



THE AEGIS SYSTEM™

CRISIS PREVENTION AND DE-ESCALATION



aegis noun /E-jis/

1) *The power to protect or support a person or organization*

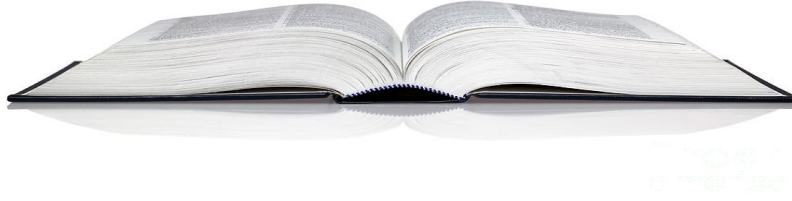


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Note: The word client is used generally to refer to the patient, student, youth, individual, consumer, population served, etc.

PART 1: OVERVIEW

WORKPLACE VIOLENCE (WPV) IN A CLINICAL ENVIRONMENT

Workplace violence (WPV) involves violent behavior in a work environment. This includes verbal/emotional abuse, coercive or threatening behavior, self-harm and physical assault. Violence is any event resulting in physical and/or emotional harm that has the potential to introduce or re-introduce trauma. WPV has the potential to culminate in a sentinel event, which is an incident resulting in death, permanent harm, or severe temporary harm. While WPV may lead to incidents of restraint, it can be mitigated by effective crisis intervention.

In 2010, The Joint Commission (TJC) issued a sentinel event alert that emphasizes the importance of mitigating violence. With extensive data to support their conclusions, TJC identified healthcare institutions, once considered “safe havens,” as being vulnerable to steadily increasing incidents of violence (i.e., crisis) requiring “...vigilant attention and action by safety and security personnel as well as all healthcare staff” (The Joint Commission, 2010).

The safety and frequency of high-risk interventions in clinical environments continues to gain national attention. The occurrence of injuries and sentinel events leads to added scrutiny on day-to-day operations. (Nunno, Holden & Toller, 2006). Complications resulting from the mis-management of crises are far too common. Injuries resulting from physical intervention threaten licensure, accreditation, and may result in criminal investigation. Some insurance companies label complications from physical intervention as “never events” and are denying claims relating to incidents of crisis at an increasing rate.

Beyond the direct financial costs associated with a crisis event, the human cost can be devastating. The acute stress generated by incidents of violence may lead to cognitive dysfunction and/or interruptions that negatively impact focus and performance. Studies have found that 94% of professionals who have experienced violence had some degree of PTSD symptomology (Gillespie, Gates & Berry, 2013). Such symptoms negatively impact work performance and job satisfaction, resulting in regrettable staff turnover. These factors directly impact the general quality of care, operational efficiency, and financial security of any clinical organization.

➤ *Note: The Aegis System™ uses the word “aggression” rather than “violence” in published training materials.*

ECONOMICS OF WPV

The enormous monetary cost of WPV makes the fiscal benefits of prevention undeniable. “The financial cost of reacting to an incident of violence is 100 times more costly than preventative actions” (Papa & Venella, 2013). Proactive organizations choose to re-allocate resources into violence prevention plans that emphasize effective training.

Cost associated with WPV:

- ✓ Direct cost of staff attention to mitigating an incident: Incidents of violence are resource intensive and often require a large staff commitment. A typical 1-hour incident requires approximately 25 action items and, conservatively, 12 hours of overall staff time expenditure to manage, monitor, and mitigate the process (LeBel & Goldstein, 2005). In a notable case study, staff time expended on crisis incidents have absorbed as much as 40% of a psychiatric in-patient agency's total budget for operations (LeBel & Goldstein, 2005).
- ✓ Staff retention issues: Re-hiring and re-training staff results in costly inefficiency. Studies reveal a strong correlation between increased incidents of violence and staff turnover (Paxton, 2000).

- ✓ Decreased job performance and productivity also creates costly inefficiencies as well as quality of care concerns.
- ✓ Subsequent legal expenses: In WPV liability cases, the average jury award was \$3.1 million per person, per incident when the employer failed to take proactive, preventative measures under the 1996 OSHA guidelines (Papa & Venella, 2013). The Supreme Court decision in *Canton v. Harris*: 489-US-378 (1989) provides a further case study supporting the obligation of employers to provide adequate training.
- ✓ Associated medical costs, medical leave, and workers compensation claims.
- ✓ Incidents of violence may negatively affect accreditation, which leads to costly corrective action.
- ✓ Increased insurance premium cost: Complications from crisis incidents may now be considered medical errors. This is significant in that the Federal Government, various State Governments, and private insurers are restructuring their policies on how they compensate for such medical errors. Also, particular incidents (or "Never Events") such as certain sentinel events, may not be compensated under an insurance claim. This increases the exposure for providers.

IMPORTANCE OF TRAINING

Every published set of guidelines, framework, and conceptualization of violence prevention emphasizes training (i.e. OSHA, The Joint Commission, ENA, AONE, VHA). Staff members who gain increased competency and confidence as a result of training are less likely to be assaulted at work and experience less behavioral escalation in their orbit (Infantino & Musingo, 1985; Gertz, 1980; Paterson, Turnbull & Aitken, 1992). Training is the most accessible, economic, and timely preventative measure to eliminate excessive human and financial cost. Investing in training (education) is the single most important way to prevent and better mitigate violence in a clinical organization.

Effective training produces measurable results through performance-based assessment and utilizes evidence-based practices. "Ensuring that healthcare providers have the appropriate education and training to recognize, defuse and de-escalate violent behaviors is essential" (Papa & Venella, 2013). Training is an essential aspect of The Joint Commission Sentinel Event Alert. TJC and the Emergency Nurses Association (ENA) have identified several factors relevant to a lack of training that could interrupt or negatively impact accreditation. Improving training is a significant way to demonstrate quality improvement and investment in violence prevention (see TJC Element of Care 03.01.01).

Not all training partners are the same. Without *effective* training from the right provider, the benefits of training may not be realized. This is an important consideration, given the costs and risks associated with workplace violence.

Some organizations continue the ineffective practice of maintaining a restraint-heavy workplace environment—which is meant to disincentivize aggressive behavior. However, expert consensus and case studies reveal that such an approach is counterproductive. In fact, such methods usually create negative patterns between clients and staff. Each incident that ends in restraint negatively affects a client's ability to co-regulate with staff in the future (Thompson et al., 2008). Put simply, restraints lead to more aggression. Unfortunately, wide spread use of these ineffective techniques continues. However, recent trends have shown that human service organizations are shifting away from these practices. Leading organizations are moving towards greater investment in (non-physical) de-escalation as part of their physical intervention training. This shift towards de-escalation training has both improved outcomes and staff perception of the use of restraint (Thompson, Huefner, Vollmer, Davis, & Daly, 2008; Carter, Jones, & Stevens, 2008).

Organizations that reallocate their crisis prevention training investment to non-physical techniques see the best outcomes. The most effective preventative approach is to train *all* staff in de-escalation. A focus on de-escalation is a proactive approach versus a reactive approach. Reactivity to crisis has plagued stagnant crisis intervention models for decades. A proactive response to crisis is a vital sign of a healthy organization. The chosen de-escalation model should also align with the organization's values and reinforce the organization's philosophy or therapeutic approach (Suess, 2008).

The research is clear: Investing in a systemic training option has shown to be an effective action for reducing incidents of restraint (Nunno, Holden & Leidy, 2003). Investment in systemic training is well highlighted in case-study as being foundational towards better mitigating and preventing the need for high-risk interventions (Carter et al., 2008; Thompson et al., 2008). Ensuring that an investment in training has a positive impact requires a systemic commitment from the top-down of an organization. (Evans, Faulkner, Hodo, Mahrer, & Bevilacqua, 1992). In this regard, investment in staff, via training, becomes an effective quality assurance measure. (Daly & Dowd, 1992).

