



Pharmacist Spotlight: De-Escalation and Crisis Management

Healthcare Providers Service Organization (HPSO), in collaboration with CNA, has published our *Pharmacist Professional Liability Exposure Claim Report: 3rd Edition*. The report includes statistical data and case scenarios from CNA claim files, along with information on risk management resources designed to help pharmacists reduce their professional liability exposures and improve patient safety.

You may access the complete report, and additional Risk Control Spotlights, at: hpso.com/pharmacistclaimreport.

Violence continues to be a concern in many workplace environments, including healthcare settings such as hospitals, primary care clinics, and community pharmacies. In fact, according to a systematic review and meta-analysis conducted by [Bhagavathula](#) and colleagues, nearly half of pharmacists surveyed reported having experienced some form of violent event in the workplace, including verbal abuse, threats, or assaults. The purpose of this Spotlight is to provide pharmacists with some recommended interventions to assist in responding to a violent crisis and for managing agitated or potentially aggressive patients in the community pharmacy setting.

Preparing for a Crisis

Besides implementing engineering and administrative controls to improve the safety of workplace environments, the most important aspect of crisis management is to plan, prepare, and practice de-escalation techniques and crisis management actions before they become necessary. In a crisis, you will need to respond quickly. Practicing in advance will facilitate a rapid response to the situation and improve the chances for a positive outcome. Training and practice provide the means to regain your composure, recall at least some of what you have learned, and commit to action. A trained individual will be more likely to respond according to the guidance received and avoid denying or ignoring the threat. Know ahead of time how you can keep yourself safe in a variety of crisis situations by understanding the key steps to follow including how to contact security or law enforcement personnel, the route(s) of egress from any given location, and how to discretely signal for help from other pharmacy staff.

For more information, refer to the Occupational Safety and Health Administration's "[Guidelines for Preventing Workplace Violence for Health Care & Social Service Workers](#)."

Situational Awareness and Assessment

Pharmacists and pharmacy personal can evaluate situations for potential danger by assessing patients or customers based on their behaviors:

- **Is a patient or customer alone or in a group?** Is it normal to see one person walking into the pharmacy alone versus seeing a group of three or more people walking in together?
- **What are they wearing?** Is it appropriate for the season or weather? Does it appear that they could be wearing something that looks odd or out of place?
- **Do they appear angry?** Nervous?
- **Do they appear to be in a rush?** Are they running? Or do they seem to be moving very intentionally? Are they fidgeting? Slumped over?
- **What are they carrying with them?** Does it look like they have something inappropriate? Does it look like they have something in their pocket that they're holding carefully?

A number of clinical assessment tools are also available to help pharmacy personnel recognize the aggressive patient, including STAMP (Staring, Tone and volume of voice, Anxiety, Mumbling, and Pacing), the Broset Violence Checklist, and the Modified Overt Aggression Scale (MOAS). While these tools may be designed for use in inpatient or emergency department settings, they can also be a useful reference to help pharmacists learn to gauge patient behaviors and understand warning signs of aggression. It is important for pharmacists working in an outpatient or community setting to watch for verbal and nonverbal signs of anger, dissatisfaction and frustration including:

- Prolonged staring or avoidance of eye contact
- An increase in volume of speaking, speaking rapidly, and/or speaking with a demeaning inflection
- Slurring or incoherent speech
- Talking "under their breath" or criticizing staff just loudly enough to be heard
- Repetition of the same or similar questions or requests
- Flushed, anxious appearance and hyperventilation
- Pacing around confined areas
- Interacting with objects aggressively, such as slamming doors or throwing items

De-Escalation

De-escalation, occasionally also referred to as conflict management, conflict resolution, defusing a situation, or "talking someone down", is a combination of strategies that can be employed to help reduce a patient's anger and aggression. In turn, de-escalation can help prevent acts of violence, enable agitated patients to regain personal control of their emotions, and maintain the safety of pharmacy staff, patients and other customers.

