Policy on the Prevention and Management of Work-Related Aggression & Violence 2018

HSE POLICY on the Prevention & Management of Work – Related Aggression and Violence, 2018

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Review date	June 2021	Responsibility for review and audit	National Health and Safety Funcion

Signature Sheet

I have read, understood and agree to adhere to the attached Policy and Procedure:

Print Name	Signature	Area of Work	Date

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1.0   Policy Statement

Work-related aggression and violence is a serious challenge within healthcare, which diminishes the quality of working life for employees, compromises organisational effectiveness and impacts negatively on the provision of services. The Health Service Executive has adopted the EU definition of work-related aggression and violence 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, well-being or health". [1]

Ensuring the safety of employees and service users is a priority concern for the HSE. The HSE is committed to creating a safe environment within which to work or to be treated. The HSE does not tolerate verbal or physical harassment in any form by employees, service users, members of the public or others. While it is accepted that the provision of health services can involve situational conflicts, this recognition should not be equated with considering any form of aggression and/or violence as being inherent, inevitable or acceptable.

The aim of the policy is to bring about a reduction of any foreseeable risks by ensuring that resources are available for the provision of risk assessment and for appropriate education in the management of aggression and violence. In addition, the aim is to ensure that appropriate measures are in place to provide safe systems of work in relation to the risk of aggression and violence. Where a risk is identified and assessed, the HSE is committed to making considered decisions around providing staff with a safe working environment while continuing to deliver services to service users.

This policy is set in the context of the Safety Health and Welfare at Work Act 2005 and associated regulations. The HSE is committed to ensuring so far as is reasonably practicable the safety, health and welfare of employees, service users, visitors, contractors and others who may be affected by our activities. The policy should be read in conjunction with rules, codes and standards from the Mental Health Commission and Health Information Quality Authority.

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[1] Linking Service & Safety: Together Creating Safer Places of Service, McKenna K., 2008 ISBN :978-1-906218-16-4. Published by HSE

2.0   Purpose

The purpose of this policy is to:

- Clearly state the HSE's policy in relation to the management of work related aggression and violence
- Increase employee awareness of the potential of work-related aggression and violence
- Establish organisational responsibilities in relation to the strategic prevention and management of work-related aggression and violence
- Provide a framework to ensure that risks associated with work-related aggression and violence are methodically assessed in a systematic and continuous way
- Provide a framework to ensure that safe systems and practices of work, including training, are in place to avert incidents of aggression and violence, and minimise associated risks so far as is reasonably practicable
- Obtain clear commitment to and co-operation with the Policy from all levels and disciplines of employees
- Ensure that recording, reporting and reviewing mechanisms in relation to incidents of work-related aggression and violence are understood and actioned
- Ensure that appropriate supports are available to staff who may encounter incidents of work-related aggression and violence
- Reduce the number of all manifestations of aggression and violence incidents.

2.0   Scope

This policy applies to all HSE staff, and others working in the HSE including temporary employees (to include agency staff) and students.

3.0   Legislation and other related policies, guidelines and standards

- Safety, Health and Welfare at Work Act 2005 (S.I. 10 of 2005)
- Safety Health and Welfare at Work (General Application) Regulations 2007 (S.I. No. 299 of 2007)
- Safety, Health and Welfare at Work (Reporting of Accidents and Dangerous Occurrences) Regulations 2016 (S.I. 370 of 2016)
- Health Information & Quality Authority (HIQA) (2016) National Standards for Residential Care Settings for Older People in Ireland
- Health Information & Quality Authority (HIQA) (2012) National Standards for the Protection and Welfare of Children
- Health Information & Quality Authority (HIQA) (2013) National Standards for Residential Services for Children and Adults with Disabilities 2013
- Health Services Executive, (2017), HSE Best Practice Guidance for Mental Health Services, Dublin, Health Service Executive
- HSE Corporate Safety Statement
- HSE (2008) Mc Kenna K., Linking Service & Safety: Together Creating Safer Places of Service - Strategy for Managing Work-related Aggression and Violence within the Irish Health Service
- HSE (2009) Managing Attendance Policy
- HSE (2009) Dignity At Work

- HSE (2017) Policy For Lone Working
- HSE (2011) Policy and Procedure on Rehabilitation of employees back to work after illness or injury
- HSE (2018) Policy on Prevention & Management of Stress in the Workplace
- HSE (2012) Policy on Preventing & Managing Critical Incident Stress
- HSE (2018) HSE Incident Management Framework
- 2007 and 2010 (HSE) ALERT: Management of Violence & Aggression: Use of Physical Interventions or any subsequent relevant alerts.

