
 Fíréannas na Seirbhíse Sláinte Health Service Executive	<h1>Frequently Asked Question</h1>				
<b>Ref: FAQ: 009:02</b>		<b>RE: Work Related Aggression and Violence</b>			
<b>Issue date:</b>	July 2015	<b>Revised Date:</b>	August 2017	<b>Review date:</b>	August 2020
<b>Author(s):</b>	National Health & Safety Function-Information & Advisory Team				
<b>Note:</b>	<i>This information/advice has been issued in response to frequently asked questions around a specific topic and may not cover all issues arising, should you require more specific advice please contact the Health &amp; Safety Help Desk. The management of any occupational safety and health issue(s) remains the responsibility of local management.</i>				

### **What is work related aggression and violence?**

The HSE 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, wellbeing or health.”

Examples include:

- Physical acts, such as spitting, pushing, hitting, punching a person or attacking a person with a weapon or object.
- Non-physical acts, such as verbal abuse, threats or gestures.

### **What is the risk?**

The main risk is of injury or ill health to employees or others that presents itself; often starting with aggressive behaviour of a verbal nature taking place and escalating.

Please note that not all verbal abuse does not take place face to face e.g. telephone, email.

### **Who is at risk?**

Employees, visitors, contractors and service users may all be at risk. However employees who may be at a greater risk include those who:

- Work alone
- Work after normal working hours
- Work and travel in the community
- Handle valuables or medication
- Provide or withhold a service
- Exercise authority
- Provide care and advice for service users with risk factors
- New, inexperienced employees who have not received the necessary training or developed the required skills.

## ***Does the Manager have to complete a risk assessment?***

Yes, the Safety, Health and Welfare at Work Act, 2005 places duties on employers to ensure, so far as is reasonably practicable, the safety, health and welfare of employees while at work. This duty extends to others in the workplaces, who are not their employees, such as service users and visitors.

Risk assessments must be documented in line with existing HSE risk assessment and management procedures. The risk assessments must include any concerns relating to work practices and take into account information arising from health and safety audits, risk management data and the legislative and policy frameworks specific to each service.

Managers must ensure that control measures are implemented to eliminate the hazards or reduce the risks so far as reasonably practicable. Control measures should be reviewed periodically. (Please refer to section 7.0 on risk assessment and risk management of the HSE policy on Management of Work-Related Aggression and Violence, 2014 LSS/2014/1).

## ***What should be considered to eliminate/reduce the risk?***

There are a number of precautions that can help prevent and/or reduce the risk of aggressive behaviour and violence. The following list provides a number of examples for consideration.

### ***1.0 The Workplace Environment:***

The physical environment may affect the likelihood of violent incidents, and the ease with which people can respond to them. The most appropriate controls for any work environment will vary, depending on the healthcare service provided, and will be guided by the findings of the risk assessment.

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

- Space and layout – ensure good visibility and avoid trapping points
- Lighting, decoration and fixtures and fittings – it is important to create a relaxing environment but you should consider what furnishings could be used as weapons
- Noise – banging doors, trolleys, Public Address (PA) systems can cause irritation
- Information – people may get annoyed if information is not available. Consider clear signage and visual displays to inform people of anticipated waiting times etc.
- Staff security – consider building security, access to isolated areas and security systems such as CCTV, fixed alarms, personal alarms and communication systems.

#### ***1.2 Space, consider the following:***

- Waiting areas should be as spacious as possible with enough seating to meet peak demand
- 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.

#### ***1.3 Information and signage for service-users and visitors, consider the following:***

- Provide signage indicating where to report on arrival, location of toilets etc.

- Provide information on triage systems and visiting times
- Display the workplace policy with regard to unacceptable behaviours from service-users, visitors and members of the public, as this may act as a deterrent
- Information can be provided on site and/or prior to a visit, such as patient information packs, information on a website, etc.

#### **1.4 Access and egress, consider the following:**

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

#### **1.5 Security systems, monitors and alarms, consider the following:**

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

#### **1.6 Interview/Treatment Rooms etc., consider the following:**

- Suitable alarm systems should be in place
- The ease with which employees can escape from an interview room if necessary: there should be unrestricted access to the door for the employee. Ideally the room should have two exit doors. It should not be possible to lock the doors from the inside
- The need for easy communication with the employee in the interview room while retaining privacy: a viewing panel should be provided so that colleagues can see into the room and a panic alarm should be provided to call for assistance
- The selection of furniture and fittings which would be difficult to use as weapons
- All potential weapons should be removed from the room before use as an interview room
- Based on risk assessment, a dress code for employees may be required. Items which could put an employee at additional risk should be avoided, e.g. ties, scarves, items of jewellery, etc.
- Footwear should be suitable to the work environment and take account of the fact that employees may have to move quickly.