ADDRESSING MACRO FACTORS WITH TRAINING

The marketplace for crisis intervention training vendors has become increasingly competitive. This competition directly benefits providers who now have more options than ever before. At the same time, these modern market factors require more diligence when deciding which vendor to engage.

The chosen training program should be thought of as collaboration between the training provider and the client, and should take into account all relevant macro factors (atmospherics, data-driven approach, applied framework, relevant policy & procedure, etc.) pertaining to crisis prevention and de-escalation. A collaborative approach requires a consultative type of client engagement.

An important macro factor to consider when engaging a training program is the use of prone restraints. Aegis takes a strong stance against prone (face down) position use and believes that prone floor restraints do not have a place in any clinical environment. The Aegis team has concluded that these types of physical interventions have a much greater risk of injury and death from restraint associated or positional asphyxia. Aegis also takes the position that floor restraints are less legally defensible than other types of physical interventions. The Aegis team believes that those who disagree with this position are not only on shaky legal ground, but their attempts to maintain their outdated models put their client organizations at great risk. The Aegis team has drawn this conclusion from:

1) Exhaustive review of available literature

The following references (see below) are representative of the literature reviewed. The Aegis team is committed to an annual review of available literature.

2) Policy scan / trends in legislative best practices

A recent policy scan conducted by the National Council of State Legislatures affirms this view. For example, prone restraint is essentially prohibited in New England. Maine, Massachusetts, New York, Rhode Island all prohibit the use of prone restraint. Just weeks after the April 2020 incident at Lakeside Academy in Michigan, which resulted in the death of a child, the state signed into law the prohibition of prone restraint and other emergency rules. The death of Cornelius Fredericks was determined to be “sequelae (consequence of) of restraint asphyxia.”

Many other states (CO, CT, FL, IA, MD, MN, NM, OH, PA, TN, VT, WA, WI) now use language that directly, or by way of interpretation, prohibits or guidelines against prone restraint use. Ohio Department of Developmental Disabilities, and many other similar agencies, prohibits the use of prone restraint. The Aegis team has encountered many individual licensing agents or oversight authorities that, even if not specified by state legislature, will not approve individual safety plans/behavioral interventions using prone restraint.

3) Direct experience / review of incidents

Aegis is accustomed to new client integrations where injuries or “near misses” have occurred with other (non-Aegis) techniques. In this context, the verbal disclosure/incident report narratives/video evidence reviewed typically revolves

around complications from floor restraints. While legislative language in California on the use of restraint is subject to broad interpretation (see Education Code 49005.8), many referral sources in California will not send at-risk youth to programs using prone restraint. This is a significant factor for many residential treatment centers in the western region of the United States.

Reasonable misapplication of each specific physical intervention technique, under duress, must be factored. The Aegis team does not believe there is any prone restraint technique available to support a claim that an airway or breathing concern will not be introduced under duress by way of staff applying pressure or bodyweight to a person's breathing apparatus. From past experience, the Aegis team also knows that prone restraint techniques have no way of preventing a person in crisis from using the floor as a weapon against themselves (mainly head thrashing) thus introducing greater risk of injury. The tertiary design of The Aegis System™ mitigates the risk of injury associated with physical intervention starting with the breathing apparatus and then from the head down.

Beyond research, legislation and best practice trends, the Aegis position is further strengthened by a combination of outside kinesics review (by a team of MD's factoring static and dynamic loading) and considerable inside experience with physical interventions.

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ADDRESSING MICRO FACTORS WITH TRAINING

The Aegis System™ emphasizes the importance of addressing macro factors relating to crisis prevention and de-escalation while also recognizing a significant gap in available training solutions that fail to adequately address *micro factors at point of care*. Micro solutions address what occurs between client and staff at point of care to maintain a standard of cooperation and safety. These micro factors are identified and addressed via training. Empowered front line professionals that employ effective solutions at point-of-care is ultimately what prevents the occurrence of violence. These solutions include the ability of each individual staff member to stay calm under duress, to recognize the early stages of crisis, to cultivate rapport with clients, and have an ability to employ tangible de-escalation tools before behaviors escalate (Suess, 2008). These micro solutions help to retain staff by increasing their sense of safety, mitigating potential trauma, and improving performance. Front line professionals that feel competent and satisfied with their job performance have longer tenure. Staff retention is a vital sign of any human service organization.

Training should focus on the early recognition of crisis by encouraging forward thinking, centered on point of care. The ENA has identified factors associated with increased risk of workplace violence including, “lack of *effective* staff training in recognizing and coping with potentially dangerous patients” (American Organization of Nurse Executives, 2014). Violence is never invisible. The early recognition of crisis promotes early intervention. Encouraging early intervention increases the amount of incidents where staff are able to achieve de-escalation and avoid the need for the use of restraint (it’s much easier to bring down a fever when treatment begins at 99.4° vs. intervention at 104°). This is best addressed in training using front-track framing to increase staff’s level of forensic emotional intelligence (The Aegis System™ Introduction) and acuity in non-verbal communication (Aegis Sections 2.0-2.4).

When considering all of the potential elements present in a crisis, intervening professionals are the most crucial variable in the equation. A positive impact will only be achieved when front line professionals are empowered by an effective crisis intervention model. Staff empowerment includes developing a resourceful and ready state, built on a bedrock of confidence. A major component of this de-escalation training is empowering each individual staff member to manage their own stress levels. The research is clear that the response of staff to stress is a significant factor in the outcome of any crisis. Empowering staff to remain calm under duress is best addressed by stress inoculation training (Aegis Sections 1.0-1.3).

An exhaustive literature review and expert consensus affirms that client rapport is the greatest preventer and de-escalator of unsafe behavior. “Rapport points” are like currency in crisis. Rapport is a micro solution when it is leveraged to achieve de-escalation at point of care (Bailey, Mrock, & Davis, n.d.; Intersectoral/Interministerial Steering Committee on Behavioral Management Interventions for Children and Youth in Residential and Hospital Settings, 2001; Masker & Steele, 2004; Paterson & Leadbetter, 1999). The data shows that high frequencies of crisis incidents occur when core staff is absent (sick leave, staff changes, etc.) and rapport with staff was not present (Carter et al., 2008). Rapport building strategies are effective because they encourage co-regulation with staff while supporting self-regulation in clients. A rapport-based approach transcends moments of acute crisis and positively impacts day-to-day client interactions. Rapport aligns with the values of any clinical organization and provides a full buffet of micro solutions, or positive responses, that avoid power struggles and enable effective communication (Paterson & Leadbetter, 1999). The Aegis System™ is a rapport based de-escalation model. Aegis training addresses this with The Crisis 2-Step: (1) Achieve client rapport and then (2) utilize that rapport to ensure that de-escalation is achieved (Aegis Section 3.5).

Choosing effective training and being attentive to staff’s level of confidence in the chosen crisis intervention model combats the problem of avoidance at point of care. Avoidance is a paramount risk factor in client interactions during crises. In many clinical settings avoiding early signs of agitation or escalation in clients is far too common. This factor is more challenging to measure but consensus on its importance is found across a wide spectrum of varying environments such as hospitals and larger in-patient facilities. If staff are not supported by feeling invested in and empowered by the training they receive, they will be more likely to avoid more challenging client interactions. This becomes a barrier to prevention and de-escalation and places challenges in

“someone else’s lap.” De-escalation is everybody’s job as long as there is not an imminent safety threat. This must become a standard competency across the entire organization. Avoidance is best addressed via training in a systemic model that merges non-physical crisis de-escalation with an effective approach to physical intervention. One should not be at the expense of the other and each professional in the organization should have a clear, compartmentalized understanding of both.