5.0 Glossary of Terms and Definitions

Work-Related Aggression and Violence	EU definition of work-related aggression and violence is: "Any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well being or health". *Ref: Linking Service and Safety: Together Creating Safer Places of Service, McKenna K., 2008 ISBN: 978-1-906218-16-4*
Risk management	Coordinated activities to direct and control an organisation with regard to risk. *Ref: HSE Integrated Risk Management Policy, Part 1 Managing Risk in Everyday Practice Guidance for Managers 2017*
Risk	Risk is the uncertainty of objectives. In terms of occupational health and safety risk it is the combination of the likelihood of occurrence of a work related hazardous event or exposure(s) and the impact of the injury or ill-health that can be caused by the event or exposure. *Ref: Adapted from HSE Integrated Risk Management Policy 2017*
Near Miss	An incident that was prevented from occurring due to timely intervention or chance and which there are reasonable ground for believing could have resulted, if it had not been so prevented, in unintended or unanticipated injury or harm to a service user during the provision of a health service to that service user *Ref: HSE Incident Management Framework – Guidance 2018*
Controls	A mechanism, process, procedure or action which can be verified which seeks to reduce the likelihood and/or consequence of a risk. Controls include any process, policy, device, practice or other actions which modify risk. They can be required as additional in order to further mitigate the risk. *Ref: HSE Integrated Risk Management Policy, Part 1 Managing Risk in Everyday Practice Guidance for Managers 2017*
Competent Person	(a) For the purposes of the relevant statutory provisions, a person is deemed to be a competent person where, having regard to the task he or she is required to perform and taking account of the size or hazards (or both of them) of the undertaking or establishment in which he or she undertakes work, the person possesses sufficient training, experience and knowledge appropriate to the nature of the work to be undertaken (b) Account shall be taken, as appropriate, for the purpose of *paragraph (a)* of the framework of qualifications referred to in the Qualifications (Education and Training) Act 1999 *Ref: Safety Health and Welfare at Work Act, 2005*
Risk Register	A risk register is a database of assessed risks that face any organisation at any one time. Always changing to reflect the dynamic nature of risks and the organisations management of them, its purpose is to help managers prioritise available resources to minimise risk and target improvements to best effect. *Ref: HSE Integrated Risk Management Policy, Part 1 Managing Risk in Everyday Practice Guidance for Managers 2017*

Risk Assessment	The overall process of risk identification, risk analysis and risk evaluation. *Ref: HSE Integrated Risk Management Policy, Part 1 Managing Risk in Everyday Practice Guidance for Managers 2017*
Service User	A service user includes patients and clients of the HSE and of services funded by the HSE *Ref: Incident Management Framework – Guidance 2018*
Physical Restraint	For the purpose of this policy physical restraint is defined as the use of physical force (by one or more persons) for the purpose of preventing the free movement of a person when he or she poses an immediate threat of serious harm to self or others. *Ref: Best Practice Guidance for Mental Health Services, 2017*
Seclusion	For the purpose of this policy seclusion is defined as "the placing or leaving of a person in any room alone, at any time, day or night, with the exit door locked or fastened or held in such a way as to prevent the person from leaving. *Ref: Best Practice Guidance for Mental Health Services, 2017*
Mechanical Restraint	Mechanical means of bodily restraint is defined as "the use of devices or bodily garments for the purpose of preventing or limiting the free movement of a patient's body". The use of cot sides or bed rails to prevent a patient from falling or slipping from his or her bed may be an acceptable restrictive procedure under certain circumstances. Refer to Dept. of Health, Mental Health Commission and Health Information & Quality Authority documents referenced at 10.0 for further information. *Ref: Best Practice Guidance for Mental Health Services, 2017*

6.0 Roles and Responsibilities

6.1 Director General has overall responsibility for:

6.1.1 Ensuring that governance arrangements are in place in order that legislative, professional and organisational obligations in relation to the management of work-related aggression and violence are being addressed

6.1.2 Ensuring the development of and compliance with this Policy.

The DG delegates accountability for coordinating and monitoring implementation of this Policy and any associated procedures to National Directors, Assistant National Directors, Hospital Group Chief Executive Officers, Chief Officers Community Health Organisations.

