

Linking Service and Safety

Together Creating Safer Places of Service



*Strategy for Managing Work-related Aggression
and Violence within the Irish Health Service*

**Health Service Working Group on
Work-related Aggression and Violence**

Summary

December 2008

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McKenna K., 2008

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...we should feel that challenges associated with the management of work-related aggression and violence are being effectively managed...

Of equal value is the fact that this strategy demonstrates how partnership working can give expression to multiple perspectives so that we move forward in confidence that the plan of actions will address stakeholder needs in an adequate and equitable manner. This level of partnership working should neither be underestimated nor undervalued and indeed the shared learning from this collaborative working has added value for all partners beyond the scope of this project. The commitment to collaboratively embracing the challenges identified, coupled with a commitment to establishing 'facts' rather than 'faults' has resulted in this strategy which is both comprehensive in scope and innovative in approach. This has not gone unnoticed, as evidenced by the fact that the work of the group has been presented at an EU social dialogue forum, and as a keynote paper at the first international congress on violence within the healthcare sector, attended by delegates from 47 countries covering all continents.

In the final analysis the complex issue of work-related aggression and violence is one which compromises the care experience from the perspectives of both recipient and provider. Despite the considerable challenges identified in managing this problem, it is important that we are neither reticent in its recognition, or doubtful that we can achieve excellence in implementing an effective response.

It is clear from the work of this group that there is no simple, single or quick fix solution to this problem. However the careful collaborative consideration which has underpinned the production of this strategy will serve it well as we meet the challenge in an informed, considered, balanced and cohesive way.

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Introduction

...magnitude of problem... consistent with experiences internationally...

...this strategy...blueprint by which an integrated best practice organisational response can be achieved...

...will assure all stakeholders that every reasonably practical measure has being taken...

...strategy employs four best practice approaches...

...work-related aggression and violence...serious problem within healthcare...

...diminishes quality of working life for staff...compromises organisational effectiveness...

...impacts negatively on the provision of services...

There is universal recognition that work-related aggression and violence is a serious problem within healthcare which diminishes the quality of working life for staff, compromises organisational effectiveness and ultimately impacts negatively on the provision of services [1]. Within the Irish context the problem is both persistent and pervasive, affecting multiple disciplines and settings. While the magnitude of the problem within the Irish context is consistent with experiences internationally, it is nonetheless a matter of concern with 'malicious injury' the third leading cause of occupational injury reported to the Health and Safety Authority, accounting for 14.9% of all reported occurrences and for 19% of all insurance carrier notifications between 1994-2000 [2].

It is important to acknowledge that very considerable efforts have been made by many individuals and agencies to address this issue within the Irish context. While many of these initiatives have accomplished improvements, their potential impact could be much more effectively exploited if embedded within a systematic approach which is strategic, cohesive and unified.

The formation of the Working Group on Work-related Aggression and Violence and their production of this strategy presents the blueprint by which an integrated, best practice, organisational response can be achieved which will assure stakeholders that all reasonably practical measures are being taken to mitigate against the very serious potential consequences for the organisation, its personnel and those it serves.

The strategy employs four best practice approaches from organisational and health disciplines including:

- a contextual understanding of aggression and violence within healthcare,
- an integrated balanced organisational response,
- a public health preventive approach, and
- a partnership ethos of working.