PUSHING FOR POSITIVE WORKPLACE CULTURE

A shift in workplace culture may be necessary to reduce the use of restraint and to increase the overall safety climate of an organization. Training should be viewed as a platform to significantly improve organizational culture. “There is a sizeable body of evidence showing that organizations with the mechanisms in place necessary to promoting individual learning are likely both to perform better, and to be happier and more motivating places for people to work” (Shipton, 2004, p. 4). The collective attitude of professionals within the organization towards the population served, commitment to clinical intentionality, and perception of the use of restraint are all important considerations in achieving a positive workplace culture (Stanton and Schwartz, 1954; Paterson, Leadbetter, Miller, and Crichton, 2008).

A negative example would be a “culture of acceptance” which serves as a barrier to prevention (Emergency Nurses Association, 2010). This refers to the collective attitude that violence is a common occurrence and “just part of the job.” In literature, this may also be referred to as normalization. Normalization suppresses staff’s ability to repair after an incident and may serve as a trauma multiplier. This cultural element also leads to under-reporting of incidents, which is far too common in clinical settings. Internal audit reveals that a staggering number of incidents are either un-reported or documented with errors that would make them inadmissible or insignificant under scrutiny. Under-reporting leaves a gap in the data that is typically used to make decisions that impact front line professionals. In high-risk clinical settings across the country, “There is a lack of institutional reporting policies...that is, the employee doesn’t know how to report [incidents of violence]” (Emergency Nurses Association, 2010). Once again, under-reporting is best addressed with training. Effective incident documentation should be addressed within the crisis intervention training model. This portion of training should translate into policy and procedure (Aegis Section 4.14).

AEGIS HAS ANSWERS

The Aegis System™ is a nationally recognized clinical crisis intervention training program that has created a new standard in safety and best practice. The common thread across all client engagements is focus and commitment to mental/behavioral health. Aegis solutions are composed of evidence-based strategies that best prevent the process of crisis escalation from occurring. Aegis has a proven track record across a wide spectrum of human service providers.

The primary focus of the Aegis System™ is on non-physical de-escalation techniques that prevent the need for physical intervention. Aegis is committed to making a positive impact in this regard. This positive impact is measured by a decrease in incidents of restraint, improved staff retention, minimization of complications resulting from crisis incidents and better mitigating consequences of crisis.

The Aegis System™ sets itself apart from other training providers by encouraging prevention, promoting early intervention and providing effective solutions for crisis intervention that are also relevant on a day-to-day basis. Every aspect of The Aegis System™ utilizes evidence-based practices from cutting-edge research, and fills gaps with consensus from an unrivaled team of experts.

While there are multiple factors that affect outcomes, a simple concept rises to the top: *De-escalation is everybody’s job.* Regardless of a person’s role within the organization, attempting de-escalation (when safe to do so) is their job. Aegis training is used as a platform to empower staff and inspire their confidence in crisis intervention. Implementing this standard across an

organization is the single most important way to prevent workplace violence. Aegis will help you implement this concept throughout your organization's culture, from the top down and bottom up.

CLIENT TESTIMONIALS

"I am one of the staff that attended the Aegis training and found it very useful and easier to remember than [a major provider]. I have worked in multiple facilities under different systems and found this to be the most user-friendly. I found the (benevolent) restraints that were part of their system to be much easier to use, less likely to cause injury, and more secure. The de-escalation section of the course was much more thorough than [a major provider] and really emphasized prevention."



"I am really looking forward to incorporating Aegis into our staff training program...I am really grateful for what Aegis is doing for the industry... Aegis has truly created a product that elevates the care of those we serve."



"In my professional experience, I have been trained in, and have used several models in a variety of settings...and now Aegis. Both as an individual working in these settings, and as a trainer and administrator, I can say that Aegis is the best crisis management system I have come across. Based on information from questionnaires and from individual staff feedback, our staff have spoken highly of the change from [a major provider] to Aegis.

This positive feedback is two fold:

1) Compared to [a major provider], the non-physical skills are evidence-based and clinically sophisticated. This information not only focuses on preventing escalation, and early intervention in escalated situations, but focuses on skills for staff to build rapport and empower themselves to prevent escalation from occurring. Staff have left trainings feeling like they should have had this information at the beginning of their careers. Generally, staff feel empowered after learning The Aegis System™, and feel like they can apply the information to their jobs immediately. Front line staff seem to especially appreciate the tools for rapport building and non-verbal acuity, while clinicians have made statements that they intend to use aspects of Aegis as group topics to deliver psycho-educational tools.

2) Staff feel like the physical holds taught within The Aegis System™ are easier to understand, retain, and apply. Staff feel like they are able to recall physical skills in moments of crisis, and especially compared to ____, feel like this is a safer and more effective hold. As a large man trained in ____, I agree with this completely. Any time I was in a hold during a ____ training, and staff became unbalanced, I almost always went down on my face. This has yet to occur during any Aegis training I have been a part of."



"I would like to share with everyone a story of how one nurse made such a remarkable difference with an upset patient...As I was giving a new RN a tour this morning and we witnessed a male patient become upset after receiving news he did not want to hear. Now I don't know all of the details, but am assuming the Social Worker had just notified him that he would be getting admitted to the Adult Inpatient Unit because of a serious suicide attempt/gesture that he had recently made. I heard the patient speaking very loudly with much intensity in his voice. He was adamant that he needed to leave because he was fearful if he didn't show up to his job today that he would be left unemployed with no way of providing for his family. He was in the Adult Unit, pacing by the bathrooms and his non-verbal communication led me to believe that he may potentially become physically violent.

I then watched something *incredible* happen...

The RN providing care in the Adult Unit, approached the patient in a calm and confident manner. She offered to give him his

PRN hydroxyzine for anxiety, but the patient refused saying that he didn't need the medication and that it wouldn't help because the real issue (cause of his anxiety) was that he wasn't feeling "heard". She asked him to step into the quiet room so they could talk. Her communication style conveyed trust, so the patient willingly went into the quiet room. The patient chose to stand and continued to pace as he was talking to the nurse. The nurse was positioned in the doorway so she was safe and had a way out in case he escalated any further. She also positioned herself so that the patient saw he had a way out and wasn't trapped, and she gave him ample amount of personal space to move around and not feel restricted. The nurse was witnessed using active and reflective listening skills and was able to give the patient a chance to be "heard." As he gained control and calmed down, the patient chose to come out of the quiet room and sit in a recliner. The nurse followed the patient and sat in a recliner next to him. She gave him her undivided attention for a least 10-15 minutes, maybe more (we ended up leaving at that point in time to finish our tour). The next thing I know, I see the nurse, along with the PSU CN, pushing the patient in a wheel chair to the Inpatient Adult Nursing Station to be admitted. The Patient was following staff direction and was compliant. The patient had decided to voluntarily sign himself in!

After speaking with the nurse and offering praise and appreciation for her ability to successfully build rapport with the patient and de-escalate him, she stated the patient was able to open up and within minutes share his traumatic history. She gave him the opportunity to recognize and process all of the emotions that he was experiencing... sadness, hurt, disappointment, anxiety, fear, etc.. She had the ability to make a connection with the patient by being nonjudgmental, supportive, and understanding. She was able to "*calm down the horse*" and "*speak to the jockey*" (Aegis everyone!!!). She was able to provide education and help him understand why it was in his best interest to receive further care. She provided him answers and was able to lessen his fear and anxiety and make sense of what was happening.....This is Trauma Informed Care and Aegis in action!"

PART 2: COMPANY INFORMATION

COMPANY PROFILE

Aegis Training Solutions was established in 2014 to deliver The Aegis System™ across the United States and abroad. Aegis is a national training provider with headquarters in Michigan and offices in Salt Lake City, UT. The company is powered by a team with decades of experience mitigating crisis in a variety of clinical settings. The System was built around an overwhelming demand for new answers and better solutions. Aegis meets this demand by providing regular public and private trainings in various locations across the country and by providing online training solutions.