6.2 Responsibilities of the National Directors

6.2.1 Ensure arrangements are in place for identifying, evaluating, managing, monitoring and auditing the risks associated with work related aggression and violence

6.2.2 Ensure the necessary resources are provided for implementing this Policy.

6.3 Responsibilities of the Assistant National Directors, Hospital Group Chief Executive Officer's, Chief Officers Community Health Organisations

6.3.1 Ensuring there are adequate and appropriate structures in place for the successful implementation, monitoring, evaluation and review of this policy throughout their respective areas of responsibility

6.3.2 Ensuring necessary resources are allocated and are available for the implementation of this policy

6.3.3 Integrating performance indicators in relation to the management of aggression and violence

6.3.4 Ensuring that each department /service has undertaken risk assessments in the area of aggression and violence and the associated controls are monitored, reviewed and updated on a regular basis

6.3.5 Ensuring appropriate procedures and safe systems of work are in place to avert/minimise associated risks so far as is reasonably practicable. This includes where relevant, sharing of records through an appropriate protocol (see paragraph 7.1.8)

6.3.6 Ensuring that a training needs assessment is carried out for employees identified as being at risk so that appropriate training, education, instruction can be provided, so far as is reasonably practicable, in relation to the management of work-related aggression and violence

6.3.7 Ensuring that supervision extends to the monitoring of practices in relation to the management of aggression and violence

6.3.8 Ensuring that appropriate systems are in place to communicate, report, manage and review all incidents relating to aggression and violence as detailed in section 7.4

6.3.9 Ensuring that appropriate supports are made available to those who may encounter incidents of work-related aggression and violence (see section 7.9)

6.4   Senior Managers and Line Managers (Responsible Persons) are responsible for:

6.4.1   General responsibilities of Senior Managers and Line Managers are outlined in the local Site/Service Specific Safety Statement and are not reproduced here (refer to said document for further information).

In the context of work related aggression and violence responsibilities include:

6.4.2   Ensuring that this policy and related procedures are communicated to all employees

6.4.3   Empowering employees within their area of responsibility to take ownership of management of aggression and violence and to promote best practice in the management of this risk

6.4.3   Carrying out a suitable and sufficient risk assessment in consultation with employees, thus ensuring that all hazards associated with work related aggression and violence are identified and appropriate control measures introduced to eliminate, minimise, or control the risks

6.4.4   Ensuring where appropriate, that service user specific clinical risk assessment is undertaken and informs the service department risk assessment (7.2.1) and that relevant information is communicated appropriately to relevant staff (see paragraph 7.1.7, 7.1.8)

6.4.5   Ensuring risk assessments and associated controls are monitored, reviewed and updated on a regular basis

6.4.6   Ensuring appropriate procedures and safe systems of work are in place to avoid/minimise associated risks so far as is reasonably practicable. This includes where relevant, sharing of records through an appropriate protocol (see paragraph 7.1.8)

6.4.7   Ensuring that employees identified as being at risk are given appropriate training based on training needs assessments, so far as is reasonably practicable on how to recognise, prevent and manage work-related aggression and violence

6.4.8   Supervising and monitoring of practices in relation to the management of aggression and violence

6.4.9   Ensure all accidents, incidents and near misses are reported and managed in accordance with the *HSE Incident Management Framework, 2018*

6.4.10 Providing appropriate support and ensuring the availability of additional supports e.g. notification to Gardai to those who may encounter incidents of work related aggression and violence.

6.5   Responsibilities of Employees

Employees are responsible for:

6.5.1   Taking due care of their own safety, health and welfare and that of others

6.5.2   Adhering to and applying this Policy, local procedures and safe systems of work and any associated risk assessments and controls

6.5.3   Utilising preventive measures and strategies provided to minimise risks that might compromise their safety e.g. emergency response procedures and *HSE Policy on Lone Working*

6.5.4   Being familiar with local procedures for raising the alarm and securing assistance in the event that their safety, or that of others under their care, is compromised

6.5.5   Reporting risks or concerns identified and all incidents of work-related aggression and violence

6.5.6   Undertaking relevant education and training and as appropriate; undergo such assessment as may reasonably be required by his or her employer or as may be prescribed relating to safety health and welfare at work relating to the work carried out by the employee

6.5.7   Acting in accordance with any training or instruction and/or other items provided for his/her protection

6.5.8   Informing the employer of shortcomings or risks of which s/he becomes aware

6.5.9   Informing their line manger if they have concerns about the content of this Policy or if they experience any difficulties during the implementation stage of this policy.