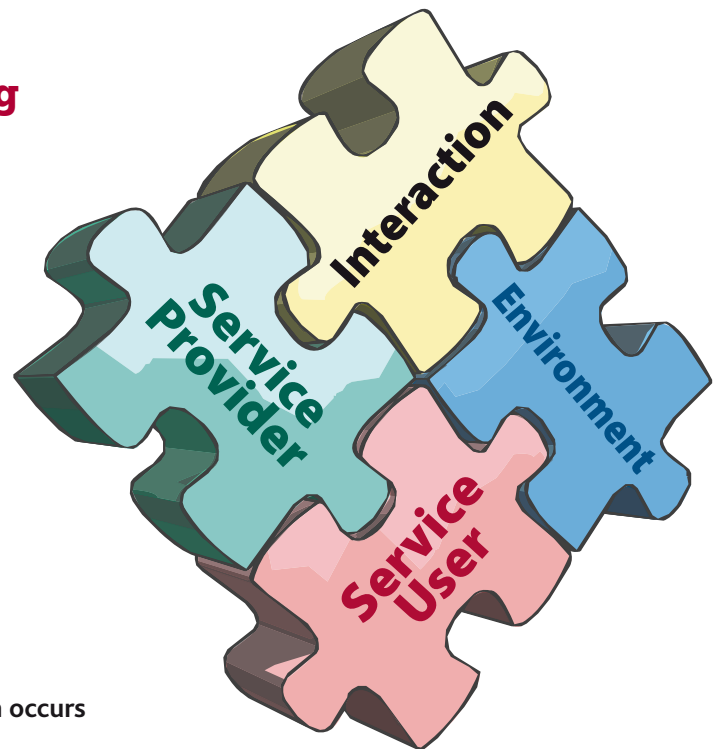
Contextual Understanding

A contextual understanding of aggression and violence within the healthcare context advances the traditional framing of the problem as either one of service user behaviour or staff inability to effectively manage such occurrences.

Occurrences considered from a contextual perspective are understood as being a function of a complex interplay between:

- The service user,
- The service provider,
- The interaction taking place, and
- The environment in which the interaction occurs

This contextual perspective considers all contributory factors and influences which can then inform organisational efforts to address the problem [3].

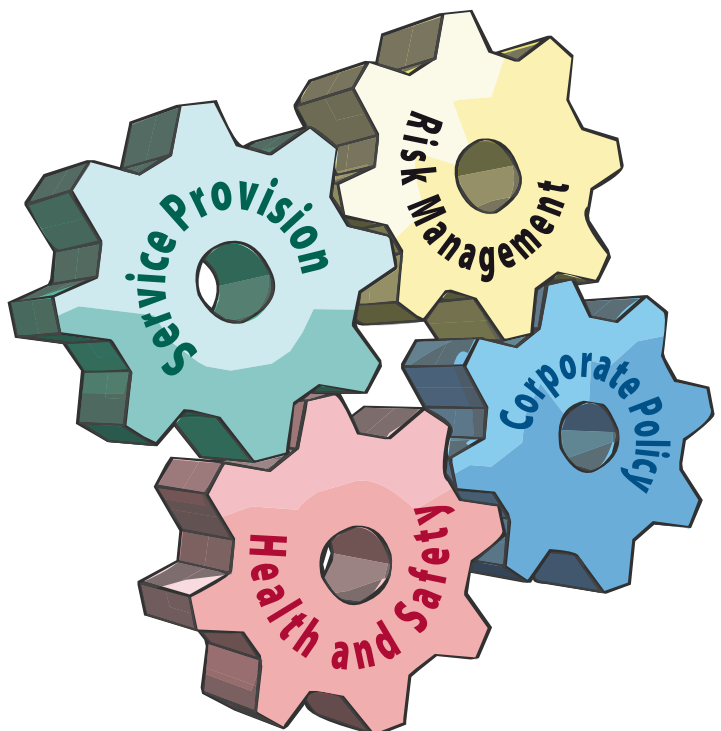


Integrated Response

An integrated response acknowledges that effective organisational efforts to manage work-related aggression and violence must achieve a balance between the obligations to:

- Provide safe effective services
- Comply with health and safety legislation
- Meet corporate risk management mandates
- Adhere to prevailing professional and statutory legislation

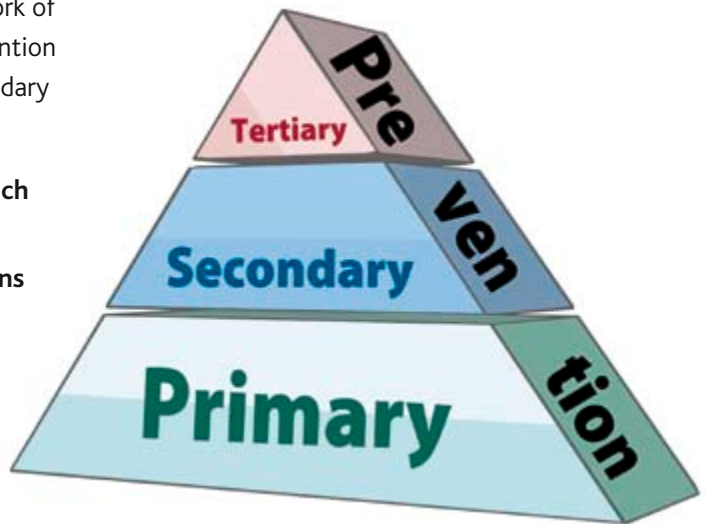
Adopting such an integrated approach locates the organisational response within a broader governance framework and avoids the limitations of singular departmental responses [4].



