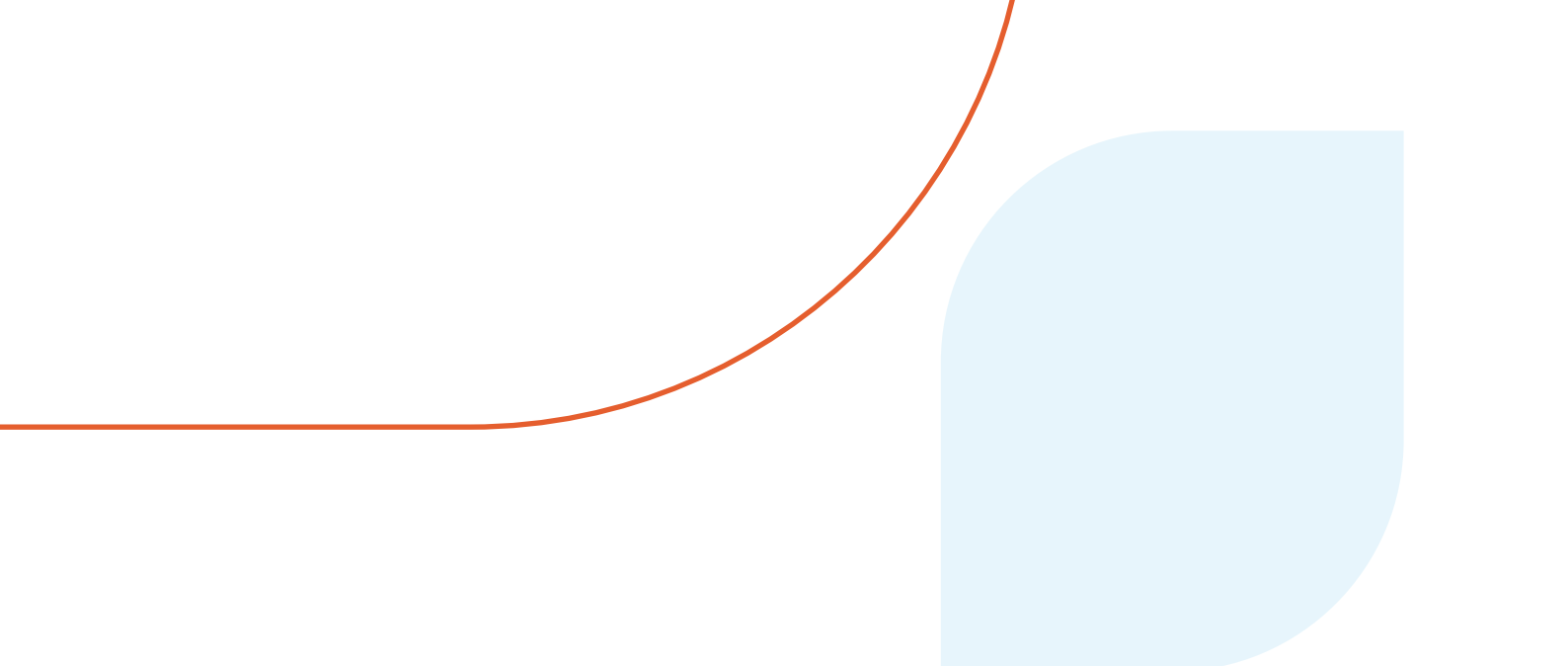




Managing the Risk of Work-related Violence and Aggression in Health and Social Care

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The purpose of this guide is to provide information and guidance on managing the risk of work-related violence and aggression in the health and social care setting. This guide is aimed at employers and employees in this sector. Work-related violence and aggression can be defined as any incident where employees are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, wellbeing or health.

Introduction

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 guide does not address interpersonal conflicts among employees such as workplace bullying or harassment. There is separate guidance on these matters on our website.

The term ‘service user’ is used in this guide to describe a client, resident, patient or any other appropriate term used to describe an individual receiving care or support in a health and social care setting.