7.0   Procedure

7.1   Risk Assessment and Risk Management

7.1.1   It is important to note that incidents which occur within the context of service provision involve a broad range of contributory factors and influences. These factors involve a process of complex interactions between:

- Service users and others
- employees
- the interaction taking place
- the physical and service environment in which the interaction takes place

7.1.2   Managers must ensure that appropriate risk management systems are in place to manage the systematic identification, evaluation and management of risk. This continuous process must aim to reduce the risks to the organisation and individuals. Managers must ensure that all work activities are subjected to hazard identification and risk assessment(s) and that agreed control measures are put in place to eliminate those hazards or reduce the risk so far as reasonably practicable. Control measures should be reviewed periodically to ensure they are satisfactory. All foreseeable hazards and risks associated with work-related aggression and violence must be methodically assessed in all settings in which there is a potential for such incidents. These must be documented in line with existing risk assessment and management procedures. This should include any practice concerns and take into account health & safety audits and risk management data and the legislative and policy frameworks specific to each service. (Ref. 6.3.4, 6.3.5, 6.3.6, 6.4.3, 6.4.4)

7.1.3   Assessments must be conducted by competent persons and should consider potential contributory factors as outlined above, including service users; employees; interactions occurring and environmental variables as relevant to the particular setting

7.1.4   These assessments should take into account the significant variations of risks between and within services including verbal and physical aggression. Employees may be mobile (providing services in a number of locations/settings) or static (providing services in one location/setting only) and therefore the risk associated with both of these factors should be reflected in the local risk assessment

7.1.5   To assist in the hazard identification and risk assessment process, employees must be consulted to ensure comprehensive identification of potential risks

7.1.6   It is essential in instances where work-related aggression and/or violence are identified as foreseeable, that the risk assessment explicitly outlines the control measures required. It should identify those responsible for implementation and communication of these control measures and their ongoing monitoring, audit and review. Any changes in practice should be monitored to ensure that the changes are being adhered to and that the changes adequately control the risks identified

7.1.7   The completed risk assessment and required actions should be communicated to all staff in the area. Staff new to the area should be informed of risks at local induction. This includes all security staff

7.1.8   Where relevant information exists about a service user (for example, previous incidents of aggression) there should be an appropriate flow of information to and from other services/outside teams through record sharing protocols, in accordance with HSE policies and procedures and Data Protection legislation.

7.2   Risk Assessments & Clinical Care

7.2.1   Clinical risk assessment happens within the context of multi-disciplinary care processes including assessment care planning and evaluation in a formal documented way. All clinical risk assessment processes in clinical care areas, which must be conducted by clinical staff, will include an assessment of aggression and violence risk.

Where a service user poses a risk of aggression and violence, Individual care plan and risk assessments, must be completed and regularly reviewed as part of the care planning process (Reference 6.4.4)

7.3   Management of Emergent Risks Relating to Aggression and Violence

7.3.1   Managers must know and exercise their responsibilities in relation to preventing and managing aggression and violence within the workplace by:
- Ensuring appropriate risk management processes are in place.
- Ensuring that staffing levels are adequate to meet the demands of the service being provided.
- Ensuring that there is adequate cover for night, weekend and shift changeovers.
- Ensuring that employees receive appropriate supervision.
- Ensuring that employees receive appropriate training
- Ensure there is a documented response protocol in place
- Ensure the the Response Protocol is tested regularly

7.3.2   Managers must encourage and support appropriate staff responses consistent with this policy and other relevant local procedures including the HSE Policy on Lone Working

7.3.3   Employees must report previously unidentified risks, or where there is an increase in severity to a previously low rated risk. A risk assessment should be carried out and escalated to the line manager without delay. This may be a review/update of an existing risk assessment or a new risk assessment

7.3.4   The risk assessment must inform any change required to the service user's care plan and/or service provision. Any changes will have full regard to statutory responsibilities of the HSE to protect its employees. Management, clinical teams and other relevant persons must be involved as part of this evidence based management decision making process. This process and outcome must be well documented

7.3.5   Any decisions made to modify a service user's care plan and/or service provided, must be communicated without delay to the service user and their next of kin or support person as named by the service user in their healthcare record. These decisions are made on an individual case-by- case basis. Any verbal communication may be followed by written communication as deemed appropriate

7.3.6   The communication to the service user outlining the decisions at 7.3.5 may reference the definition of aggression & violence outlined in the policy statement at 1.0 and the legal requirement of the HSE to ensure that appropriate procedures and safe systems of work to avert/minimise associated risks are in place so far as is reasonably practicable and may include some detail of the specific risk to the employee.