Public Health Approach

Adopting a public health approach establishes prevention as the core value informing a structured framework of tiered responses. This approach categorises prevention along a three-tiered framework of primary, secondary and tertiary prevention.

- Primary prevention involves strategies which prevent occurrences in the first instance.
- Secondary prevention involves interventions which recognise potential occurrences at an early stage and employ appropriate intervention to prevent further escalation.
- Tertiary prevention aims to minimise potential harm to all concerned while occurrences are being managed.



While adopting a preventative approach ensures compliance with professional and regulatory obligations, the real value of this approach is its potential for simple, often low cost interventions, to result in very significant reduction in occurrences and associated risks [5].

Partnership Working

The utilisation of a partnership approach acknowledges that work-related aggression and violence poses a significant problem for the organisation, its personnel, and those it serves.

The development of this strategy was greatly enriched by engaging a broadly representative working group which gave expression to the perspectives of multiple stakeholders and ensured that their concerns were adequately and equitably addressed. The group, which included employer and employee representatives, regulatory agencies and professional bodies, agreed from an early stage that the greatest potential for sustainable success could best be achieved in partnership through which a standardised organisational response could be developed. This strategy is testimony to the strength of this partnership approach.



Extent of Problem

...standardised definition...

...robust replicable baseline measure...

...standardised reporting system...

...patterns... to inform responses...

...similar to health services internationally...

...physical and non-physical manifestations...

...absence of a standardised definition...

...grossly under-reported...

- Work-related aggression and violence is a problem for many staff to an extent similar to that reported within comparable health services internationally.
- Work-related aggression and violence encountered by staff includes physical and non-physical manifestations.
- These manifestations vary by occupational function with some occupational groups at particularly higher risk of particular manifestations of aggression and violence.
- Efforts to accurately quantify the extent of the problem of work-related aggression and violence are hindered by the absence of a standardised definition.
- Work-related aggression and violence is grossly under-reported and verbal aggression is especially so.
- There is a bias in reporting behaviour with a tendency to report more serious occurrences.
- Organisational estimates, which rely upon such reports, may subsequently underestimate the magnitude of the problem and be biased toward serious occurrences.

Recommendations

- *The EU definition of work-related aggression and violence be adopted as the operational definition throughout the health service.*
- *A robust replicable baseline measure of all manifestations of work-related aggression and violence encountered by staff throughout the health service be established.*
- *A standardised reporting system for work-related aggression and violence be implemented with a clearly delegated responsibility at local and national levels.*
- *Awareness be raised among staff of the crucial role of occurrence reporting in informing the implementation of strategic organisational responses.*
- *Occupational specific patterns of work-related aggression and violence be used to inform organisational responses.*

Impact and Response

*...minor injuries common...
 ...major injuries rare...
 ...consequences... can be devastating...
 ...potential emotional distress...
 ...serious financial burden...
 ...no rigorous actuarial measure...
 ...raise awareness of potential impact...
 ...establish actuarial measure of costs...*

- Many staff sustain minor injuries from physical assaults while major injuries are rare.
- For some staff however the consequences of being assaulted can be devastating.
- Staff may experience emotional distress subsequent to occurrences of work-related aggression and violence which is not limited to occurrences of physical violence.
- The exact extent of staff absences due to work-related aggression and violence remains unknown.
- Estimates of staff replacement costs alone due to occurrences of work-related aggression and violence suggest a serious financial burden on the healthcare services.
- There has to date been no methodically rigorous actuarial measure of the cost of work-related aggression and violence within Irish healthcare.
- Occurrences of work-related aggression and violence are a function of an interchange between the service user, service provider, interaction taking place and environmental factors.
- Within this contextual understanding, the inherent potential for conflict is apparent.
- Effectively responding to the problem involves adequately and equitably addressing the concerns of all involved.
- Achieving an effective response is most likely to succeed if undertaken in partnership.

Recommendations

- Awareness of the potential emotional impact of all manifestations of work-related violence be raised at all level of the organisation.
- A rigorous actuarial measure of the costs associated with work-related aggression and violence be established.
- Methods by which 'return on investment' measures might be employed to evaluate the cost-effectiveness of organisational initiatives to address the problem be established.
- A contextual understanding of work-related aggression and violence be adopted.
- Responses reflect the potential for conflict within the provision of services.
- Responses adequately and equitably address the concerns of all involved.
- A partnership approach underpin the development of responses.

Quality Safety and Risk

...safety health and welfare...statutory obligation...

...risk management... corporate obligation...

...all locations to have current safety statement...