Aegis is focused on Mental/Behavioral Healthcare and has been widely adopted in hospitals across the country. As a nationally recognized training vendor, Aegis aligns with all available guidelines and standards. Many leading organizations rely on Aegis training and consulting to maintain their safety climate. Training is used to make a positive impact by:

- ✓ Utilizing tangible, proven, evidence-based tools to de-escalate crisis
- ✓ Providing a systems approach to encourage early intervention and prevention
- ✓ Creating a platform to positively impact organizational culture
- ✓ Empowering staff to remain calm under duress
- ✓ Translating training into effective policy and procedure
- ✓ Increasing staff retention and performance
- ✓ Safeguarding against the possibility of a sentinel event
- ✓ Coaching staff on how to report and document incidents

AEGIS PHILOSOPHY

EMPOWERMENT

EMPATHY

RAPPORT

SAFETY

AEGIS PHILOSOPHY IN MOTION

[COMMITMENT TO TRAINING + PROGRAM WIDE CONSISTENCY = PREVENTION]

[PERSONAL EMPOWERMENT + RAPPORT = DE-ESCALATION]

[ATTENTIVENESS + ACUITY = EARLY INTERVENTION]

[CONFIDENCE + ↑ CHOICES = EMPOWERMENT]

[PHYSICAL SAFETY = EMOTIONAL SAFETY]

[RESISTANCE = LACK OF RAPPORT]

REASONS FOR TRAINING

- ✓ Staying ahead of best practice
- ✓ Liability insulation
- ✓ Creating organization-wide consistency
- ✓ Safety
- ✓ Increased staff performance
- ✓ Increased staff retention
- ✓ Mitigation of financial consequences

ALIGNMENTS

The Aegis System™ aligns with:

- ✓ The Joint Commission Standards on Restraint and Seclusion
- ✓ The Joint Commission Alignment 1-2011
- ✓ AONE/ENA Guiding Principals
- ✓ CARF Standards
- ✓ Council on Accreditation Alignment (COA)
- ✓ Positive Behavioral Interventions and Supports (PBIS)
- ✓ National Association of Mental Health Program Directors (NAMHPD)
- ✓ US Department of Education Seclusion and Restraint Recommendations
- ✓ Child Welfare League of America (guidelines for best practice)
- ✓ Outdoor Behavioral Healthcare Council Standards

➤ *This is not an exhaustive list of Aegis alignments and does not include alignment with various state regulations. Alignment documentation is available upon request.*

PRESCRIBING BEST PRACTICE

Organizations lean on Aegis to prescribe best practice. Aegis staff monitor the latest trends in legislation and continually analyze documentation, literature and case study. The Aegis team continually engages with clients utilizing The System to aggregate evidence towards reaching expert consensus on best practices. Within The Aegis System™, all aspects pertaining to the

benevolent use of restraint (Section 4: The Protective Use of Physical Intervention) are reviewed annually. Additionally, every facet of The Aegis System™ is experience based. Each intervention and prescribed technique used in The System has proven to be effective under real conditions in a clinical environment. This experiential filter differentiates the Aegis approach.

LEVERAGING EMPIRICAL FINDINGS

The Aegis de-escalation model utilizes evidence-based practices and interventions. For example, the **ABC's** of **DE**-escalation (Section 3.6) utilizes Rational Emotive Cognitive Behavioral Therapy to substantiate the evidence base behind this proven type of intervention (Dryden, 2012; Clark, 2002; Dattilio & Freeman, 2000). The System is also suffused with Emotional Intelligence and evidence-based theories that provide insight into the occurrence of behavioral escalation. References for this research and additional empirical support for The Aegis System™ can be found **within** the reference appendix of this document.

THE PROTECTIVE USE OF PHYSICAL INTERVENTION

The Aegis System™ is geared toward maintaining a baseline of cooperation and preventing the need for physical intervention. However, when the unavoidable need arises, Aegis has physical solutions that align with intervention guidelines issued by various state, federal and private accrediting organizations (Section 4). Physical intervention is a last resort used only when the inescapable need arises and the risk of *not* intervening is clearly outweighed by the risk of intervening. Each technique used must never pose a greater risk than the escalated behavior. Aegis techniques are used exclusively and to the letter, as a safety intervention in response to an imminent safety threat. All of the Aegis physical intervention techniques are classified as benevolent and meet the following levels of acceptability:

- 1) **Kinesics Review:** Each technique is reviewed by a team of doctors. Static and dynamic loading is factored.
- 2) **Experience Based:** The technique has been proven in real conditions.
- 3) **Intervention Guidelines:** Aligns with all available guidelines and standards.
- 4) **Benevolent Intent:** Each technique is designed to provide safety and to enable the continuation of the therapeutic process. Avoidance of any bodily harm is the top priority; this defines the use of the word benevolent.
- 5) **Transferable:** Each technique is determined to be transferable through established methodology for teaching motor skills. *See R.M. Gagne's instructional design model* (Gagne, Briggs, and Wager, 1992; Driscoll, 2000).
- 6) **Margin For Error:** Despite significant measures taken to ensure the fidelity of instructed techniques, there is a margin for error under duress. Incorrect application of techniques under duress is reasonably anticipated.
- 7) **Exertion:** The level of exertion required to achieve and/or maintain each technique is factored.

Each certified professional is educated on the risk of restraint (Aegis Section 4.1) and is expected to maintain reasonable and safety oriented decision-making throughout an intervention. For professionals who are trained and expected to use benevolent restraints, The Aegis System™ utilizes various holds to achieve the Aegis Safety Position™. Aegis holds are arranged in a tertiary design that ensures the application of the least restrictive option.

THE AEGIS SAFETY POSITION™

The Aegis Safety Position™ is a proprietary technique that is revolutionizing best practice. The Aegis Safety Position™ is a seated, manually applied benevolent restraint that is highly adaptable to escorting and standing positions. This technique is easily integrated into any clinical environment and is compatible with hospital beds and other medical equipment. This position safeguards against any type of airway restriction and complications from head, arm, and leg thrashing. The safety and effectiveness of the Aegis Safety Position™ is unequalled and is supported by experience, empirical findings, and precedent in documentation. The Aegis Safety Position™ eliminates the need for prone or supine floor restraints.

Benefits of the Aegis Safety Position™:

- ✓ Compatible with hospital beds and a wide array of medical equipment
- ✓ Eliminates the need for prone or supine positioning (floor restraints) and best mitigates the risk of positional asphyxia
- ✓ Minimally invasive and is a position that offers respect and dignity
- ✓ Not only benevolent, but also appears benevolent to a third party observer
- ✓ Clients de-escalate quicker in The Aegis Safety Position™
- ✓ Minimizes the physical requirements necessary for staff to perform
- ✓ Easily integrated, taught and retained

PART 3: CLIENT ENGAGEMENT

TYPICAL ENGAGEMENT

Aegis utilizes a Train-the-Trainer (TtT) model. Trainer (TtT) Certification empowers key staff members to execute their own trainings and issue staff certifications in The Aegis System™ at their place of employment. This option is typically more economical. Aegis conducts regular TtT sessions across the country and maintains a presence in each region.

A typical engagement usually begins with an initial consultation, either over the phone or in person. This initial discussion is to share information, field questions about The System and get to know the needs of the organization. A brief discussion will reveal which type of Aegis engagement is the best fit and how many Trainer Certifications would be the ideal number.

The Aegis System™ has a tertiary design, which allows for custom-like engagement options without jeopardizing the fidelity of The System. Each of the 4 sections of Aegis translates into a learning module. The De-escalation component is consistent with every client engagement but an organization may choose to have Trainers certified with or without any Physical Intervention component. In turn, Certified Trainers may elect to certify all staff in Physical Intervention, none, or just select staff; depending on the needs of the organization.