7.4 Incident Management

All accidents, incidents, near misses must be reported, and managed in accordance with *the HSE Incident Management Framework, 2018.* Reporting of incidents should be done using the appropriate National Incident Report Form (NIRF).

7.4.1   A structured review of all incidents should be undertaken to minimise likelihood/prevent reoccurrence and to ensure learning takes place. Responding to individuals demonstrating aggressive/violent behaviours within the healthcare context is complex as incidents often take place within a professional service relationship. Decisions taken in the aftermath of such incidents must balance the continued delivery of a service with the duty of care owed to employees and must be examined on a case by case basis, in a timely manner

7.4.2   Action plans to support the implementation of the recommendations of the incident review/investigation should be developed. Action plans must be monitored by assigning a designated person to ensure that they are fully implemented

7.4.3   Following the review of an incident the risk assessments and site / service safety statement must be updated

7.4.4   As part of the post incident review the line manger should:
- Review the incident with employees involved
- Review the effectiveness of the risk assessment and control measures and update as appropraite
- Contact relevant clinicians or others where appropriate
- Advise on follow up support as appropriate.

7.5 On Site Security

All on site security personnel (including contracted workers) must be made aware of the risks and control measures in place to prevent & manage aggression & violence. They must receive a copy of the site /service safety statements. It should be assured that they fully understand local procedures for handling aggression and violence including emergency protocols. Service level agreements with contracted security firms should include reference to the local procedures in relation to the management of aggression and violence. This is an important point, as security personnel can have a key role in the potential outcome of an incident.

7.6 Risk Register

Where the results of the risk assessment identifies aggression and violence as having a significant impact upon service activities, the risk must be escalated for inclusion on the local risk register while continuing to manage the risk so far as is reasonable practicable.

7.7   Training

7.7.1   Managers should attend or source briefings on organisational and clinical requirements associated with management of aggression and violence

7.7.2   All employees must be provided with training needs assessment to assess their requirement for education and training in the management of work-related aggression and violence, which is appropriate to their professional and organisational responsibilities

7.7.3   The assessment, design and content of training provided should be based upon a service specific risk assessment as per section 7.1. This should be fully compliant with the organisational, professional and legislative structures within which services are provided

7.7.4   Appropriate levels of training may vary from the basic management of verbal aggression skills to advanced level training in physical interventions skills. Training may include developing participants' knowledge, confidence and skill in recognising the early indicators, assessing and de-escalating aggressive behaviours encountered within the context of their role. It should be borne in mind that verbal de-escalation skills are pertinent in all settings. In the case of lone workers, training should incorporate developing participants' awareness, assessment, and management of the risks inherent in lone working within the professional context

7.7.5   Where any training is provided, refresher training should also be arranged at appropriate intervals

7.7.6   Mangers should ensure that supervision extends to the monitoring of skills and practices in relation to the management of aggression and violence

7.7.7   In addition local emergency procedures, such as use of panic buttons/mobile phones or other local and service relevant procedures should form part of basic training in the management of work-related aggression and violence

7.7.8   Training should be provided by appropriate competent persons with appropriate reputable practice and in accordance with any prevailing HSE procurement guidance and contract, where relevant

7.7.9   A strong preventive emphasis will underpin all education and training, which should focus on providing practical guidance on recognising, assessing and deescalating aggression and potential violence

7.7.10 Any training programme provided on physical interventions should include method(s) of physical restraint that have been researched and based on reputable practice. [Note should be made of an Alert issued in 2007 and re-issued 2010 in regard to a number of physical interventions.] The training should include the physical risks associated with the practices being taught

7.7.11 Where concerns exist about an individual's ability to practice the physical intervention skills safely, the line manager must take steps to provide supports in training and/or practice

7.7.12 All interventions should be used in the context of the duty of care to service users where service users can expect to be treated with dignity and respect

7.7.13 Training records should be comprehensively documented and securely stored including electronically, in accordance with legislation and guidelines regarding all health and safety related training. These must be available for inspection at any time.