...raise awareness of risk...

- Employers have a statutory obligation to ensure so far as is reasonably practicable the safety health and welfare of employees, and others.
 - Recognition of work-related aggression and violence as an occupational specific hazard imposes a mandate to systematically evaluate the related risks to all involved, and to implement control measures which mitigate against, or eliminate identified risks.
 - Such assessments are required by section 19 of the Safety, Health and Welfare at Work Act 2005 which requires that these are explicit in safety statements.
 - The extent to which required health and safety risk assessments are completed within health services generally, and specifically addressing work-related aggression and violence, is unclear.
 - The organisation has a corporate obligation to manage and minimise foreseeable risk.
 - Evaluating the risks associated with aggression and violence is difficult within the health service due to the scale of the organisation and the complex range of activities.
 - There are significant variations of hazard and risk between and within services.
- There are some well evidenced risk reduction measures which could achieve significant improvement in the very short-term.
 - There are a number of high priority risk reduction measures which need to be implemented at the earliest opportunity utilising the best evidence available.

Recommendations

- *All locations to have in place a current safety statement based on a methodical risk assessment process.*
- *Where work-related aggression and/or violence is identified as a foreseeable hazard the safety statement to explicitly outline the control measures required and those responsible for the implementation and ongoing audit/review of such measures.*
- *Risk management efforts raise awareness of the uncertain and dynamic nature of risk and develop staffs' capacity to undertake continuous risk appraisal specific to their service setting and occupational function.*
- *Awareness of the very significant potential risks, both physical and psychological to patients and staff associated with the management of aggression and violence be raised at all levels of the organisation.*
- *A close liaison between those charged with the corporate quality and risk function and the management of aggression and violence be established and maintained.*

Education and Training

...majority of staff consider training necessary...

...limitations in 'systems' and 'one size fits all' approaches

...emphasis on management rather than prevention...

...review methodologies and structures in providing training...

...needs assessed, service specific...

...compliant with the prevailing legislation and professional codes...

...comprehensive guidance be developed...

- The recognition of work-related aggression and violence as a service specific occupational hazard places professional, legislative and moral obligations upon the organisation to provide training in its prevention, recognition, and safe management.
- The majority of staff consider training in the management of work-related aggression and violence as necessary for their occupational function.
- There is a gap between the number of staff who need training and that provided.
- There are acknowledged limitations inherent in the practice of providing generic 'systems' and 'one size fits all' approaches to training.
- There has been a training emphasis on management rather than prevention.
- Training needs to reflect the challenges encountered by staff within their service settings, and the prevailing legal, professional and policy parameters within which services are provided.
- The governance and cohesiveness of procuring and providing training is unclear.
- The physical intervention components of some training approaches are a cause of concern.

Recommendations

- *Education and training in the management of work-related aggression and violence be provided to all healthcare personnel.*
- *The content and methodology of education and training to correspond to participants' professional and organisational responsibilities.*
- *A review of the methodologies and structures for providing staff with education and training be undertaken as a priority.*
- *Education and training be needs assessed, service specific, and in compliance with the prevailing legislation and policies applicable to the service setting.*
- *Comprehensive guidance be developed to assist those charged with commissioning training.*
- *This guidance to incorporate a cohesive structure of practice standards.*
- *The safety of physical intervention techniques be established as a priority.*
- *A structure of verifiably recording education and training in the management of aggression and violence completed by individual employees be established.*
- *Education and training to include lone working, conflict resolution and management of verbal aggression.*

Physical Interventions

...use of physical interventions a complex issue...

...minimisation of seclusion or restraint... significant preventative initiative...

...need for appraisal of physical intervention techniques...

...need for standards...

...development of standards a priority...

- The use of physical interventions is a complex issue which poses legal, professional and moral dilemmas for individual staff, units of service, and for the organisation.
- The use of physical interventions is an inherently hazardous procedure which poses potential risks of both physical and psychological trauma for both patients and staff.
- The most significant preventative initiative is the development of services in which the use of seclusion or restraint is minimised.
- In addition to the potential of diminishing risks to all concerned, minimising seclusion and restraint contributes significantly to a broader quality improvement agenda.
- There may be circumstances in which physical interventions may be deemed necessary as the only or most appropriate option.
- It is critical that in such situations staff are trained and competent in the employment of safe effective techniques in order to preserve the safety of all concerned.
- The provision of training in physical interventions is currently unregulated, without agreed standards as to how the origin, safety, or effectiveness of techniques is determined.
- There is a need for a structured appraisal of physical intervention techniques currently in use.
- Current practices which are of concern require priority attention from both professional practice and risk management perspectives.
- There is a need for standards to govern the provision of training in physical interventions and the use of these interventions in practice.