When not in conflict with their facility's de-escalation policies and procedures, pharmacists and pharmacy personnel may wish to consider the following methods and recommendations:

Only one person should verbally interact with the agitated patient. Introduce yourself and explain you are there to keep them safe. Remember that this agitated person may not react the same as you would expect from a normal, reasonable person. If at any point you do or say something that appears to make the situation worse, stop and try another tactic. The goal is to end the discussion with a mutual understanding of actions that will be taken to address the individual's concerns. The following techniques can be used to help defuse an aggressive situation:

- Respect personal space
 - Maintain at least two arm's lengths between you and the patient
 - Both you and patient should be able to freely exit the room or area

- If the patient tells you to get out of the way, do so immediately
- Set clear limits
 - Inform the patient about acceptable behaviors in a matter-of-fact way, not as a threat
 - Limit setting must be done in a respectful way
 - Violations of limits must have consequences
 - Coach the patient on how to stay in control
- Do not be provocative
 - Be empathetic and nonjudgmental
 - Use nonthreatening language, keeping tone and body language neutral
 - Avoid overreacting; remain calm, rational, and professional
 - Give the patient time to respond before providing additional information
 - Allow for periods of silence for reflection
- Repetition is essential – repeat your message until it is heard
 - Offer choices and optimism; propose alternatives
 - Agree with the patient's position whenever possible
 - Ignore challenging questions; redirect their attention to the issue at hand
- Be concise and keep statements or questions simple – identify wants and feelings
 - Acknowledge patient anger or dissatisfaction and show that these concerns are taken seriously.
 - Use active listening. Ask the patient to clarify the issues, and then restate them in one's own words.
Example: "Tell me if I have this right..."
 - While listening, maintain a nonjudgmental attitude, indicated by a neutral tone of voice and open body language.
 - Enlist angry patients in the problem-solving process by asking them for their ideas on how to resolve the issues.
Example: "I really need to know what you expected when you came here. Even if I can't provide it, I would like to know so we can work on it."
- If the situation escalates, without alarming the patient, exit the area and summon help (e.g., "You've certainly raised some tough questions. I'll consult my colleagues to see what I can do.").
- Do not mention police or security to a hostile individual. Instead, immediately request assistance using a prearranged distress signal or silent alarm if a patient appears to be armed, states that he or she is about to lose control, appears extremely tense or angry, makes sexually threatening comments, and/or seems under the influence of alcohol or drugs.

- Immediately report threats of violence. Report threats of violence by either dialing 911 or established internal procedures for reporting threats. If using the telephone to report threats of violence, ideally use a telephone that is out of the hostile person's sight and hearing.

While violence should never be normalized, any pharmacy professional working in a patient-facing role should anticipate that some patients will be disrespectful towards them – it does not matter what “zero tolerance” policies are in place, how professionally and competently the patients are treated, or how efficiently the pharmacy operates. Anyone who has ever worked in a service or other consumer-facing role knows that customer agitation and disrespect may occur. Healthcare is no different. It is also unrealistic to expect patients to always be on their best behavior, as some may be feeling unwell, or at the very least, may be under stress. However, negatively charged attitudes can be mitigated using common customer service tactics to help prevent disrespectful patients from becoming violent. For example, utilizing a “customer is always right” approach with patients who are agitated, even if they may in fact be in the wrong, can help bring down the temperature of the encounter and prevent the situation from escalating to the point that it becomes unsafe.

Effective Communication

Mutual trust and respect are the foundation of the pharmacist-patient relationship, and they must be developed from the first encounter and continuously reinforced. Trust and respect depend in turn upon effective communication, which involves more than talking to patients. It also includes careful and empathic listening; awareness of gestures, posture and other forms of nonverbal communication; and attention to the level of information presented. By consistently utilizing strong communication skills, pharmacy personnel can create a positive first impression and maintain a healthy rapport with patients, thus increasing patient satisfaction, reducing friction and potential misunderstandings.

Deficiencies in communication may be a contributing factor in a patient’s decision to initiate legal action against a healthcare provider following an adverse outcome. Communication problems may include poor listening skills, such as interrupting others in mid-sentence, finishing their sentences or changing the subject abruptly. Another common issue is inappropriate body language, such as fidgeting, glancing around the room, looking at one’s watch or the clock, or otherwise exhibiting impatience. Other negative nonverbal traits include lack of eye contact, poor posture, inattentive or irritated facial expressions, or crossed arms or legs, which may appear defensive to the patient.