7.8   Use of Physical Interventions

7.8.1   The duty of care to safeguard service users from harm while they are in the care of the HSE or using HSE services is an overarching principle for the use of any physical intervention.   This duty   of care also holds that service users can expect to be treated with dignity and respect

7.8.2   Physical restraint must not be used to ameliorate operational difficulties including where there are staff shortages

7.8.3   While the use of physical interventions is a complex issue, it is acknowledged that on occasion such interventions are the only or most appropriate option. The use of physical restraint should in all instances be an option of last resort, which employs the minimum level of restriction, for the shortest possible duration

7.8.4   In situations where physical interventions are used, it is critical that employees are competent in the employment of safe effective techniques in order to preserve the safety of all concerned. Only those trained in the use of prescribed physical interventions should deploy such interventions. The risk assessment process together with the training needs analysis will identify those individual employees who may need to be equipped with such training

7.8.5 Physical restraint must never be used as a sanction or punishment, but only to protect service users from immediate risk of injury to self or others, or serious damage to property. Decisions in relation to the use of physical restraint should be reasonable, justifiable, proportionate and time limited and in accordance with HSE Best Practice Guidance for Mental Health Services (2017), Training should be provided accordingly

7.8.6 Special consideration must be given when restraining service users who are known to have experienced physical or sexual abuse

7.8.7 It should be noted that where clinical risk assessments exist which contain information about service user behaviour these should form part of the management of work-related aggression and violence risk assessment as outlined in 7.2

7.8.8 In some cases individual care plans outline how to manage particular behaviour. Therefore it is important that care plan information is communicated to all those providing care for the service user.

7.8.9 Where possible and relevant, service users can be informed of the procedure for use of physical restraint and/or seclusion in the given health service unit

7.8.10 Where a service user has been secluded or restrained, an aftercare plan should be prepared per clinical practice guidelines

7.8.11 All interventions in response to behaviour that is challenging or aggressive should be evaluated regularly as part of the care planning process and demonstrably inform learning and practice development

7.8.12 Any local procedure and/or care plan should include using other methods to de-escalate the situation prior to using any physical intervention. Local approved procedures may also include physical interventions which may be used. These procedures should be approved by clinical and operational managers

7.8.13 The management of violence in healthcare settings is associated with specific challenges which vary from one setting to the next. This is why individual care settings must have local procedures in place; this is the purpose of localised risk assessments. Where relevant, care plans will also address individual circumstances

7.8.14 The HSE is committed to the use of physical interventions being governed by standards of best practice and those determined by statutory bodies.

7.9 Support for Employees

Employees who are exposed to various manifestations of aggression and violence will be provided with sensitive and practical support to assist them cope with the occurrence. This is responsibility of the senior and line manager. (Refer 6.4.10) Specific tools for managers to support staff are included in the suite of documents supporting the Open Disclosure National Policy (HSE (2013) Supporting Staff following an adverse event. The "ASSIST ME" model QPSD-D-065-1. Other supports are outlined in the following sections

7.9.1 While many employees will require only minimal post-occurrence support, others may require a wider range of support measures. Consequently integrated support measures together with information as to how services may be accessed should be readily available to employees as set out in the site/service specific safety statement

7.9.2 The role of the line managers is pivotal in providing support, and it is important that they are prepared for, appropriately resourced and supported in this role

7.9.3 The employee should be made aware that payment may be available under the Serious Physical Assault Scheme in respect of any assault causing harm. Employees who are absent from work as a result of a serious physical assault by a patient/client incurred in the course of their duties are covered by the Serious Physical Assault Scheme. Payment is conditional on the assault occurring in the actual discharge of the employee's duties, without his/her own default and by some injury attributable solely to the nature of his/her duty. Additional supports for employees are set out below.

7.9.1   Occupational Health Services

Occupational Health Services aim to promote and maintain the physical, mental and social wellbeing of employees. Occupational Health (OH) provides a confidential independent advisory service. The emphasis of the service is on the protection of employees from the possible adverse effects of work related activity and on health promotion.

