

# Managing the Risk of Work-related Violence and Aggression in Healthcare

## Information Sheet

November, 2014

The purpose of this information sheet is to provide information and guidance on managing the risk of work-related violence and aggression in the healthcare setting. Work-related violence and aggression has been defined by the European Commission as any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, wellbeing or health.



An aggressive or violent act can be physical, such as spitting, or use of force against a person; for example pushing, hitting, punching a person or attacking a person with a weapon or object. It can also be non-physical, such as verbal abuse, threats or gestures.

This information sheet does not address interpersonal conflicts among staff such as workplace bullying or harassment. There is separate guidance on these matters.

### THE EFFECTS OF VIOLENCE AND AGGRESSION

Work-related violence and aggression is the third highest cause of injuries reported to the Health and Safety Authority from the healthcare sector. Work-related violence and aggression threatens the safety and wellbeing of service-users and employees and can cause both immediate and long-term effects. A person who directly experiences a violent or aggressive incident can suffer physical and/or psychological harm or injury.



They can also experience anxiety, fear, depression or develop stress-related health problems which may lead to long-term sick leave.

In addition, employees who don't directly experience the violence but work in the area or witness the violent act can also suffer psychological effects, such as reduced morale, increase in fear, anxiety and feelings of insecurity.

Violence and aggression can also impact on the organisation. The consequences of violence and aggression can impact negatively on the delivery of healthcare services and have financial implications for the organisation. For example, it may result in a decrease in productivity, increase in sick leave and impact on the relationship between service-users and carers.

## THE LAW

The Safety Health and Welfare at Work Act, 2005 (the 2005 Act) places duties on employers to ensure, so far as is reasonably practicable, employee safety, health and welfare at work. Employers' duties include identifying the hazards in their workplace, assessing the risks to employees and putting in place appropriate control measures to protect employees. This applies to the issue of violence and aggression at work as much as any other work-related hazard. Employers also have a duty to ensure, so far as is reasonably practicable, that others in the workplace, who are not their employees, such as service-users and visitors, are not exposed to risks to their safety, health and welfare.



Employees' duties include taking reasonable care for their own safety and the safety of others at the workplace that may be affected by their acts or omissions. They have a duty to follow safety procedures and to report to their employer any unsafe working conditions of which they are aware.

Relevant legislation includes the Safety, Health and Welfare at Work Act 2005, in particular Parts 2 and 3, the Safety, Health and Welfare at Work (General Application) Regulations 2007, in particular Part 2, Chapter 1 and Part 6, and the Safety, Health and Welfare at Work (General Application) Regulations 1993, Part X.

## ASSESSING THE RISK OF VIOLENCE AND AGGRESSION

The aim of the risk assessment is to determine what measures need to be taken to prevent or minimise the potential for work-related violence and aggression. The risk assessment involves:

- identifying the hazards;
- assessing the risks; and
- putting control measures in place.

Risk assessments must be in writing, kept up to date and communicated to all relevant employees.

### Identifying the Hazard and Assessing the Risk

Violence and aggression in healthcare can differ from that experienced in other workplaces, in that healthcare employees must interact closely with service-users and their families, often under difficult circumstances and without controls such as physical barriers or counters, whilst assessing and delivering treatment. Service-users may act aggressively due to their medical condition, disability, psychological factors or the medication they are taking. They may have a history of violent

behaviour or feel frustrated or angry as a result of their circumstances.

There may be a risk of aggressive behaviour from visitors and other members of the public. Domestic and street violence may spill over into healthcare activities and settings, especially emergency departments. Service-users may be cared for in the community, which can expose employees to additional risk due to working alone.

*Employees that may be at greater risk include those who:*

- provide care and advice for service-users with risk factors;
- tell people something they don't want to hear;
- work alone or work in the community;
- carry, handle or are believed to carry money, valuables (such as expensive equipment) or medication;
- work after normal working hours;

- are new, inexperienced or have not received the necessary training or developed the required skills.

*When carrying out a risk assessment, take account of all relevant factors. Consider the following:*

- the tasks that are carried out in the workplace and the type of interactions between the healthcare employee and the service-user;
- the organisation of work and the work environment;
- the service-users, service users' family and friends: consider if there are risk factors for aggressive behaviour;
- the healthcare employees: consider factors such as their training and experience in managing aggressive behaviour.