Tier 1:	Aegis De-escalation Model (Sections 1-3)		
Tier 2:	Aegis De-escalation Model (Sections 1-3)	+ Escaping Unwanted Contact (escapes and evasive maneuvers, no benevolent restrainer training)	
Tier 3:	Aegis De-escalation Model (Sections 1-3)	+ Escaping Unwanted Contact (escapes and evasive maneuvers, no benevolent restrainer training)	+ Certification in Aegis Holds (benevolent restraint component, full Aegis certification)

ONLINE LEARNING

Aegis also offers an e-Learning edition of the standard Aegis De-escalation Training (Sections 1-3 of The Aegis System™). This course does not cover the Physical Intervention Training component of Aegis (Section 4 classroom, Escapes, and Aegis Holds). There is no online learning solution that meets the performance-based standards of Aegis certification in any physical technique.

The eLearning course may stand alone as a full De-escalation Training for any staff or fit into a blended learning offering that compliments in-person physical skills training by certified Aegis Trainers. Guidelines and Training Scripts for this blended learning are available on the Aegis Client Portal.

SYSTEM INTRODUCTION

Staff will acquire foundational knowledge that the Aegis System™ is built upon. Key aspects of the Aegis approach and strategy for achieving de-escalation will be explored.

- Mission Statement
- System Overview
- Aegis Philosophy
- Aegis Language
- What Will I Be Learning?
- Aegis De-escalation Model
- Core Aegis Principles
- Creating Context...
- Non-Judgmental Approach
- Social Survival
- “The Jockey” and “The Horse”

SECTION 1. STAFF EMPOWERMENT

Staff will learn to manage their own stress levels to mitigate the chance of over reacting or under reacting during crisis intervention. This stress inoculation will allow staff to maintain critical thinking throughout a crisis intervention. Section 1 encourages forward thinking, or front-track framing, around the realities of intervening in crisis.

- 1.0 Introduction to Staff Empowerment
- 1.1 Stress Inoculation
- 1.2 Cognitive Preparation
- 1.3 Managing Triggers
- 1.4 Perspective Taking
- 1.5 Tactical Breathing
- 1.6 Working Off Baseline
- 1.7 Informed Intuition

SECTION 2. NON-VERBAL ACUITY

Staff will learn non-verbal (NV) acuity that will promote the early recognition of crisis. NV acuity will also support non-verbal crisis intervention strategies. This same acuity will also encourage more empathy and increase staff’s forensic emotional intelligence. Staff will learn how to present themselves in crisis, most notably, to maintain a non-threatening presentation.

- 2.0 Non-verbal Acuity In Crisis
- 2.1 Body Language Clusters
- 2.2 Emotion In The Face
- 2.3 Para-verbal Acuity
- 2.4 The De-escalation Cluster

SECTION 3. VERBAL DE-ESCALATION & RAPPORT

Participants will learn how to communicate effectively and achieve client rapport. Achieving rapport is the ultimate crisis prevention and de-escalation strategy. The Aegis System™ is a rapport based de-escalation model. The skills of rapport and effective communication will be applied to verbal strategies that will empower staff with the ability to de-escalate crisis.

- 3.0 Introduction To Achieving Rapport
- 3.1 Applied Empathy
- 3.2 Mirroring & Matching
- 3.3 Insulated Approach
- 3.4 Positive Responses
- 3.5 The Crisis 2-Step
- 3.6 The **ABC**'s of **DE**-escalation

SECTION 4. THE PROTECTIVE USE OF PHYSICAL INTERVENTION

For organizations utilizing benevolent restraint, participants will learn to use specific benevolent restraint techniques arranged in a tertiary design. Staff will be trained to make situation appropriate decisions that employ the least restrictive option to ensure a safe outcome. Participants will also learn post-incident procedures to intentionally report and debrief incidents of crisis.

- 4.0 Introduction
- 4.1 Understanding the Risk of “Restraint”
- 4.2 Moving to Physical Intervention
- 4.3 Intervention Model
- 4.4 Physical Approach

Physical Skills Component

- 4.5 Practicing Physical Skills**
- 4.6 Warm Up**
- 4.7 Escaping Unwanted Contact**
- 4.8 Aegis Holds**
- 4.9 The Aegis Safety Position™**

- 4.10 Duration
- 4.11 Critical Communication
- 4.12 Signs of De-escalation & Releasing
- 4.13 Re-establishing Rapport
- 4.14 Incident Debrief
- 4.15 Documentation

Appendix A: Aegis References

Appendix B: Case Law

Appendix C: Aegis Operational Policy

WHAT TO EXPECT AT A TRAIN-THE-TRAINER

Trainings occur at major hotel space or are hosted by various organizations. Aegis Trainers receive a published training manual at their TtT session as well as access to the online client portal (videos, PowerPoint's, training tools, staff manuals, supporting documents, etc.) upon certification. *Aegis does not charge for staff training materials.*

What to expect at a TtT session:

DAY 1

- 8:30 am
 - ~Participant Introductions
 - ~System Introduction
 - ~Crisis as a Process
 - ~Non-Judgmental Approach
 - ~Social Survival (Emotional Intelligence Applied to Crisis)
- 10am
 - ~Section 1: Staff Empowerment (1.1 - 1.7)
- 11:30am
 - ~Section 2: Non-Verbal Acuity (2.1 – 2.4)
- 1 pm
 - ~ Lunch
- 2 pm
 - ~Introduction to Physical Intervention
 - ~Intervention Model
 - ~Zones of Approach
- 3pm
 - ~Warm Up
 - ~Escaping Unwanted Contact Practice
- 4pm
 - ~Aegis Holds Demonstration and Team Intervention Practice
 - ~Aegis Safety Position™ Demonstration
 - ~Achieving the Aegis Safety Position™
 - ~The Aegis Safety Position™ Practice
- 5pm
 - ~Adjourn

DAY 2

- 8:30 am
 - ~Individualized Approach
 - ~Section 1 Q&A / Wrap Up
 - ~Section 2 Q&A / Wrap Up
 - ~ “An Incident at a School” Video Review/Case Study
- 10 am
 - ~Section 3: Verbal De-escalation & Rapport
- 1pm
 - ~Lunch
- 2pm
 - ~Incident Documentation and Reporting
 - ~Warm Up
 - ~ Escaping Unwanted Contact Practice
- 3pm
 - ~ Aegis Holds/ Team Intervention Practice
 - ~Achieving the Aegis Safety Position™ Practice
 - ~Aegis Safety Position™ Practice
 - ~Signs of De-escalation and Releasing
- 5pm
 - ~Adjourn

DAY 3

8:30 am	~Welcome Re-certifying Trainers ~New Trainer Presentations (<i>review of de-escalation model</i>)
12pm	~Bringing Aegis Home ~Using the Aegis Client Portal
1pm	~Lunch
2pm	~Escaping Unwanted Contact Practice and Evaluation
3pm	~ Aegis Holds Practice and Evaluation ~Achieving the Aegis Safety Position™ Practice and Evaluation
4:30pm	~Signs of De-escalation ~Incident De-Brief ~Documentation
5pm	~Adjourn

CERTIFICATION

Aegis certifies Trainers at regularly held TtT sessions across the country. The intention of the TtT certification program is to provide an economical and performance based solution for integration that maintains the fidelity of The Aegis System™. Initial Trainer Certification is a 3-day commitment. Immediately following training, watermarked certificates are mailed to each Trainer's place of employment. Key contacts and Aegis Trainers will receive a timely follow up e-mail including login details for the Aegis Client Portal.