Responsibilities include:

- provision of medical advice on issues where work is affecting health and/or health is affecting work
- promoting compliance with health and safety legislation
- completing health assessment pre-placements for applicants to ensure they are medically fit to undertake the employment.
- administering appropriate vaccination programme(s) in accordance with the Immunisation Guidelines of Ireland
- providing independent, impartial medical advice taking into consideration employees' health problems that will assist both the employer and employees in securing treatment or rehabilitation as appropriate
- advising and supporting employees with pre-existing medical conditions on appropriate placement or on restrictions, modifications or alterations if required.
- advising on fitness for work at an early stage
- providing advice on ill health retirement
- providing health surveillance to employees considered to be at risk in the workplace
- advising on ergonomic issues and workplace design
- monitoring the health of employees after an accident or illness as appropriate
- providing occupational health advice in the management of attendance
- providing information to employees regarding support services available. e.g. counselling support
- developing and maintaining relations with appropriate external organisations
- promoting employee health and wellbeing
- promoting the development of an integrated occupational safety, health and welfare system
- supporting the development of evidenced based policies, procedures and guidelines related to occupational health
- promoting audit based benchmarked standards for occupational health
- developing an occupational minimum dataset

For further information see: http://www.hse.ie/eng/staff/Workplace-Health-and-Wellbeing-Unit/

7.9.2 Employee Assistance Programme

The HSE recognises the need for specific and specialised support to staff who may encounter, in the course of their work, situations which may have a potentially traumatic effect on their personal and professional life. The Employee Assistance Programme (EAP) provides formal structured support to employees who have experienced stress reactions as a result of a critical incident in the workplace. Employees can access the service for information or an appointment. The Occupational Health Service can also refer clients with their consent.
EAP is a confidential service, and is free of charge for all HSE Employees. The service is provided by trained and experienced counsellors who are professionally qualified and bound by the conduct of the professional bodies to which they belong.

Managers may contact the service for advice and guidance on issues relating to employee welfare and wellbeing.
The service provides:

- professional assessment;
- personal support;
- counselling;
- referral onwards to other professional resources where appropriate;
- trauma support.

Regional Employee Assistance contact details are available on HSE website or from local HR departments.

8.0   Implementation

Implementation of this Policy forms an integral part of the Safety Management Programme and is underpinned by effective consultation, communication, supervision, monitoring, audit and review.

8.1   Communication

Managers (Responsible Persons) are required to make this Policy available to all employees. Electronic and other communication means can be used to maximise distribution. Managers must create an awareness of the policy throughout their services and ensure that employees under their supervision have read and understand the Policy. A signature sheet is provided for this purpose.

8.2   Responsibilities for Implementation

Managers (Responsible Persons) at all levels are responsible for implementing this Policy within their area and hence are required to develop an implementation plan, including identification of responsible person(s), specifying the actions to implement the PPPG and timeframes for implementation.

9.0   Monitoring, Audit & Review

- Managers are required to monitor the implementation plan supporting this policy
- Managers are required to audit implementation of this policy using the Audit Checklist Tool in Appendix 1
- Implementation of this Policy shall be audited periodically at national level
- This Policy shall be reviewed at national level every three years or earlier if circumstances require it.

10.0   References and further reading

- Safety, Health and Welfare at Work Act 2005 (S.I. 10 of 2005)
- Safety Health and Welfare at Work (General Application) Regulations 2007 (S.I. No. 299 of 2007) and amendment Regulations
- HSE Corporate Safety Statement
- HSE (2017) Best Practice Guidance for Mental Health Services
- HSE (2017) HSE Integrated Risk Management Policy
- Mc Kenna K., (2008) Linking Service & Safety: Together Creating Safer Places of Service -Strategy for Managing Work-related Aggression and Violence within the Irish Health Service, HSE.
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- *Iro et al (2011)*: Violence and aggression at a drug treatment clinic, The Psychiatrist Original Papers
- DoHC (2008) Building a Culture of Patient Safety: Report of the Commission on Patient Safety and Quality Assurance
- HSE South (2005) Prevention & Response to Violence Statement of Policy & Guidelines
- HSE Nat Ambulance Svc (2012) Workforce Support Policy, Managing Violence and Aggression towards Staff
- HSE (2014) Managing Attendance Policy
- HSE (2009) Dignity At Work
- HSE (2017) Policy on Lone Working
- HSE (2011) Policy and Procedure on Rehabilitation of employees back to work after illness or injury.
- HSE (2018) Policy on Prevention & Management of Stress in the Workplace
- HSE (2012) Policy on Preventing & Managing Critical Incident Stress
- HSE (2011) OQR012 Risk Assessment Tool and Guidance (Including guidance on application)
- HSE (2012) Guideline for Systems Analysis Investigation of Incidents and Complaints
- HSE (2005) Trust in Care
- HSE (2009) Protected Disclosures of Information in the Workplace
- HSE (2013) Open Disclosure National Policy QPSD-D-062-1
- HSE (2013) Supporting Staff following an adverse event The "ASSIST ME" model QPSD-D-065-1
- HSE (2016) Policy for Occupational Health and Safety Statutory Training
- 2007 (HSE) ALERT: Management of Violence & Aggression: Use of Physical Interventions.HSE (2009) Serious Physical Assault Scheme

