



When thinking about weapons it is important to think about things in the workplace that can be used as weapons. In our settings many **daily work items** can be used against us as a weapon, such as the three hole punch some have on their desks, family pictures in large and heavy frames, letter openers, paper weights, long phone cords, heavy coffee mugs, computer equipment and on and on and on. In clinical units many **medical devices** can be used as weapons and staff must be aware of the potential.

An effective teaching technique is to **share experiences** you have had regarding weapons in the workplace and encourage your participants to share their experiences. For example, one situation involved a suicidal patient entering the ER with a live rattlesnake.

The patient planned on allowing the snake to bite his neck. Staff eventually got the patient and the snake into the parking lot where police and security were able to take the snake from the patient. Consider what could have happened had the snake bite the patient and then became loose in the ER!

It is also important to stress to staff that **staying calm** during situations that involve weapons will always better serve them, fellow staff and patients. Also – **knowing your system and the expectations** your client or patient may help you resolve the situation. For example, an ER physician was interviewing a patient in a small treatment room when the patient pulled a knife and forced the physician to write several prescriptions for various narcotics. The physician quickly decided to comply with the request---only asking the patient if he preferred to have name brand or if a generic brand would suffice. When the prescriptions were completed the physician handed them to the patient and explained that the patient would need to take them to the pharmacy to be processed and it would be approximately 30 minutes before his name would appear on the screen indicating he could pick up the medications. The patient explained he was very familiar with the process and left the ER. The physician called VA police, explained what had just happened and provided a description of the patient. The patient was arrested without incident by VA police at the pharmacy.

Given recent events in our nation each staff member must be **vigilant** in their observations of patients and visitors with regard to potential weapons. Understand that with some of our patients having a weapon on their person may be a significant part of their culture. In some cases this is true of patients who live in less than stable situations. For example, some homeless people will have some type of weapon they use for personal protection.

Not all patients that have weapons while at the facility are planning to assault staff. In most cases patients forgot to leave the weapon at home. Staff often has to point out to patients that having a weapon on VA property is not allowed.



Let us look at **the most lethal weapon, a gun**. In the personal safety section we learned that there are two types of attacks: a strike and a grab. A gun obviously is a strike. We learned how to defend against a strike: put something between the striking force and the target, change direction of the striking force, and remove the target. These defense techniques might work with less lethal weapons; however, with the strike of a bullet the speed is instantaneous. It is therefore impossible to put something between it and you, and definitely impossible to change direction. Removing the target is usually out of the question as well. So what is our defense?

If we understand the reason a patient might use a weapon we have a beginning defense. If the patient is angry and decides he will shoot the first six people he sees, there isn't much defense. Fortunately that is rarely the case. Usually, the patient will use a weapon to get your attention to force you and your bureaucracy to meet his needs. Patients often feel frustrated when dealing with large agencies and feel helpless and unimportant. A gun, however, makes him very important, at least for the moment. For staff, it's like a crash course in empathy as you care more about this patient than anyone else you know.

Ironically, it's empathy that will probably save your life. It's important for you to remain calm and convey a true sense of compassion for this individual's needs. During this time you will want the person to believe that you are there to help. If your words cannot convey a sincere willingness to be helpful, then your risk of injury becomes great. This is important to remember, because in general, if you are not viewed as an empathetic individual by patients, you probably won't be believable during a crisis if you suddenly become compassionate.

A patient with a weapon is obviously losing control, and it is imperative that you remain calm and in control. If you begin to escalate or panic, you will probably cause the patient to escalate and increase your risk for injury. All persons with whom I've talked who have had a weapon pulled on them, report that they maintained a calm approach when interacting with the patient. Immediately following the incident and for the next day or so they collapsed emotionally, but during the interaction they somehow remained calm.

Another important point to remember is never reach for the weapon, even when you think the patient may be ready to give the weapon up. Always attempt to make the weapon less lethal. First you may simply ask the patient to point the weapon towards the ground. Then you might suggest that he remove the bullets from the gun, allowing him to keep both the gun and the bullets. Later you might ask him to place the weapon in a neutral location. Reaching for the weapon may be frightening and could cause him to pull the trigger even if he was escalating at the time.

If you are in an office when a patient presents a weapon, pushing a panic button can often be dangerous. A panic button usually brings assistance from other staff. Unfortunately, in this case, they are unaware that the patient has a weapon. If they come rushing into your office to assist you, it could frighten the patient and inadvertently cause him to use the weapon. It would be much better to have an inexpensive silent intercom where, as in the TV series "911" you can alert those individuals coming to your aid that the patient has a weapon. By simply pushing the button to turn the intercom on; you can continue to communicate with the patient in a supportive manner while at the same time communicating with those coming to your aid. This will alert them to the fact that you are being held at gunpoint and that entering your office might cause the patient to use the weapon. If you are successful in convincing the patient that you wish to help, but the weapon has you too frightened to help, he will hopefully put the weapon away. Then, try to escort the patient into an area where your support staff can help control the situation.

Cell Phone Gun



It is important to consider that some patients with weapons do not always present them. If you believe that the patient might have a weapon, it is appropriate to ask.

Show the Power Point Video Clip of the Cell Phone Gun to your class.

Background: In August 2001 an alert was issued concerning cell phone guns. Why are airport security people taking a closer look at cell phones? Because cell phone guns have been discovered OCONUS. The attached video clip shows how cell phone guns operate. These phones are not in the U.S. yet, but they are in use overseas. Beneath the digital phone face is a .22 -caliber handgun capable of firing four rounds in rapid succession using the standard telephone keypad. European law enforcement officials are stunned by the discovery of these deadly decoys. They say phone guns are changing the rules of engagement in Europe. We find it very alarming, says Wolfgang Dicke of the German Police Union. It means police will have to draw their weapons whenever a person being checked reaches for their cell phone. Although cell phone guns have not reached the U.S. yet, the FBI, Bureau of Alcohol, Tobacco and Firearms and the U.S. Customs Service say they have been briefed on the new weapons. All U.S. ports of entry have been alerted. These covert weapons were first discovered in October of 2000 when Dutch police came upon a cache during a drug raid in Amsterdam. In another recent incident, a Croatian gun dealer was caught attempting to smuggle a shipment through Slovenia into Western Europe. Police say both shipments are believed to have originated in Yugoslavia. Interpol sent a warning to law enforcement agencies around the world. If you didn't know they were guns, you would think they were cell phones, said Ari Zandbergen, spokesperson for the Amsterdam police. Only when you have one in your hand do you realize that they are heavier than a regular cell phone. Be patient if security asks to look at your cell phone or turn it on to show that it works. They have a good reason!