Recommendations

- *The HSE proactively aspire to the provide services which are 'seclusion and restraint minimised' at philosophical, organisational and operational levels.*
- *Priority be given to establishing the safety and fitness for purpose of physical intervention techniques currently in use.*
- *Future provision of physical intervention training be subject to such review prior to commencement.*
- *The use of physical interventions be subject to standards at least comparable to those applying to other patient focussed interventions.*
- *Standards governing the provision of training in physical interventions, and the use of these interventions in practice be developed as a matter of priority.*
- *Guidelines be developed to guide and standardise decision making in relation to the provision of training and use of physical interventions.*

Staff Support

...flexible repertoire of measures be available...

...staff expect to be supported...

...value simple supportive measures...

...value support from colleagues and line managers...

...need clarity and understanding of key terms...

- Staff expect to be supported following occurrences of all forms of work-related aggression and violence.
- There is a legislative requirement on employers to provide appropriate supports.
- Staff value simple supportive measures which enquire after their wellbeing and validate their untoward experience.
- While most staff require minimal post-occurrence support, some may require a wider range of support measures over a more prolonged period.
- Consequently different support measures are required and no singular or uniform approach is appropriate to all individuals or situations.
- Staff highly value support from colleagues and line managers.
- Staff perceive the role of the line manager as critical in the provision of support.
- The extent to which line managers are prepared for, or feel empowered to perform this role remains unclear.
- For a variety of reasons there have been sensitivities surrounding the issue of staff support at various levels of the organisation.
- There is a need to clarify both the understanding, and interrelationship between key terms including 'psychological distress' 'psychological injury' 'compensation' and 'support'.

Recommendations

- Awareness of the support needs of staff be raised at all level of the organisation.
- A flexible repertoire of best practice support measures be available to staff with readily available information as how these can be accessed.
- The range of available measures form an integrated multi-layered suite of supports.
- Managers be both informed and empowered to understand and undertake the role expected of them in providing support.
- Managers role be undertaken free from any anxiety that their providing support is implicated in later determinations related to the occurrence concerned.
- Some exemplars of best practice currently in use regionally be considered for widespread distribution and systematic evaluation.

Organisational Security Responses

*...formalised liaison
with agencies...*

*...clarity and agreement...
of...enforcement options...*

...structure of legal advice...

*...framework to guide
decision making...*

*...balance the duty to
provide services with
obligation
to protect staff
and others...*

*...reasonable, justifiable,
proportionate,
time specific...*

*...equitably and
consistently applied...*

- There is a need to balance the duty to provide services with the obligation to protect the safety and welfare of staff and others and the property of the organisation.
- Responding to perpetrators of acts of aggression and violence within healthcare is complex in that occurrences take place within a professional service relationship.
- Organisations may utilise either engagement approaches which rely upon rational or emotive appeals, or tariff approaches which rely upon the assumption that pre-understood sanctions will modify behaviour.
- In some instances the organisation may be obligated to institute either service specific or individual specific conditions in order to ensure the safety of all concerned.
- Such measures must be reasonable, justifiable, proportionate, time specific and be equitably and consistently applied.
- The legal remedies which can be pursued or sanctions imposed remains largely unexplored with many services unsure of the exact legal parameters governing such actions.
- There is a need for informed legal opinion to guide the policy in this regard.

Recommendations

- *Public support for measures which diminish aggression and violence within healthcare settings be engaged through a campaign which highlights the positive efforts of staff, and the detrimental impact of such behaviours on the service environment.*
- *A formalised liaison between the health service agencies, the Garda Síochána, and the Director of Public Prosecutions be established with the purpose of establishing clarity and agreement in relation to the enforcement options available to services.*
- *A forum including employer and employee representatives, service users, regulatory bodies, justice, enforcement and professional agencies, be established to determine the potential value to an integrated strategy of tariff based approaches.*
- *The forum to bring forward a proposed framework which should guide decision making.*
- *A formalised structure of legal advice be available to guide decision making, and the management of complex situations.*
- *An agreed structure of access to this service be developed.*

Organisational Policy

- ...provide clarity to guide decision making...*
- ...advocated by professional and regulatory bodies...*
- ...prevents...uncertainty of authorisation and expectations...*
- ...congruent with prevailing legal, professional, and ethical codes...*
- ...interim policy be implemented...*
- ...capable of service specific adaptation...*
- ...review completed within 24 months...*