The Effects of Violence and Aggression

Work-related violence and aggression is consistently one of the top three causes of injuries reported to the Health and Safety Authority from the health and social care sector.

The National Institute of Occupational Safety and Health (NIOSH) describe different types of violence and aggression including client-on-worker violence and aggression, this is the most common cause of reported incidents of violence and aggression from the health and social care sector.

Work-related violence and aggression threatens the safety and wellbeing of employees and service users and can cause both immediate and long-term effects. A person who directly experiences a violent or aggressive incident can suffer physical or psychological harm or injury. They can experience anxiety, fear, depression or develop stress-related health problems which may lead to long-term sick leave.

In addition, employees who do not 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 impact on the organisation. The consequences of violence and aggression can impact negatively on the delivery of health and social care 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.

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

Work-related violence and aggression in health and social care can differ from that experienced in other workplaces, in that health and social care employees must interact closely with service users and their families, often under difficult circumstances and without controls such as physical barriers or counters. This can increase the risks of violence and aggression for employees while carrying out their work activities and delivering care.

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

There may be a risk of violent or aggressive behaviour from visitors and other members of the public. Domestic and street violence may spill over into health and social care activities and settings, for example, 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:

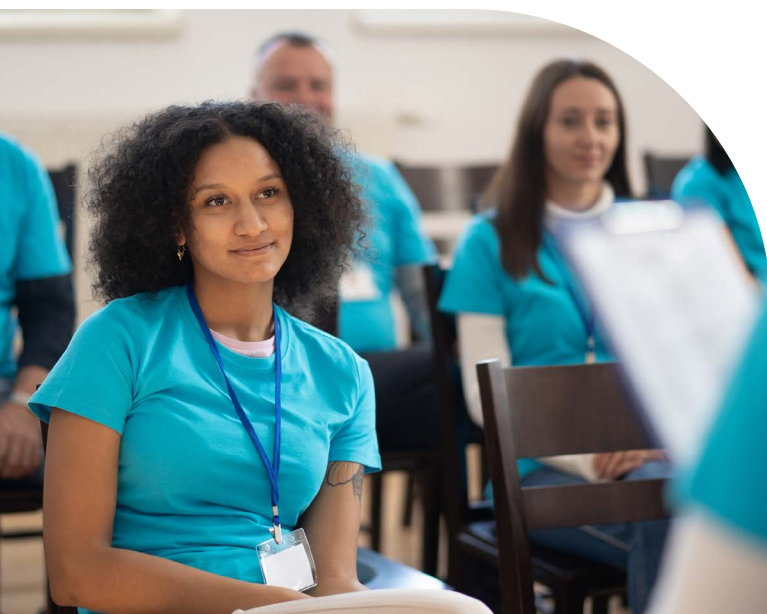
- provide care and advice for service users with risk factors;
- tell people something they do not want to hear;
- work alone or in isolation, without close or direct supervision;
- carry, handle or are believed to carry money, valuables (such as expensive equipment) or medication;
- work outside of normal working hours;
- are new, inexperienced or have not received the necessary health and safety information, training or developed the required skills;
- are required to carry out physical restraint as part of their work activities.

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

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

All these elements impact on the level of risk in the workplace. Reviewing incident reports of previous incidents of work-related violence and aggression and analysing incident trends can help identify tasks, locations and procedures with the greatest risk of violence and aggression. This information will inform your risk assessment and control measures.

Following risk assessment, identify existing controls in place 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 to ensure, so far as is reasonably practicable, the safety, health and welfare of employees. Implement the improvements identified.



Clinical Assessment and Therapeutic Interventions

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. Clinical assessment of the service user may identify interventions to prevent or reduce the risk of aggressive behaviour. The assessment and any interventions should be regularly reviewed by competent personnel as part of the care planning process.

