

Medical Control Guideline: VERBAL DE-ESCALATION (ERASER MNEMONIC)

Ref. No. 1307.2

E	Eyeball the patient	Evaluate the patient from a safe distance. Survey the scene and ask about weapons or other features that make the scene unsafe. Decide if Law Enforcement (LE) is necessary (if in doubt err on the side of caution). Are there signs that the patient will not respond to verbal de-escalation?
R	Respect the Patient's Space	Patients may escalate when there is intrusion into the personal space. EMS personnel should maintain a respectful distance while being aware of escape routes should the patient become violent.
A	A single member of EMS personnel does the talking and builds rapport	Establishing rapport is critical. With multiple EMS personnel on the scene, a single individual should be charged with talking to the patient. The EMS personnel charged with this task must remain neutral, and not become "emotionally involved" in the patient (such as becoming angry, irritated, or frightened of the patient). <ul style="list-style-type: none"> • State your name and position, offer your help. • Be genuine and honest. • Use a calm, reassuring, and helpful voice, and a neutral expression. Be concise in your questions, statements, or instructions. • Give the patient time to respond.
S	Sensible Listening	Often patients want to be heard, and people who are upset or confused generally want a way to resolve the issue. Help them find a "way out" if it is reasonable. Try to understand what the patient wants. Show a willingness to calmly listen to the patient, without necessarily reacting to demands. This step can result in re-escalation of agitation if EMS personnel becomes emotionally reactive, angry, frightened, or frustrated. Other EMS personnel may need to step in and continue if this happens.
E	Establish expectations and set boundaries	Boundaries should be set with the patient about behavior that will not be tolerated, consequences of actions, and what the patient is likely to expect. It is important to be clear but avoid using language that can sound intimidating or threatening. <ul style="list-style-type: none"> • For example, "You may not threaten people, it is our job to make sure everyone stays safe." "We need to make sure that you are ok, can we check your vitals and ask you some questions." "Unfortunately, we are worried that you cannot make informed medical decisions because you are intoxicated. We are going to take you to the hospital so you can be treated for your injuries." • Give specific instructions such as "can you please sit down so we can talk", "can you put down your bag". Avoid generic directives like "calm down" or "relax". • Provide a clear warning to the patient about the need to ensure the safety of both the patient and EMS personnel and public. Warn that restraint, or medications will be given as necessary, but as a last resort.
R	Reasonable choices are given to the patient	By retaining some degree of control, many patients will comply with direction if given reasonable choices. For example, EMS personnel could say, "would you like to walk over to the ambulance and sit on the bed inside, or do you prefer we bring the bed over here for you to sit on?"