Appendix 1 Audit Tool

	Audit on the Implementation of the HSE Policy on Management of Work Related Aggression and Violence	Yes	No	NA	Comment
1	Does each department have the HSE Policy on Management of Work Related Aggression and Violence?				
2	Are there local guidelines / standard operating procedures in place to support implementation of this Policy?				
3	Is there a system in place for the appropriate circulation/communication of this policy to all employees?				
4	Have risk assessments been completed on the appropriate Risk Assessment Forms?				
5	Have the control measures identified through the risk assessment process been implemented?				
6	Has appropriate information, instruction, supervision and training been provided based on risk assessment?				
7	Is there a procedure in place for reporting all accidents/incidents/near misses?				
8	Is there a system in place to monitor compliance with this Policy?				
9	Where relevant information exists about a service user (e.g. previous incidents of aggression), is there an appropriate flow of information to and from services/outside teams through record sharing protocols in accordance with HSE policies and procedures and Data Protection legislation?				

Appendix 2 Risk Assessment Form

Health and Safety General Risk Assessment Form

Division: Insert Division e.g. Mental Health Division / Acute Hospital	**Source of Risk:** Document the sources of the risk e.g. Risk assessment, Audit, Inspection Report result of incident
HG/CHO/NAS/Function: Insert as appropriate	**Primary Impact Category:** Choose the Primary risk category from the HSE Impact Table i.e. Harm to a Person / Compliance
Hospital Site/Service: Insert name of site / Service	**Risk Type: Choose whether it is Strategic** (most commonly identified at corporate / senior Mgt level) **OR Operational** (most commonly identified at service delivery level). (delete as appropriate)
Dept/Service Site: Insert name of ward / department e.g St Marys Ward	**Name of Risk Owner (BLOCKS):** Insert the name of the person with responsibility to assess and manage the risk in line with organisational policy i.e. normally the Line Manager of Service / Area.
Date of Assessment: Insert date of risk assessment	**Signature of Risk Owner:** As above
Unique ID No: Assign a number for each risk assessment	**Risk Co-Ordinator** N/A
	Risk Assessor (s): Insert names of those completing the risk assessment

HAZARD & RISK DESCRIPTION	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	ACTION OWNER	DUE DATE
Identify the hazard and describe who might be harmed and how, where and when.	Detail the current control measures to include all measures put in place to eliminate or reduce the risks and include engineering controls, policies, procedures, protocols, guidelines (clinical and non-clinical), training, emergency arrangements, preventative maintenance controls etc. When examining existing control measures, consider the adequacy, method of implementation and level of effectiveness in eliminating or minimising risk to the lowest practicable level.	Detail the measures necessary to eliminate or further reduce the level of risk. In line with Schedule 3 of the Safety, Health and Welfare at Work Act, 2005 consider the hierarchy of controls : Elimination/ substitution/ engineering/ administrative/ PPE Consider the interim and long term measures.	Enter the name (s) of the responsible person(s) for implementation of each control measure.	Enter the date by which implementation of the additional controls to mitigate the risk are due.

INITIAL RISK RATING			Risk Status		
Likelihood	Impact	Initial Risk Rating	Open	Monitor	Closed

Rating of risk is carried out taking account of existing control measures. Please refer to HSE Risk Assessment Tool for assignment of likelihood and impact scores and the rating of risk

...ral Risk Assessment

Each of the risk should be assigned a risk **status**.
•**Open**, i.e. additional controls have been identified as necessary •**Monitor**, i.e. existing controls are deemed adequate to manage the risk but these need to be periodically reviewed •**Closed**, i.e. that the risk no longer exists e.g. where an unsuitable premises is replaced by a suitable one