All of these elements impact on the level of risk in the workplace. Reviewing records and statistics concerning previous incidents of work-related violence and aggression can also inform your risk assessment. Identify tasks, locations and procedures with greatest risk of violence.

Following risk assessment, identify existing controls taken to prevent harm. Decide whether these are adequate to reduce risk to an acceptable level. If the controls are not adequate, decide what more must be done and take steps to implement the improvements.

### Clinical Assessment

Clinical assessment of the service-user may be required to determine if there is a risk of aggressive behaviour and to identify the most appropriate interventions which will form part of the care plan. The assessment should be completed and regularly reviewed by competent personnel as part of the care planning process. Care plans and any revisions to care plans should be recorded and communicated to relevant staff. Where care plans are part of the risk assessment of work-related violence and aggression, reference should be made to care plans in the risk-assessment documentation.

In addition to the proactive risk assessment, it is important to recognise the dynamic nature of this type of risk. Employees need to be able to undertake continuous assessment of the risk of violence and aggression and respond appropriately, relative to their service setting and to their occupation.

## CONTROLLING THE RISK

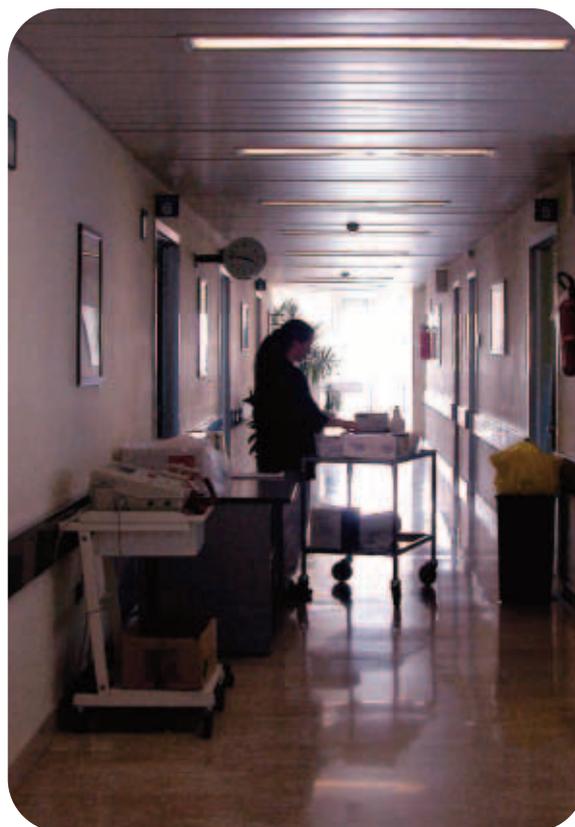
The main aim of managing violence and aggression is to prevent incidents where possible and, where this is not possible, to minimise the consequences of an incident. Controls in place must be kept under review to ensure they are working effectively.

Control measures aimed at preventing or reducing violence and aggression will usually concentrate on the following:

- workplace environment: physical aspects of the premises;
- work organisation and job design: work patterns and practices;
- therapeutic interventions: therapeutic interventions to manage the potential causes of the behaviour;
- employee training and information.

### Workplace Environment

Some control measures to be considered are given below. The most appropriate controls for any work environment will vary, depending on the healthcare service provided, and will be guided by the findings of the risk assessment.



*Layout, fixtures and fittings – consider the following:*

- the suitability of fixtures and fittings, including furniture: these may be used as weapons and missiles and may need to be replaced or made safe;
- space: waiting areas should be spacious, with enough seating for peak demand times;
- the provision of wide and screened reception counters;
- the provision of calming or non-stimulating colour schemes, glare-free lighting and sound-absorbing materials, which may help to reduce the ambient noise levels.

*Information and signage for service-users and visitors:*

- provide signage indicating where to report on arrival, location of toilets etc;
- provide information on triage systems and visiting times;
- display the workplace policy with regard to unacceptable behaviours from service-users, visitors and members of the public, as this may act as a deterrent.