Risk controls include:

- screening for work-related violence and aggression as part of the assessment process;
- identify behaviours and triggers and develop strategies to avoid or respond to behaviours and triggers;
- ensure employees have the skills, training and level of experience required to implement the care plan or any interventions;
- record and communicate care plans and their revisions to employees;
- ensure regular handover and information exchange takes place;
- review care plans and any strategies following incidents as part of the incident review process and/or as changes arise;
- determine the employee-to-service user ratio needed to support provision of a safe service;
- specify minimum safe staffing levels;
- regular review by competent personnel of the effectiveness of the care plan and any interventions as part of the care planning process.

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 trained and supported 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

Organisations that manage health and safety successfully invariably have a positive safety culture and active safety consultation programmes in place.

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 should include a focus 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, information and supervision.



Workplace Environment

Some control measures to be considered are given below. The most appropriate controls for any work environment will vary, depending on the health or social care 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 for essential services, such as where to report on arrival and location of toilets;
- provide information on triage systems and visiting times;
- display the workplace policy regarding unacceptable behaviours from service users, visitors and members of the public, as this may act as a deterrent.

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

Access and egress:

- limit or control public points of entry to a health and social care premises;
- control access to treatment rooms and restrict access to employee areas (such as changing rooms, rest areas and toilet facilities);

- provide safe refuge for employees in the event of serious violent disorder e.g. 'staff only' areas protected by key fob entry or keypad entry.
- consider the safety of employee car parking areas. 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:

- assess the need for and type of any technology required based on the risk (monitoring systems, personal 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 employee protection;
- provide information to employees on how and when to contact An Garda Síochána for assistance;
- make emergency telephone numbers readily available to employees;
- test emergency procedures to check that employees can seek urgent assistance or raise the alarm if required.

Consultation rooms:

A safe system of work must be developed for use of consultation rooms and communicated to staff. When designing new consultation rooms, or risk assessing existing consultation rooms, the following should be taken into account:

- the ease with which employees can exit from a consultation 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 consultation 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 a consultation 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 or items of jewellery. 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 health and social care 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 less control over their work environment.

Appropriate systems for communicating with employees delivering services away from the work base or working alone in a health and social care 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 must be made aware of the systems in place to avoid or reduce the risk.

The Health and Safety Authority has developed specific guidance on managing the risk from lone working. See 'Further Information' at the end of the document.

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.

Employees must attend training provided by their employer in relation to their safety, health and welfare.

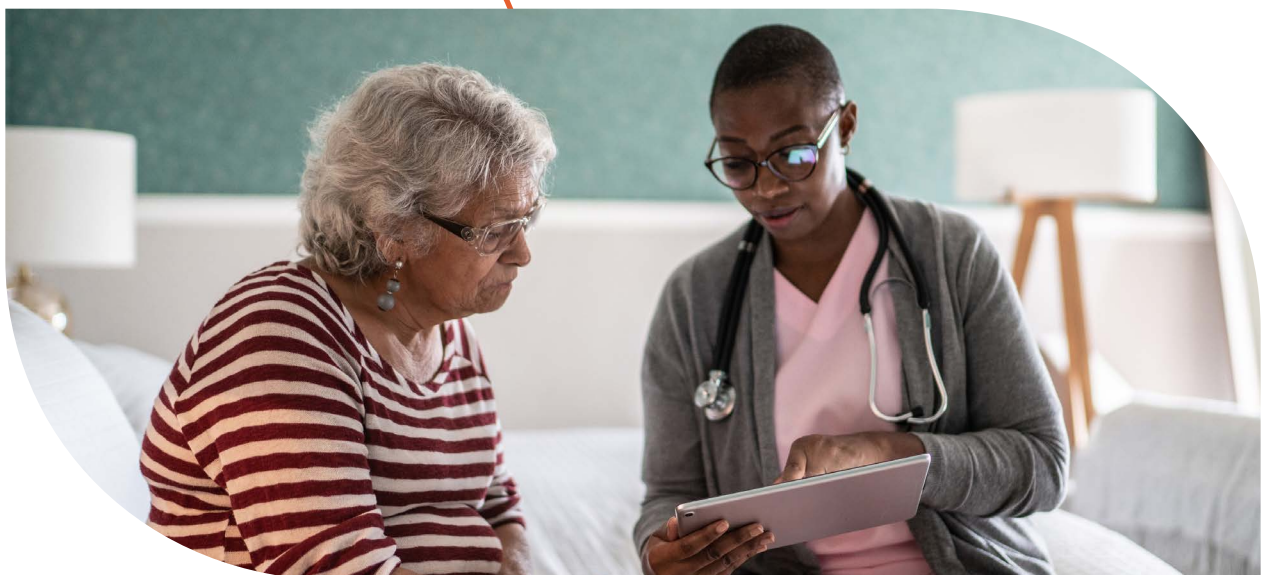
There should be a planned approach to identifying and meeting the training needs of employees. Training in the prevention and management of workplace violence must be undertaken before exposure to potential hazards.