AEGIS CLIENT PORTAL

The Aegis Client Portal is an online solution to support Aegis certified Trainers and is accessed via the Aegis website (theaegissystem.com). Included in the portal are videos, staff handouts, supporting documents, training supports and PowerPoint presentations that are designed to assist Trainers in conducting their own staff trainings and managing their own staff certifications. Each Trainer is instructed on how to use the portal at the TtT session. All of the materials that Aegis Trainers need to execute their own trainings are either in-hand within the Aegis Trainer Manual or a few clicks away in the Aegis Client Portal.

IN-HOUSE TRAINING

Aegis regularly conducts in-house or private trainings at various agencies. The format is flexible and private trainings allow Aegis master instructors to meet the individual needs of various organizations. Larger organizations often find it more economical to certify their Trainers on-site. Enthusiastic clients may choose to host a regularly scheduled training and welcome other organizations to their facility.

RE-CERTIFICATION

Aegis Trainers and certified staff complete their certification on an annual basis. Trainer Re-certification is a 1-day commitment. In most states (Utah is an exception) there is a 2-3 month buffer for re-certification. Aegis maintains a regular presence in all client geographies to facilitate the re-certification process. Aegis Instructors look forward to interacting with Trainers on an

annual basis. Aegis utilizes an engaging format for re-certification to ensure quality and keep Trainers passionate about what they're teaching.

COST STRUCTURE

New Trainer Certification is \$899 (3 day commitment). Trainer re-certification is \$449 (1 day commitment). The public Training schedule is always posted on the home page of theaegissystem.com. Aegis does not charge for staff certifications or staff training materials. Access to the Client Portal is included.

For private in-house Trainings, there is a 15 Trainer minimum for each session and a base fee is applied to the Training fees. Aegis will maintain an organization's Trainer certifications on-site, in perpetuity, at a 15 Trainer minimum. Any combination of new Trainers and Re-certifying Trainers counts towards the 15 Trainer minimum (Re-certs join on the 3rd day of the new TtT program).

PART 4: MAXIMIZING INTEGRATION

8-STEP SUGGESTION FOR AEGIS INTEGRATION

When engaging The Aegis System™, it may be timely to evaluate the inner-workings of your organization. An organization must know its vital signs to maximize integration. The National Technical Assistance Center for State Mental Health Planning's publication of six core strategies for positive cultural changes that reduce the need for the use of restraint is incorporated below (Huckshorn, 2005). The following points are also influenced by Suess's (2008) "Lessons Learned From 30 Plus Years of No Physical Intervention." This 8-step format is a product of knowledge gleaned from many successful Aegis integrations. It is not an exhaustive framework for integration, but a helpful starting point for thinking seriously about engaging The Aegis System™.

STEP 1: CREATE A COMMITTEE

Establish a multidisciplinary group that includes leaders from various areas of the organization. The effectiveness of this body of leadership will determine whether or not positive cultural change will occur. The overall vision and action plan for positive change is spearheaded by leadership. Leadership needs to own the macro factors that will determine whether a positive impact is achieved. From a macro perspective, leadership's ability to clearly define the model of care and demonstrate their experience with that model will have a significant impact. While organizing this committee, it may be timely to assess internal expertise. Front line professionals that have tenure with the organization can often feel underutilized. Including such staff in the committee may contribute greatly to the conversation.

STEP 2: ESTABLISH A CLEAR GOAL

With this committee, clearly identify a tangible goal with an established timeline (i.e. cut restraints in half and eliminate injuries within two years). Level set this goal to the population served vs. comparison to other organizations. This may be the time to clarify the organization's definition of restraint. There is no consensus in literature or various state and federal guidelines, so it is prudent that each organization establishes their own definition (which may come from the chosen training vendor). It may be necessary to articulate a distinction between manually applied restraints vs. chemical restraints vs. mechanical restraints and align this definition to state regulation and accreditation standards (if applicable). It should also be clear what an "escort" is and seclusion should not be lumped into the definition of restraint.

STEP 3: COLLECT AND REVIEW AVAILABLE DATA

Process all incident reports and available data pertaining to incidents of restraint and near misses. Be sure *not* to look at frequency of incidents by itself but across the number of different clients. Also look for correlations in rates of staff turnover to trends in incidents of restraint. It may be prudent to do surveys and/or meet with key staff to gather information. Allow staff comments to stimulate future discussion. Include input from the population served, parents, legal guardians and members of the greater community. It is suggested for organizations to have separate incident forms pertaining to the use of restraint vs. general critical incident forms that can skew data and make review more challenging. Establishing a baseline with data collection will become a necessary starting point to track progress.

Metrics to consider:

- Number of physical interventions used, organized by type per each department or area
- Number of injuries to clients and type
- Number of injuries to staff and type
- Number of workers compensation claims/days away from work
- Property damage resulting from incidents of restraint (*Note: Monetary figures should never be used to justify the use of restraint; property damage must directly result in a safety concern for physical intervention to be considered an appropriate response*)
- Injuries to bystanders or others involved in the incident that were not restrained
- Number of non-physical interventions where de-escalation was achieved that could be categorized as a near miss

STEP 4: ASSESS AND CONFRONT POTENTIAL BARRIERS

Anticipate micro barriers at point of care and macro barriers across the organization. Plan to confront these barriers while pushing for positive change. Factor the contagion effect while taking this initiative. Lean on internal resources and consult with the chosen training vendor to confront potential barriers. Assess:

- Limits to financial resources
- Limits within the physical space of the facility (such as limited access to stimulus-reduced space when escalated)
- Operational limitations on the ability to provide staff with autonomy
- Staff to client ratios
- General barriers within workplace culture:
 - Absence of a pro-active approach to crisis and/or reactivity to clients
 - Lack of client rapport
 - Lack of cohesive staff teams
 - “Because I said so”
 - Consistent power struggling with clients
 - Excessive staff burnout
 - Client vs. staff dynamics
 - Lack of positive regard for clients
 - Excessive “street language”
 - De-personalizing language (as a mechanism to maintain emotional barrier between client(s)/staff and amongst colleagues)
 - Avoidance of or failure to follow through with individualized client support plans
 - Lack of positive reinforcement of clients (Friman, Jones, Smith, Daly, & Larzelere, 1997)
 - “Code of Silence” or “report at your own risk”
- Resistance to change, which may correlate to staff tenure and create a contagion effect with:
 - Early adopters excited about change
 - Neutral staff
 - “Laggards,” whose resistance to change may be overt or covert (Barwick, Boydell, Stasiulis, Ferguson, Blasé, & Fixsen, 2005)
- Collective attitude towards restraint, current CI model and current P&Ps pertaining to crisis
- Collective attitude towards population served

- Ability to implement and maintain consistency with individualized support planning, which is significant towards reducing the number of restraints and critical incidents and may include:
 - Individual client history addressed in a check-list fashion
 - Additional risk factors flagged, such as, but not limited to: physical health, prescribed medications (such as lithium), trauma history, pertinent psychological history, current diagnoses, etc.
 - De-escalation strategies may be prescribed in context specific to the individual (i.e. gearing strategies more towards co-regulation or self-regulation)
 - Supervision interventions and/or manipulation of staff ratios and gender specificity in relation to individual clients
 - Physical intervention may be prescribed in context specific to the individual (i.e. which level of hold is appropriate; another great intention of having holds arranged in a tertiary design)
 - Plans to manage the duration of an incident specific to the individual client
 - Clinical observation/report/shift change notes from staff that include trends in behavior (i.e. seeking behavior or patterns of behavioral escalation at specific times of day or staff changes)
 - This individualized support plan may be communicated to parents or legal guardians for input and buy-in
 - Individual support plans for clients that have been held in restraint should look different from those that have not

STEP 5: EVALUATE POLICY AND PROCEDURE

Identify which staff are to be trained in physical intervention (vs. de-escalation only) and what the ratio of hours spent on de-escalation vs. physical intervention should be (1 to 1 is a bare minimum). The chosen de-escalation model should be thought of as a common thread across the organization, but not all staff need to be trained in physical intervention. Deciding which staff are to be certified in the use of restraint is a weighted decision that may impact outcomes. For example, in some environments, having everyone trained in the use of (benevolent) restraint may increase the safety climate. In other environments, having select or more experienced staff trained in the use of (benevolent) restraint may do more to encourage de-escalation and lessen the frequency of hands on incidents.