Information can be provided on site and/or prior to a visit, such as patient information packs, information on a website, etc.

*Access and egress:*

- limit or control public points of entry to a healthcare premises;
- control access to treatment rooms and restrict access to staff areas (such as changing rooms, rest areas and toilet facilities);
- provide safe refuge for employees in the event of serious violent disorder;
- consider the safety of staff car parking areas, e.g. the route to the car park and the car parking area should be well lit;
- keep emergency routes and exits clear.

*Security systems, monitors and alarms:*

- ensure personal alarms are easily accessible and alarms and response times are regularly checked. Employees should know how to use the alarms provided;
- consider the need for physical security measures, such as entry locks, screens, adequate lighting, coded doors, emergency exits, alarm/emergency communication systems, installation of video surveillance systems;
- consider the need for a security presence to act as a deterrent and for staff protection;
- provide information to employees on how and when to contact the Garda Síochána for assistance;
- make emergency telephone numbers readily available to employees.

*Interview rooms:*

*When designing interview rooms, take account of the following:*

- the ease with which employees can escape from an interview room if necessary: there should be unrestricted access to the door for the employee. Ideally the room should have two exit doors. It should not be possible to lock the doors from the inside;
- the need for easy communication with the employee in the interview room while retaining privacy: a viewing panel should be provided so that colleagues can see into the room and a panic alarm should be provided to call for assistance;
- the selection of furniture and fittings which should be difficult to use as weapons. All potential weapons should be removed from the room before use as an interview room.

## Work Organisation and Job Design

Changing work practices can be an effective way of eliminating or diffusing workplace violence and aggression. Examples include:

- avoid lone working where possible – where this is not possible, ensure the risks are assessed and control measures in place;
- avoid long queuing times: have an ordered queuing system in waiting areas (e.g. using a ticket system) and provide information about delays;
- ensure adequate staffing levels and skill mix according to the risk.

Based on risk assessment, a dress code for employees may be required. Items which could put an employee at additional risk should be avoided, e.g. ties, scarves, items of jewellery, etc. Footwear should be suitable to the work environment and take account of the fact that employees may have to move quickly.

## Lone Working

Lone working, such as working alone in the community or working alone in a healthcare establishment, has its own unique set of risks



which need to be considered by both the employer and the employee as part of a risk-management exercise. Lone workers may be particularly vulnerable as they work in isolation, and those working in other peoples' homes will have little control over their work environment.

Appropriate systems for communicating with employees delivering services away from the work base and working alone in a healthcare premises, such as phones, radios and alarms, are essential. Personal communication devices will not prevent incidents from occurring, but, if used correctly in conjunction with robust procedures, they can improve the protection of lone workers.

There should be clear procedures on sharing information about service-users' behaviour where there may be a risk to the employee. Lone workers need education and guidance on managing the risks associated with lone working and should be made aware of the systems in place to avoid or reduce the risk.

For further information on managing the risk from lone working, see 'Guidance on Lone Working in the Healthcare Sector', HSA, 2012.

## Therapeutic Interventions

Clinical assessment of the service-user may identify interventions to prevent or reduce the risk of aggressive behaviour, clinical assessment is referred to above. The implementation of the identified interventions and the care plans need to be kept under review and updated/revised as required. Care plans, and any revisions to care plans, should be recorded and communicated to relevant staff.

## Training, Information and Supervision

Employers are required, under the 2005 Act, to provide employees with the information, instruction, training and supervision required to ensure, so far as is reasonably practicable, their safety, health and welfare at work.

Training is not a substitute for safe systems of work. However, training in the prevention and management of violence and aggression can enable employees to spot the early signs of aggressive behaviour and either avoid it or manage it. Training in the prevention and management of workplace violence must be undertaken before exposure to potential hazards.

Training should be needs-assessed, service-specific and relevant to the role of those being trained. It should take account of the findings of the risk assessment. Consider the training and information needs of all employees at risk, including clinical and non-clinical staff in the workplace. There should be a planned approach to identifying and meeting the training needs of employees. Refresher training may be required to ensure that employees maintain their skills. Training records should be kept.