- Staff require policies to provide them with the necessary clarity to guide their decision making in managing work-related aggression and violence.
- The need for such policies has been consistently advocated by professional and regulatory bodies.
- In the absence of clear policies staff rely on practice as their primary guide.
- While some practices may be excellent, their lack of critical appraisal and formal authorisation may create ambiguity, and place staff in situations of uncertainty as to the organisational expectations and authorisation when managing occurrences of aggression and violence.
- It is critical that the policy is congruent with the prevailing legal, professional, and ethical codes which apply to the service setting within which it is to be enacted.
- Some organisational responses require guidance to support the implementation of policy.
- Requirements for guidance include, education and training, staff support, physical interventions, and the deployment of security personnel.
- The present state of multiple coexisting policies developed in previous health service structures needs to be replaced with a standardised HSE policy.
- In the immediate short-term an interim policy should be implemented, with an explicit acknowledgement of interim status. This policy should be reviewed within a specified timeframe but in any event no later than twenty-four months from its inception.

Recommendations

- *An interim policy be implemented to avoid uncertainty and provide staff with guidance as to organisational authorisation and expectations of them when managing occurrences of work-related aggression and violence.*
- *Guidance provided be capable of service specific adaptation.*
- *Theme specific guidance support policy in areas related to education and training, staff support, physical interventions, and use of security personnel.*
- *The 'interim' status of the policy be made explicit with a defined timeframe for review.*
- *The review be completed within twenty-four months order to reflect the emerging work of the structures proposed in this strategy.*

Implementation: Structure and Process

...three interdependent components...

...governance function – project joint governance group...

...executive/operational function – central project office...

...consultation function – multi-agency advisory forum...

...dedicated resource be established to drive and coordinate implementation...

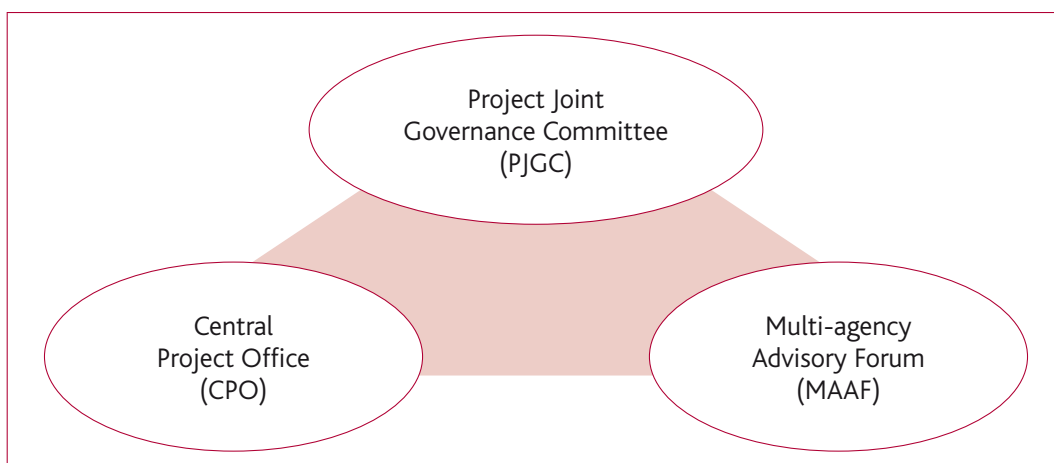
It is clear from the preceding sections that a significant challenge exists for which a national, standardised, coordinated response is required. The necessary programme of considered actions and sustained improvements to be achieved will require a clear plan of implementation.

In formulating the implementation plan there was consensus that three key elements of the plan include:

- That the response should be jointly owned by a employer/employee partnership in association with other regulatory and professional stakeholders.
- That a dedicated unit responsible for driving and achieving the key actions outlined in the strategy should be established.
- That the initial and substantial efforts should focus in the more immediate term of the first 12 months with a deliberate targeting of high return measures.

While recognising that the primary responsibility for addressing the problem rests with the management of the health service agencies as corporate entities, it is recommended that a dedicated resource be established to drive and coordinate the implementations in the shorter term. The structure recommended consists of three interdependent components including a governance function in the Project Joint Governance Group, an executive/operational function in the Central Project Office, and a consultation function in the Multi-agency Advisory Forum. The establishment of these units should coincide with the acceptance of this report.