Some diligence may be required to make sure training is in alignment with existing P&Ps. The chosen vendor should be able to support this process. Eliminating grey areas in policy will be helpful towards better mitigating incidents of crisis. P&Ps may need to be adjusted to better align with individual support planning. Increased scrutiny of incidents from the most senior level of the organization is encouraged, which reinforces the reality that each restraint is important.

Maintaining adequate client to staff ratios is important as case study has revealed a correlation between this and the frequency of critical incidents (Friman, Jones, Smith, Daly, & Larzelere, 1997). Inadequate staff to client ratios will likely increase the number of incidents and resulting complications. It may be timely to look at hiring practices from recruitment to pre-hire staff training. Some organizations experience positive results by investing in significant staff training before staff has any client contact. It is strongly encouraged to draft policy and procedure that empowers front line staff with decision-making capabilities within the operational structure provided. This is needed to maintain adequate responsiveness during crisis and to provide staff with the autonomy needed to prevent behavioral escalation. When staff believe they are restricted by explicit or implicit time/cost limitations, they become hyper focused on control of clients and ensuring their compliance vs. clinical support. This leads to coercive interventions and reactive staff behavior. This dynamic increases power struggles and conflict that leads to more frequent incidents of behavioral escalation. Furthermore, staff caught in this dynamic are more likely to turn-over (Thompson et al., 2008; Carter et al., 2008).

STEP 6: PUBLISH THE PLAN

Summarize and outline the plan with a firm timeline in place. Publish the plan in hard copy or digital form. Distribute to all staff to formally roll out this initiative. Open up lines of communication with staff that values their input without framing staff involvement as an evaluation of the decision to initiate change.

STEP 7: PUT THE PLAN INTO ACTION

Execute your initial round of trainings in as short a time frame as possible. Plan to complete initial staff trainings in separate areas or quadrants where staff are more likely to be doing team interventions together. Complete these areas/quadrants as stepping-stones, before moving on to other areas. Anticipate staff refresher trainings down the line.

Creative thinking often reveals ways to maximize time committed to training. Breaking training into modules or highlighting certain aspects at staff meetings or in-services has proven to be effective in some organizations. Create space for mandatory and/or elective practice times for staff to meet with certified Aegis Trainers to practice techniques, review de-escalation strategies and talk constructively about concerns from point-of-care.

Some organizations have experienced great success with redefining aspects of their clinicians' role (LPC's, psychologists, etc.) to include more staff development. This provides more "behavior specialists" on site and encourages investment in staff development. Skilled professionals feel like they have more command over the situation at hand and are less likely to compensate or react negatively (Suess, 2008).

Training, through the lens of workforce development, should be thought of as a platform to maintain the model of care. Investment in training is a measure to ensure quality and employee satisfaction. Interaction with staff in the classroom or training space maintains supervision of staff. Crisis intervention training is an opportune time to evaluate competencies and further staff development with a strength-based approach.

STEP 8: MONITOR OUTCOMES AND INVEST IN DEBRIEFING

Continue to review data and respond to trends. Identify milestones for formal review. A positive impact should be trending after the completion of staff training, but it may take longer to see empirical results. One to three years is a safe window, depending on the environment. Investing in a more formalized debriefing process is an effective way to monitor outcomes and better mitigate critical incidents.

Using effective debriefing techniques after each incident encourages the psychological repair of everyone involved. Supportive debriefing is an opportune time for leadership to strengthen their rapport with staff. Debriefs also present an opportunity to coach staff and encourage their professional development through critical incidents. It is safe to assume that a staff person's confidence in their ability to intervene will only be positively or negatively reinforced by the incident that transpired; this may significantly impact future outcomes and post-incident procedure should be attentive to this.

Effective debriefing is part of utilizing assessment and prevention tools. Policy & procedure must be in place to detect abusive or negligent practices and ensure immediate responsiveness with corrective action. Such P&P may be placed within the debriefing process. Debriefing, in combination with incident reporting, is the primary way that data is aggregated. Over-reporting and over-communicating any incident, or near miss, should be commonplace across the organization (Thompson et al., 2008). This ensures

there is data available to inform practice. Data collection and responsiveness to trends in data is a vital sign of effective organizations.

REMEMBER

Each person is unique

Every restraint is important

Agency culture is a critical factor

Approach to crisis needs to be data-driven (Carter, Jones & Stevens, 2008)

ALIGNMENT EXAMPLES

AONE/ENA Mitigating Violence in the Workplace Guiding Principals	
(Highlighted) Priority Focus areas:	
“Respectful communication, including active listening”	<p>Effective communication is a critical element of the Aegis System™. The Aegis foundation (intro) includes a non-judgmental approach that ensures a baseline of respect and dignity to all. The Aegis phrase for active listening is <i>reflective listening</i> which is a proven approach in crisis de-escalation (Section 3.1).</p> <p>Section 2.1: Applied Empathy and Reflective Listening. When empathy is achieved it has an overwhelmingly positive impact on the communication process. Non-Verbal Acuity (Section 2) has a positive impact on the ‘communication feedback loop’ and enables communication in crisis.</p>
“Top down approach supported and observed by an organization’s board and C suite”	Typical Aegis engagement mirrors this focus area as Aegis engages organizations from the top down; creating organization wide consistency from inception. The Aegis System™ Instructor manual clearly defines the organization wide approach to de-escalation and violence mitigation.
“Policy is clearly understood and equally observed by every person in the organization”	The Aegis System™ is very effective in mitigating the “grey areas” that revolve around managing violence and de-escalating crisis. The relevant aspects of the Aegis System™ are typically integrated as standard Policy and Procedure, thus creating consistency across the organization. Aegis consults with each client to ensure the P&P’s revolving around crisis are clearly defined and understood by all.
Essential elements of training on workplace violence	
“Organization and personal readiness to learn”	Aegis trainings are typically met with open arms. The current perception of safety by nurses at work and the remarkably high incidents of assault consistently create an open and receptive learning environment. Additionally, Aegis maintains an engaging, active and helpful approach to training that promotes high-speed learning and retention.
“Readily available, evidence-based and organizationally supported tools and interventions”	The Aegis System™ is an evidence-based model. Aegis training, client supports and online tools make The System readily available to all members of any organization. Having Aegis certified Trainers and training tools (such as the Aegis Client portal) make Aegis training and supporting materials (manuals, hand-outs, media, Power Points, supporting documents, etc.) available to every member of the organization.
“Skilled/experienced facilitators who understand the audience and specific issues”	The Aegis Train the Trainer (TtT) model assures the training and certification of experienced facilitators. By nature, each organization selects key staff to become certified, therefore ensuring audience specific delivery of the Aegis System™. Aegis has many supports and performance based measures in place to assure the quality of each certified Trainer.
“Training on early recognition and de-escalation of potential violence in both individuals and environments”	Early recognition is a specific focus area that distinguishes the Aegis System™. Early recognition plays a key role in empowering front-line care providers with a sense of safety and confidence (Sections 1.1, 1.2, 1.7, &

	1.8). It also ensures an appropriate response (vs. reaction) and early intervention. In large part, the intention of Section 2 (Non-Verbal Communication Skills) is to promote this recognition and empower staff to interpret specific cues that indicate escalation. From this point of early recognition, the care provider is empowered with numerous, evidence-based tools to de-escalate the situation (Sections 3.1, 3.7, 3.12, & 3.13).
“Health care specific case studies with simulations to demonstrate actions in situations of violence”	Aegis instructors have decades of relevant experience and every facet of the Aegis System™ is examined through an experiential filter. This results in experiential role-play and scenario based training (with utmost concern for safety). Real world examples are used constructively at training and woven throughout the entire system. Aegis also provides references to real world case study and legal precedent.