*Training for employees at risk should include:*

- recognising the early signs of aggression;
- how to manage difficult situations with service-users and strategies to avoid aggression;
- de-escalation techniques and, where required, safe physical intervention techniques;
- dynamic risk assessment (how to assess risk and respond as circumstances change);
- information on policies and procedures in place to manage the risk of aggressive behaviour;
- use of security measures and devices such as alarms;
- reporting of incident and post-incident procedures.

The law requires employers to provide supervision to employees to ensure their safety, health and welfare at work. Supervising day-to-day tasks is generally delegated to managers and

supervisors. Safety supervision means supervision to ensure that employees are following safety instructions and working safely. Where unsafe practices are detected appropriate corrective action must be taken. Good communication is an essential part of supervision.

Ensure suitable systems and clear procedures are in place for recording and exchanging information about service-users' behaviour e.g. care plans, hand-over briefings, use of a flagging system, having due regard to the relevant legislation governing staff safety and patient confidentiality. This will help others to be advised of the risk of aggressive behaviour and to take timely appropriate measures to reduce the risk.

## ORGANISATIONAL POLICY

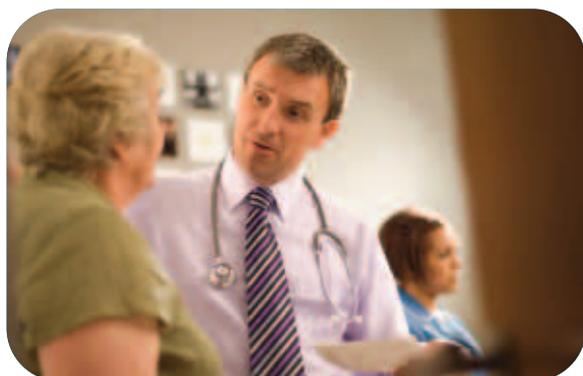
There should be a policy in place which outlines the organisation's approach to managing work-related violence and aggression. A policy should:

- define work-related violence and aggression and clarify the organisation's position that it is unacceptable;
- state the responsibilities of employers, managers and employees with regard to the safety management system in place;
- outline the safety management system in place to avoid or minimise the risk of work-related violence and aggression;
- provide direction with regard to training and use of physical interventions;
- outline the response to an incident occurring, the reporting procedures and the arrangements for employee support.

## RESPONSE TO AN INCIDENT

Employers must prepare plans and procedures to be followed in the event of an emergency or serious or imminent danger. There should be clear procedures for employees to follow in the event of an aggressive or violent incident. Employees should not accept aggressive or violent behaviour as part of the job and should be encouraged to report all incidents of violence and aggression, however minor. Failure to report an incident may put others at risk.

Following an incident of work-related violence and aggression, support should be provided for any employee involved. Different types of support will be required depending on the



circumstances of the incident and the needs of the individuals concerned. Supportive measures following an incident include medical treatment if required, enquiring about employee wellbeing, debriefing and counselling if necessary. Employees should be advised of the supports available and how to access them.

## INCIDENT REPORTING AND INVESTIGATION

There should be a system in place for reporting and investigating all incidents and near misses.

Incident investigations are necessary to determine the cause of the incident and identify any additional controls that may be necessary. Controls identified must be put in place to prevent recurrence of this type of incident and protect staff safety. Roles and responsibilities of employees, supervisors, managers and employers with regard to reporting, recording, investigating and following up on remedial measures should be set out clearly and brought to the attention of those concerned. Reviewing all incidents and near misses helps to identify trends and promotes organisational learning to reduce recurrence.

Where as a result of a workplace accident an employee is unable to perform their normal work for more than three consecutive days, the employer must ensure this is reported to the Health and Safety Authority online or by using an IR1 form available from the Authority.

## FURTHER INFORMATION

Guidance on Lone Working in the Healthcare Sector, Health and Safety Authority, 2011 at [www.hsa.ie](http://www.hsa.ie)

Risk Management in Mental Health Services, Health Service Executive & Clinical Indemnity Scheme, 2009

Linking Service and Safety – Together Creating Safer Places of Work, Health Service Executive, 2008

Work Related Violence, Royal College of Nursing, 2008