Implementation Structure



...very significant employer employee partnership response of high value response to a longstanding and very significant problem...

...partnership approach infers collective ownership of the challenge to find and sponsor solutions sustainable into the future...

The roles and functions of these units are outlined below:

The Project Joint Governance Committee (PJGC): will take responsibility for overseeing the implementation of a programme of strategic actions in line with the agreed recommendations of this strategy and direct the Central Project Office in the implementation of this work. While health service agencies will assign lead responsibility at a corporate level, those charged with responsibility will rely on the PJGC to guide and oversee the response to this theme.

The Central Project Office (CPO): will implement an effective organisational response to the management of work-related aggression and violence in line with this strategy under the direction of the Project Joint Governance Committee. The mission of this office will

be to reassure stakeholders including health service employers, unions and regulatory bodies, that 'all is well' and in line with explicit expectations. The CPO will in the first instance be established for a period of 3-4 years at which time the arrangement will be reviewed.

The Multi-agency Advisory Forum (MAAF): will provide a vital stakeholder consultation function. Forum membership will be coordinated by the Central Project Office, subject to ratification by the Project Joint Governance Committee, and will be broadly representative of professional, regulatory, educational agencies including service user representation. The forum will provide a platform to actively consult and collaborate in implementing key actions of the strategy through the exploitable strengths of consultation forum, expert resource, and implementation agent.

This arrangement is a very significant joint employer/employee partnership response, of high leverage value, in response to a longstanding and very significant problem. The partnership approach infers collective ownership of the challenge to find and sponsor solutions sustainable into the future. This is consistent with recommendations that social partners actively engage in dialogue at national and organisational level on the protection of workplace health and safety as a means toward improving services and that social partners collaboratively monitor and evaluate such initiatives [6]. The successful functioning of the working group to date, through its commitment to collaborative working in an ethos of partnership, also fits comfortably with the prevailing aspirations toward employee partnership and effective interagency working.

This collaborative approach to managing work-related aggression and violence has the potential to simultaneously improve the service experience of recipients, the quality of the working life for staff, and the overall effectiveness of the organisation. While principle responsibility for the service rests at the corporate level of health service agencies, this proposal recognises that active inclusion of all stakeholders in a partnership response is a crucial ingredient for success.

Implementation: Actions and Outputs

The recommendations and associated actions outlined need to be implemented adopting a strategic, integrated, cohesive and balanced approach. The CPO, to be established with the launch of the strategy, will deliver an intensive programme of work over the first three years at which time there will be a substantial review. The expectation is that within this timeframe a very significant impact will have been made on all priority themes. In three years there should be a real sense that the challenges associated with the management of work-related aggression and violence are being effectively managed within the service.

Recommendations range from awareness raising and system wide education, to very specific deliverables on issues including baseline measurement, costing, and establishing the safety of physical interventions. Delivering success is contingent upon two critical factors, resourcing and adequately matching authority with responsibilities. Resource requirements, including CPO budget, are relatively modest, principally as a function of the potential to utilise and redeploy human and financial resources.

5.3. Implementation: Short-term Targets

Standardisation of Definition

Measures will be implemented to standardise definition including:

- Adopting of EU definition of work-related aggression and violence
- Developing operational categorisation of work-related aggression and violence
- Integrating definition in guidance and policy statements

Target: A system wide definition adopted within **six** months

Completion of Safety Statements

Measures will be implemented to ensure that safety statements with specific reference to work-related aggression and violence are completed in all places of work including:

- Developing structure for risk assessment of work-related aggression and violence.
- Ensuring full compliance with completion of risk assessments and safety statements which incorporate work-related aggression and violence.
- Ensuring that safety statements incorporate explicit control measures.

Target: Complete compliance with safety statements within **six** months

Baseline Measure

The planning and structure of the baseline measure will be initiated with a number of key actions

- Agreeing parameters of study investigation
- Finalising structure and methodology of the baseline measure

Target: Parameters of study agreed and commissioned within **twelve** months

Considering that the recommendations are in large part interdependent and complementary, the successful implementation of the strategy requires a cohesive and coordinated sequencing of actions. While some actions will consume considerable efforts by CPO personnel, others will require external and expert engagement with the time demands of CPO personnel limited to a commissioning and steering role.

There are a number of actions which should not be delayed, and should be completed to implementation stage as far as possible within the first twelve to fifteen months. These priority actions have been collaboratively agreed within the working group based on the criteria of potential impact, relevance, cost/return on investment, and organisational readiness. It is important to

stress that efforts toward priority actions in the first instance should not preclude simultaneous working toward advancement on all themes.