ENA Position Statement (2014)	Aegis Alignment
1. Emergency Nurses are at significant occupation risk for WPV	Accepting the possibility of crisis is key to remaining calm and responding appropriately (Sections 1.1, 1.2, & 1.3). Forward thinking around exposure to violence is the first step toward prevention and effective mitigation.
2. The mitigation of WPV requires a ‘zero tolerance’ environment instituted and supported by hospital leadership	Typical Aegis engagement mirrors this position as Aegis engages organizations from the leadership and down, creating organization wide consistency from inception.
3. Emergency nurses have the right to personal safety in the work environment	This position is a cornerstone of the Aegis philosophy. Aegis trains professionals in early recognition and physical escape, protective and defensive techniques (Clinical Personal Protection, Section 4.3) to empower nurses with confidence in safety.
4. Emergency nurses have the right and responsibility to report incidents of violence and abuse to their employer	Aegis training positively impacts organizational culture by educating staff on how to document an incident and why it is important (Sections 4.9 & 4.10).
5. Emergency nurses have the right to education and training related to the recognition, management, and mitigation of WPV	Aegis has trained countless professionals in recognition, management and mitigation of workplace violence
6. Emergency nurses have the right to expectations of privacy, appropriate injury care, and the option for debriefing and professional counseling	Included in Aegis training is incident de-briefing with concern for confidentiality and constructive approaches and resources for post incident self-care. Aegis consulting in this area is often adopted (and translatable) into Policy and Procedure.
7. Protection against acts of violence include effective administrative, environmental, and security components	The Aegis System™ is consistent and relevant to each of these components

Guidelines for Preventing Workplace Violence for Health Care and Social Workers-OSHA 3148-01R	Aegis Alignment
“...Frequent training can (also) reduce the likelihood of being assaulted. The training program should include all employees including supervisors and managers”	Aegis Trainers and professionals trained in the Aegis System™ maintain their certification per best practice guidelines that dictate the most appropriate frequency of training with respect to cost. Aegis training is relevant to all members of an organization.
Training should cover (highlighted) topics such as:	

Risk factors that contribute to assaults	Aegis identifies a number of risk factors that may be present in a general clinical environment and also discusses risk factors specific to hospitals and EDs at length (Sections 4.1 & 4.2)
Early recognition of escalating behavior or recognition of warning signs or situations that may lead to assaults	Early recognition is a specific focus area that distinguishes the Aegis System™. Early recognition is key to empowering front-line care providers with a sense of safety and confidence (1.1, 1.2, 1.7, & 1.8). Early recognition also ensures an appropriate response (vs. reaction) and early intervention. In large part, the intention of Section 2 (Non-Verbal Acuity) is to promote this recognition and empower staff to interpret cues that indicate escalation.
Ways to prevent or diffuse volatile situations or aggressive behavior	Aegis empowers the care provider with numerous, evidence-based tools to de-escalate volatile situations (Sections 3.1, 3.7, 3.12, & 3.13). Aegis excels at promoting prevention through early intervention, acuity and providing psycho-educational tools that maintain a level of rapport and cooperation that prevents the occurrence of violence.
A standard response action plan for violent situations	The Aegis System™ training, in conjunction with the Aegis Intervention Model, translates into the standard response action plan for violent situations.
Ways to deal with hostile people other than patients or clients, such as relatives or visitors	In addition to empowering staff with the ability to achieve rapport and apply evidence-based de-escalation interventions, Aegis highlights cultural attentiveness training that is specific to mitigating escalated situations among the relatives and visitors of patients
Progressive behavior control methods and safe methods to apply restraints	The Aegis System™ is creating a new standard in safety with progressive, benevolent restraint techniques and training. Specific solutions such as the Aegis Safety Position™ are being penciled in as best practice across the United States and abroad. These techniques are an excellent fit for traditional hospital settings. Aegis techniques are compatible when transitioning a patient into a mechanical restraint and are also compatible with a host of medical equipment such as hospital beds, wheel chairs and monitoring equipment. Aegis techniques are classified as benevolent and they also <i>appear</i> benevolent to an onlooker (such as a member of a patient's family) who does not have professional training in such techniques.
Ways to protect oneself and co-workers	Clinical Personal Protection (CPP) is a consistent component of all Aegis training. In addition to sophisticated training in non-physical skills, Aegis utilizes CPP to evade and escape unwanted contact.
Policies and procedures for reporting and record keeping	Aegis includes formal training on producing incident reports and identifying the proper method of signature.
Information on multicultural diversity to increase staff sensitivity to racial and ethnic issues	Information and helpful intervention strategies for multicultural issues is highlighted in Aegis training.

The Joint Commission Sentinel Event Alert (highlights)	Aegis Alignment
<p>(Violence) Contributing Factor:</p> <p>“Noted in 62 % of the events...problems in areas of policy and procedure development and implementation”</p>	<p>The Aegis curriculum is written to translate into policy and procedure. Aegis has refined the process of integration across many client engagements and guarantees a streamlined and cost effective integration. Aegis consultants provide complimentary support with incorporating The System into relevant policy and procedure.</p>
<p>(Violence) Contributing Factor:</p> <p>“HR-related factors, noted in 60% of the events, such as the increased need for staff education and competency assessment process”</p>	<p>Aegis is incorporated around the need for staff training (education). Every professional certified in The Aegis System™ must pass a competency-based assessment to receive his or her certification. The process of maintaining certification is consistent with these competency-based measures.</p>
<p>(Violence) Contributing Factor:</p> <p>“Assessment, noted in 58% of the events, particularly in the areas of flawed patient observation protocols, inadequate assessment tools, and lack of psychiatric assessment”</p>	<p>Aegis excels at empowering staff to recognize, assess and respond appropriately to violence. Violence is never invisible; the variable factor is whether a person has the training and acuity to observe pre-incident indicators. Professional training in non-verbal communication observation, forensic emotional intelligence and risk factors relevant to the ER is the recipe for early recognition and assessment. Aegis was born in mental/behavioral healthcare, which has proven to be an excellent fit for empowering staff to mitigate issues arising from psychiatric concerns.</p>
<p>(Violence) Contributing Factor:</p> <p>“Communication failures, noted in 53% of the events, both among staff and with patients and family”</p>	<p>The Aegis System™ is built around effective communication. Aegis trains professionals in evidence-based practices with focus on verbal and non-verbal communication channels. Aegis provides a systems approach to non-verbal and para-verbal intervention strategies (2.9 & 2.10) and verbal interventions (3.1, 3.9, & 3.11) that are proven to de-escalate violence</p>
<p>“There are many steps that organizations can take to reduce the risk of violence and prevent situations from escalating”</p> <p>(Such as)</p> <ul style="list-style-type: none"> • Techniques for identifying potentially violent individuals • Violence de-escalation tools that health care workers can employ • Violence management training 	<p>Identifying the potential for violence in an individual is a specific focus area that distinguishes The Aegis System™. Early identification is key to empowering front-line care providers with a sense of safety and confidence (Sections 1.1, 1.2, 1.7, & 1.8). Early recognition also ensures an appropriate response (vs. reaction) and early intervention (1.3). Aegis identifies risk factors specific to the hospital environment and ED (Section 4 Aegis RN/LPN). In large part, the intention of Section 2 (Non-verbal Communication Skills) is to promote this recognition and empower staff to interpret specific, evidence-based cues that indicate escalation (2.4). From this point of early identification, the care provider is empowered with numerous, documentable, evidence-based tools to de-escalate the situation (Sections 3.1, 3.7, 3.12, & 3.13).</p>

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