incidents

- Prevention of Workplace Violence

SECURITY DRILLS are held at least annually and coordinated by the Building Manager or Building Designee. A short debriefing and opportunity for questions and answers are available at the end of the drill, if needed. Drills may take various forms such as use of an "actor" to portray an out of control individual, "what would you do if... " scenarios, merely "talking" through an event, etc.. The content of the drills may occur unannounced before time, but if a particular staff member is selected to participate in the drill, he/she is notified that it is a drill. Tabletop drills are coordinated prior to the event.

Clip and Post

WHEN YOU PHONE 911, ATTEMPT TO…

- ☎ Speak in a clear calm voice so as to avoid repetition.
- ☎ Immediately state the type of assistance you require.
- ☎ State the correct address where help is needed along with an identifier of sorts (e.g. the building with the green roof", "the building behind Store X", "the building with ABC business next to it", etc.)
- ☎ Provide simple directions to the building where help is needed.
- ☎ Identify yourself and your position.
- ☎ Confirm whether or not someone will be outside to direct the rescue vehicles.
- ☎ Answer any and all questions asked by the dispatcher.
- ☎ **STAY ON THE LINE UNTIL ASKED TO DISCONNECT THE CALL**
- ☎ Once you have disconnected the call, direct a colleague (if available) to meet the rescue personnel outside the building. Also, inform reception staff (if applicable) so they can direct subsequent rescue personnel.
- ☎ Even if you called by mistake**, do not hang up!** Central dispatch must investigate all calls. If you hang up abruptly, they need to call back and verify there is no emergency. This takes up their time and our time trying to figure out who accidentally called. Rather, if you've called by mistake, merely stay on the line and inform the dispatcher that you have no emergency and apologize for misdialing.

SECURITY MANAGEMENT PLAN – CMHOC Buildings

	12263 James Street, Holland	12265 James Street, Holland	1111 Fulton. Grand Haven
Action Plan			
COMMUNICATION EQUIPMENT: All offices will be equipped with the appropriate level of notification device(s): ✆ = cell phones available for use ☎ = intercom throughout building or office 🔔 = door alarm to indicate when opened ☺ = receptionist present to greet public ⭘ = panic buttons	✆ ☎ ☺ ⭘	✆ ☎ ☺ ⭘	✆ ☺ ⭘
ENGINEERING/ ADMINISTRATIVE CONTROLS: ▯ = locked door limits access to service area ⇔ = pass through window 🖂 = deep service counter ⇖ = convex mirrors, elevated vantage points, clear visibility of service areas ✵ = Bright and effective lighting ☺ = Adequate Staffing 🗄 = Arrange furniture to prevent entrapment $ = Cash handling controls ✎ = Height markers on exit doors ✇ = Video surveillance equipment/ closed circuit TV ✆ = Public entrance limited when consumers are present	🖂 ✸ ☺ 🗄 $ ✇	▯ 🖂 ⇖ ✵ ☺ 🗄 $ ✇	▯ 🖂 ✵ ☺ 🗄 $ ✇
PERSONNEL: People typically available to assist in an emergency include:	Administrative, Clinical Staff, & Clerical Staff	Administrative, Clinical Staff, & Clerical Staff	Administrative, Clinical Staff, & Clerical Staff

Assessment

Escalating Person		Violent Person	
Appearance:	Clenching Jaw Narrowed Eyes Frowning Anxious Clenched Hands Looks Angry and Upset Face Becoming Reddened Beginning to Perspire	**Appearance:**	Clenched Jaw Piercing Stare Reddened Face Narrowed, Glaring, or Darting Eyes Agitated Fearful or Angry Expression Veins Standing Out Perspiring Heavily
Speech:	Tremulous Loud Voice Swearing Muttering Sarcastic	**Speech:**	Inappropriate Affect Shouting Repetitive Speech Swearing Rambling
Movements:	Exaggerated Movements Nervous Energy Gesturing Pacing Wringing Hands Instructive	**Movements:**	Pacing Pounding Making Fists Tense Muscles Exaggerated Movements
Behaviors:	Overly Sensitive Irritable Crying Hostile Demanding Acting Strangely Obnoxious	**Behaviors:**	Hostile Throwing Hitting Belligerent Pushing Confused Kicking Suspicious Jabbing Pounding Threatening