Safety of Lone Workers

Measures will be implemented to ensure the safety of lone workers including:

- Systematically categorising risk associated with lone working
- Developing and implementing of lone worker training
- Exploring and piloting of safety technologies, e.g. alarm devices

Target: Lone worker assessment and training be available to 10,000 within **twelve** months

Safety of Physical Interventions

Measures will be implemented to ensure the safety of physical intervention techniques currently in use within services including:

- Cataloguing physical interventions currently in use nationally
- Establishing a framework of by which safety of techniques can be measured
- Commissioning the expertise to undertake evaluations
- Establishing a repertoire of safest practices

Target: All high risk physical interventions evaluated within **six** months

Development of Guidance

Measures will be implemented to provide guidance to assist decision making including:

- Developing standardised guidance on the provision of education and training
- Developing standardised guidance on the use of physical interventions
- Developing standardised guidance on the provision of staff support

Target: Guidance on education and training issued within **four** months
 Guidance use of physical interventions issued within **eight** months
 Guidance on staff support issued within **twelve** months

Conclusion

*...consistent with ILO recommendation that social partners actively engage in dialogue at national and organisational level...
...focuses on the protection of workplace health and safety as a means toward improving services...*

This report sheds light on a largely unspoken reality with which healthcare organisations and their employees struggle on a daily basis. The magnitude of the problem is surprising, considering that the *raison d'être* of the service is the provision of care. These services are frequently provided under highly emotive and stressful circumstances during which those involved may respond in ways which are not typical of their usual behaviour. Indeed many manifestations of work-related aggression and violence are primarily a function of illness or disability, and are unintended by the assailant. In as much however as they are unintended, they are equally undeserved by employees and in such instances all involved are adversely affected.

Understanding this contradiction of service recipient as assailant and service provider as victim, is complex. This complexity is reflected in the very diverse manifestations of the problem encountered within different services, which are often more reflective of the interaction taking place than they are of the individuals involved. While much is known about the problem, this report has highlighted that many vital areas of information remain incomplete.

One critical point consistently highlighted is the extent to which the Irish experience of the problem, and the difficulties in achieving an effective response, mirrors international experiences. This is in effect a healthcare phenomenon, and not one which is unique to the Irish context. While we are not unique in this challenge, neither however are we immune, and the recognition imposes an imperative to implement an organisational response which can assure those concerned that all reasonably practical measures are being taken to minimise the associated risks. This report acknowledges the very considerable efforts to date within the Irish healthcare system to meet this obligation. Notwithstanding these efforts, the deliberations of the working group have highlighted a number of issues which need to be addressed as a matter of priority.

*...a number of actions should not be delayed...
...be completed as far as possible within the first twelve to fifteen months...*

There is a risk when considering the work ahead, to not fully appreciate the extent and value of the work accomplished to date. While many healthcare organisations continue to struggle in their efforts to address this problem, with various degrees of success, a fully satisfactory response has remained elusive. The careful consideration reflected in the recommendations of this strategy sets forward a structured plan of actions which should result in an organisational response which at the very least equals that of comparable healthcare systems internationally.

...we should feel that challenges associated with the management of work-related aggression and violence are being effectively managed...

Of equal value is the fact that this strategy demonstrates how partnership working can give expression to multiple perspectives so that we move forward in confidence that the plan of actions will address stakeholder needs in an adequate and equitable manner. This level of partnership working should neither be underestimated nor undervalued and indeed the shared learning from this collaborative working has added value for all partners beyond the scope of this project. The commitment to collaboratively embracing the challenges identified, coupled with a commitment to establishing 'facts' rather than 'faults' has resulted in this strategy which is both comprehensive in scope and innovative in approach. This has not gone unnoticed, as evidenced by the fact that the work of the group has been presented at an EU social dialogue forum, and as a keynote paper at the first international congress on violence within the healthcare sector, attended by delegates from 47 countries covering all continents.

In the final analysis the complex issue of work-related aggression and violence is one which compromises the care experience from the perspectives of both recipient and provider. Despite the considerable challenges identified in managing this problem, it is important that we are neither reticent in its recognition, or doubtful that we can achieve excellence in implementing an effective response.

It is clear from the work of this group that there is no simple, single or quick fix solution to this problem. However the careful collaborative consideration which has underpinned the production of this strategy will serve it well as we meet the challenge in an informed, considered, balanced and cohesive way.

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