Fortunately, good communication skills, including the critical nonverbal aspect of communication, can be learned and improved

through practice. The following communication strategies are designed to help pharmacists and pharmacy personnel initiate and maintain a sound relationship with patients:

- Greet the patient by name while establishing eye contact.
- Display open and relaxed body language, avoiding signs of impatience.
- Use open-ended questions, such as “What can I do for you today?” and “What questions do you have about this medication?” to encourage patients to describe concerns.
- Speak clearly and succinctly, avoiding medical or pharmaceutical jargon.
- Avoid interrupting the patient and limit one’s own talking.
- Turn off or tune out distractions and concentrate intently on what the speaker is saying.
- Clarify key points by asking questions and paraphrasing patient comments.
- Focus on both verbal and nonverbal messages conveyed by the patient.
- Ask patients to restate important information in their own words.
- Make use of other informational tools, such as websites, brochures/pamphlets, photos and models.
- Hold all patient discussions in a private area to maintain confidentiality. If a patient requests private counseling about a prescription or medication, direct the patient to an area where privacy can be maintained.
- End encounters on a helpful and concerned note by asking the patient, “Is there anything else I can do for you today?”
- Notify waiting patients as soon as possible of delays and offer to call them when medications are ready.

PHARMACIST SPOTLIGHTS ON RISK MANAGEMENT

For case studies, risk control strategies and more, see additional Pharmacist Spotlights related to:

- [Defending Your License](#)
- [Documentation](#)
- [Vaccination Safety](#)
- [Policies and Procedures](#)
- [Safety Culture](#)
- [Workplace Issues and Well-being](#)

Visit www.hpsso.com/pharmacistclaimreport



REFERENCES AND ADDITIONAL RESOURCES

- American Academy of Pediatrics. (2010). The Modified Overt Aggression Scale (MOAS). Retrieved from <https://depts.washington.edu/dbpedcs/Screening%20Tools/Modified-Overt-Aggression-Scale-MOAS.pdf>
- American Society for Health Care Risk Management. (Producer). (2024). *Innovative Approaches to Mitigate Violence in Health Care* [Webinar]. <https://www.ashrm.org/education-events/approaches-mitigate-violence>
- Bhagavathula, A. S., Obamiro, K., Hussain, Z., & Tesfaye, W. (2023). Workplace violence against pharmacists: A systematic review and meta-analysis. *Journal of the American Pharmacists Association*, 63(1), 23-31. [https://www.japha.org/article/S1544-3191\(22\)00243-6/](https://www.japha.org/article/S1544-3191(22)00243-6/)
- The Joint Commission. (2019). Quick Safety Issue 47: De-escalation in health care. <https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-47-deescalation-in-health-care/>
- Luck, L., Jackson, D., & Usher, K. (2007). STAMP: components of observable behaviour that indicate potential for patient violence in emergency departments. *Journal of advanced nursing*, 59(1), 11-19. <https://onlinelibrary.wiley.com/doi/10.1111/j.1365-2648.2007.04308.x>
- Occupational Safety and Health Administration (OSHA). (2015). Guidelines for preventing workplace violence for healthcare and social service workers. Retrieved from <https://www.osha.gov/sites/default/files/publications/osh3148.pdf>
- Richmond, J.S., Berlin, J.S., Fishkind, A.B., Holloman, G.H., Zeller, S.L., Wilson, M.P., Rifai, M.A., Ng, A.T. (2012). Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup. *West J Emerg Med*. Feb; 13(1): 17–25. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3298202/>
- Woods, P., & Almvik, R. (2002). The Brøset violence checklist (BVC). *Acta psychiatrica Scandinavica. Supplementum*, (412), 103–105. <https://onlinelibrary.wiley.com/doi/10.1034/j.1600-0447.106.s412.22.x>



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In addition to this publication, CNA and Healthcare Providers Service Organization (HPSO) have produced numerous studies and articles that provide useful risk control information on topics relevant to pharmacists, as well as information relating to pharmacist insurance, at www.hpso.com. These publications are also available by contacting CNA at 1.866.262.0540 or at www.cna.com.

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