Training must be provided in a form, manner and language that is reasonably likely to be understood by employees.

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.

Refresher training may be required to ensure that employees maintain their skills. If training has been identified in the risk assessment as being required to control the risk of violence and aggression, it should be treated as mandatory training.

Training records should be kept. The effectiveness of any training should always be evaluated.



Training for employees at risk should include:

- information and education on workplace policies and procedures in place to manage the risk of aggressive behaviour before being exposed to the risk, and repeated as necessary;
- education on the roles and responsibilities of all parties, including managers, security personnel and An Garda Síochána;
- clear direction on the actions to be taken in the event of an emergency or imminent danger to staff from violence and aggression;
- communication skills and recognising the early signs of aggression;
- how to manage difficult situations with service users and strategies to avoid aggression;
- de-escalation techniques, non-physical intervention skills, physical intervention techniques where required and; response to emergency incidents;
- dynamic risk assessment (how to assess risk and respond as circumstances change);
- use of security measures and devices such as alarms;
- reporting of incidents, incident investigation 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 employee 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. Such a policy should be led by executive management and developed on a multi-disciplinary team basis.

A policy should:

- define work-related violence and aggression and clarify the organisation's position that it is unacceptable;
- outline the workplace violence and aggression prevention programme to avoid or minimise the risk of work-related violence and aggression;
- outline the safety management system in place that underpins the violence and aggression prevention programme;
- state the responsibilities of employers, managers and employees regarding the safety management system in place;
- provide direction regarding training and use of physical interventions;
- outline the response to an incident occurring, the reporting procedures and arrangements for investigating incidents;
- outline procedures to access supports following an incident including occupational health, medical, psychological and legal 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, debriefing, counselling, access to Employee Assistance Programmes, as necessary. Accommodations may be needed in the workplace to support an employee returning to work, such as modified duties. 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 employee safety. Continuously monitor new control measures to ensure they are effective. Risk assessments must be updated to reflect new controls.

Roles and responsibilities of employees, supervisors, managers and employers regarding 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 Health and Safety Authority. Reports to the Health and Safety Authority must be made within 10 working days of the event. Where a workplace accident results in a fatality this must be reported immediately to the Health and Safety Authority or the Gardaí. Subsequently, the formal report should be submitted to the HSA within five working days of the death. For more information on accident reporting see HSA Guidance on the Safety, Health and Welfare at Work (Reporting of Accidents and Dangerous Occurrences) Regulations 2016.



Further Information

Guidance on Managing the Risk of Lone Working in the Health and Social Care Sector, Health and Safety Authority, 2024, at www.hsa.ie.

Guidance on the Safety, Health and Welfare at Work (Reporting of Accidents and Dangerous Occurrences) Regulations 2016 at www.hsa.ie.

Guidelines for Preventing Workplace Violence for Healthcare and Social Services Workers, OSHA, 2016, www.osha.gov.

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

Work-related Violence Risk Control Measures Selection Tool, WorkSafe Victoria, 14 October 2021.

Workplace Violence Prevention Standards, The Joint Commission, 2021, www.jointcommission.org.

Violence and aggression: short-term management in mental health, health and community settings. National Institute for Health and Care Guidance NG 10, May 2015.



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