

CONFIRE Communications Center Standard Operating Policies & Procedures



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SECTION:

TITLE:

Managing Abusive Callers

Purpose

This procedure is to guide CONFIRE Public Safety Telecommunicators (EMDs) (in identifying and managing distressed, emotional, and abusive callers and outlines the actions required of managers in the on-going management of these situations.

Policy

CONFIRE has zero tolerance for abuse of our people. Abuse is defined as language that is threatening or hateful and aimed directly at the employee taking emergency calls (especially when on the grounds of race, age, religion, gender, or sexual orientation). Where steps to de-escalate a situation fail, EMD's should escalate to a Supervisor or Assistant Manager. All incidents where staff have been abused by a caller will be followed up by a manager for review.

Any recommendation for further action, including legal proceedings, will be made by the Communications Manager to the Director.

Procedure

Emotional Content and Cooperation Scale

Callers can often be emotional, distressed, afraid or excited during emergency situations. The academy refers to this as the caller's Emotional Content and Cooperation Scale which is defined as: Level (DefCon) 1	Normal conversational speech
Level 2	Anxious but cooperative
Level 3	Moderately upset but cooperative
Level 4	Uncooperative not listening, yelling
Level 5	Uncontrollable, hysterical

Behaviors and actions may include callers:

- • Being rude and uncooperative.
- • Argumentative.
- • Inappropriate comments (not directed at the EMD as an individual)
- • Intimidation tactics, like making threats of violence.
- • Making threats of a complaint.
- • Requests to speak with a manager.

These behaviors are generally able to be managed by an EMD and are behaviors that can be expected of callers in stressful situations, they do not constitute abuse.

Managing callers who are distressed or emotional is covered in *SOPP ###*. This SOPP also outlines helpful ways to de-escalate situations where a caller is abusing an EMD. In cases where the caller becomes unmanageable, EMDs should use the approaches outlined below and request assistance from their Supervisor.

Distinguishing between anxiety, hysteria, distress, and abuse is important. This SOP is written specifically for EMDs managing abuse.

Managing Abuse

Calls where an EMD is subjected to a personal attack, especially when it is based on, race, age, gender, religion or sexual orientation is considered hateful and should not be tolerated. EMDs should:

1. Attempt to de-escalate the situation. It is important not to respond to the behavior in the same way. **EMDs must not abuse callers, despite the caller abusing the EMD.** • Allow the caller to speak. Try not to talk over the caller.

- Display empathy and compassion. Use words and phrases consistent with professional, compassionate communication to acknowledge the caller's feelings. e.g. "I'm here to help you", "we're doing this together", "I understand that" (*explain what they have said, so they know you are listening*)

- Use appropriate speech. Speak clearly, concisely, pace your words allowing the caller to understand, use a pitch that is not too high or low and use a firm and even tone - ensuring microphone placement is not distorting the volume

- Use the caller's name.

2. If the caller fails to stop and the **EMD finds the abuse intolerable**, ask to speak to someone else at the address. If there is no one else available, the EMD should seek assistance from their Supervisor for immediate intervention.

3. Enter **/ABUSE** into the incident comments, so the call will be flagged for review by a Supervisor or Manager.

NOTE: In situations where a caller becomes abusive after the triage process is complete, EMDs may utilize the Urgent Disconnect script and must also notify their Supervisor. Use of Urgent Disconnect will be in line with **SOPP ### Urgent Disconnect** and must include the use of **shortcode /UD** and reading protocol-specific PDI's. EMDs may escalate to their Supervisor if required at any time

When an EMD refers an abusive caller to their Supervisor, they should take over the call, allowing the EMD to disconnect. The manager will explain that they are the EMDs Supervisor and that they will arrange help for them. The remainder of the call process should then be followed.

Call Termination Process (Supervisor)

In situations where the caller remains abusive after speaking with a Supervisor (and the Supervisor finds this **intolerable**) the caller is to be advised that their behavior is not acceptable and provide **one** warning that the call **may** be disconnected if they continue. If the abuse continues **and it is intolerable** the Supervisor is to advise *"Help is being arranged, I am hanging up now, if anything changes call us back on 9-1-1"*

If no triage has been completed, code the incident **32B01 UNKNOWN**.

NOTE: The EMD or Supervisor who terminates the call should enter a non-private note using the /SA shortcode (Safety Alert) saying that the caller was abusive towards the EMD.

Follow up and Reporting Process

Managers should immediately debrief abusive caller incidents with the EMD or as soon as practicable to check that no further support is required. When a call has been reviewed by a manager enter /ABUSEACK into the incident to ensure the reporting is updated.

Supervisors are required to review the daily 'Caller Abuse' report and review the incidents outlined within the report and provide any further support/coaching that may be identified. In cases where the Supervisor believes further action is required, they should escalate this to management.

The Director will receive a quarterly report outlining all reported abusive callers which will form part of the health and safety agenda and be reported to the Administrative Committee.