Helpful Communication Methods

Technique	Definition	Purpose	Example
Reflecting	Conveying to the upset person his/her expressed thoughts and related feelings.	To acknowledge that the message has been received by the helper.	Upset Person: "This just burns me up!" Helper: "You sound angry."
Clarifying	Attempting to understand the meaning of the upset person's statements.	To reach a mutual understanding and to decrease distortions.	Upset Person: "I don't know why I bother to come here." Helper: "I'm not sure I understand what you mean."
Summarizing	Developing a concise summary of the communication.	To recall important points, promote clarification and to bring discussion to a conclusion.	Helper: "You are upset about your wife, your children, and the time you have spent here."
Informing	Responding to questions with needed information.	To make facts clear and to assist in building rapport.	Helper: "The doctor is in emergency surgery right now and that is why you had the long wait."
Focusing	Concentrating on specific feelings or thoughts regarding a particular point.	To encourage the person to separate relevant data from irrelevant data.	Helper: "You were talking about your wife...", or, "Who told you to ____?"
Straightforward Statements or Questions	Statements of how person looks or sounds. Done matter-of-factly. Followed by an inquiry.	To keep communication open and focus on upset person's feelings.	Helper: "You look sad. What's troubling you?" Or, "You don't seem yourself. What's up?"

Management

	Escalating Person **Supportive & Helpful Communication**	Violent Person **Taking Control & Safety Precautions**
LOOK	Assess the situation	Make rapid assessment
LISTEN	Use appropriate stance/distance Use active listening Allow venting	
INTERACT	Introduce self Acknowledge difficulties Use empathetic responses Allow time for response and feedback Clarify, reflect, focus Apologize	
ACT	Offer help Problem solve/be directive Set short-term goals Consult with others Provide privacy, if appropriate Debrief/therapeutic rapport	Call 911 Identify person in charge Institute plan Take safety precautions (Be aware of space, exits, eliminate harmful objects) Use appropriate stance and distance Speak calmly, clearly, firmly, and simply

Managing An Escalating Crisis

DO	Nonverbal	Verbal	Environmental
	Be observant of potential problems. Pay attention to your stance and use of personal space. Use active listening. Present an empathic attitude. Maintain a person's dignity/self-esteem.	Use a communication framework. Keep tone of voice low and calm. Allow the person to speak freely at first in order to grasp the difficulty. Focus on the specific problem and use problem-solving techniques. Offer choices - no matter how small.	Take the person to a quiet place away from others. Allow room to pace (to burn off energy). Offer something to drink: water, juice, or soft drink. Allow for enough "personal" space so that you or the other person have time to break.
DON'T	**Nonverbal**	**Verbal**	**Environmental**
	Don't touch the person. Don't stand or sit incorrectly. Don't use poor listening techniques. Don't have a negative attitude.	Don't argue, challenge, or react with anger. Don't sound condescending. Don't agree or disagree with distortions of reality. Don't get involved in a power struggle. Don't make promises that you can't keep or have no control over. Don't interrupt, talk too much, or hurry the communication process.	Don't "corner". Don't isolate where help is not available to you. Don't keep the person in a crowded area.

Managing An Escalating Crisis

DO	Nonverbal	Verbal	Environmental
	Know that you may experience fright, frustration, anger, feelings of helplessness, and denial. Look interested and listen attentively. Use appropriate stance and distance. Proceed slowly.	Be matter of fact, do not respond emotionally to the person's statements. In other words, remain objective. Sound confident, calm, and competent, even though you may not feel that way. Be honest and consistent in what you say. Lower the tone and pace of your voice. Hold communication to a minimum. Remember that firmness and control are often calming. Speak in simple, clear terms. Repetition is helpful. Try to refocus attention.	Clear the area. Assist in moving to a more private place. Offer choices to maintain the dignity of the person. ("Would you like to sit here?") Keep extra stimulation away. Allow room for the person to pace (to burn off energy). Always have other staff near you, if possible.
DON'T	**Nonverbal**	**Verbal**	**Environmental**
	Don't touch the person. Don't get too close. Don't turn your back on the person. Don't stare or avoid eye contact altogether. Don't allow your feelings to interfere with your perceptions, judgments, or actions.	Don't talk too much, shout or argue, challenge, react with anger, or interrupt. Don't sound condescending. Don't agree or disagree with distortions of reality. Don't turn the situation into a power struggle. Don't make promises that you can't keep, or you have no control over.	Try not to be alone with the person. Don't place yourself or the person in a small, confined area or back into a corner. Don't choose an area or room which contains anything that may be used for a weapon.