#### **2.0 Lone working - Community workers, consider:**

When working alone staff may encounter additional and increased risks. Hence it is especially important to consider working arrangements carefully.

Generic assessments of the risks of visiting particular areas or client groups may help employees decide on the precautions to take for specific visits; for example, by identifying particular types of visit which should not be carried out by a lone member of staff.

In addition the potential risk of violence should be assessed before any home visit. Such assessments need to consider:

- Information passed on at referral
- Information from other agencies, such as the Garda Síochána, health or social services
- Past history of violence (person receiving care or relatives)
- The effect of staff uniforms on people or their relatives
- Recent medical and personal history.

It is advisable to set up systems to ensure the exchange of information and co-operation between all agencies that might visit people in the community.

If there is not enough information to make a suitable assessment, consider the following precautions for visits where there may be a risk of violence:

- Meeting the patient or client in another safer location
- Joint visiting where two or more staff visit together
- Arranging for security staff or others to provide an escort
- Provision of an alarm and/or communication device
- Special liaison with local Garda Síochána/other agencies (possibly a combined visit, as indicated through risk assessment).

Where an employee's work requires them to carry out home visits there is a requirement to share their work itinerary and it is advisable to report back to base periodically. This should form part of the service lone worker procedure. Reporting to base might be appropriate after identified visits, and at the end of the day or shift. The work schedule must be kept by someone responsible, who knows what to do if the person involved does not call in when expected e.g. an escalation policy.

### **3.0 Work arrangements:**

- Consider the activities that employees are undertaking whilst at work; provide clear instructions which can be verbal or written
- Ensure appropriate training at the right level, to help staff work safely when dealing with potentially aggressive or violent people
- Ensure suitable systems are in place for recording and exchanging information about patients, service users and potentially, their relatives (clinical risk assessments, hand over briefings, indicators on care plans, prompts in bedrooms etc.)
- Ensure adequate staffing levels according to level of risk. Do certain times of the day present a higher risk of challenging behaviour, i.e. bathing or meal times?
- Respond appropriately to incidents and record them appropriately
- Consider how staff engage with people. People may get annoyed if information is not available or they feel as if they are being ignored
- Manage new patients or service users – check you have the right information at referral regarding violent behaviour and share it early with staff.

### ***Will training be provided in the management of aggression and violence?***

Yes, based on training needs analysis and following risk assessment all relevant employees must be provided with training in the management of work related aggression and violence.

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

Appropriate levels of training may vary from the basic management of verbal aggression skills to advanced level training in physical interventions skills.

Training in the prevention and management of violence/aggression can provide employees with appropriate skills to reduce or diffuse potential incidents. Refer to aggression and violence policy for details of possible training content.

Additional training may be required for those caring for persons who present a serious risk of physical aggression e.g. dementia training and physical intervention techniques, as well as basic training.

When dealing with an incident of aggression and/or violence, confidence and capability are important; therefore staff will need refresher training from time to time to update their skills.

### ***Do I have to consider Emergency planning?***

Yes, Management are required to ensure that procedures are in place for responding to incidents and that these responses are appropriate to the level of risk. Staff exposed to the risk of violence need training on the appropriate emergency procedures. It is important that they are aware of the criteria for initiating procedures.

Community based staff or those working in isolation on premises may need to contact others for assistance. Access to mobile phones and/or other devices may be required. Although these devices will not prevent incidents occurring when used correctly in conjunction with robust procedures they will improve the protection of lone workers.

### ***Must incidents of an aggressive and violent nature be reported?***

Yes, as outlined in the Corporate Safety Statement, it is the policy of the HSE that all incidents (physical and non-physical) shall be identified, reported, communicated and investigated in accordance with the Safety, Health and Welfare at Work Act, 2005 and the current HSE Incident Management Policy and Procedure.

### ***As an employee, will I be offered support following an incident?***

Yes, employees who are exposed to aggression and violence will be provided with sensitive and practical support. This shall be organised by the appropriate Manager (for further information, please refer to section 7.8 "Support for employees" of the HSE Policy on the Management of work related aggression and violence 2014).

### **Additional Resource Information:**

- <http://www.hse.ie/eng/staff/safetywellbeing/HealthSafetyand%20Wellbeing/policyonworkrelatedaggressionandviolence.pdf> HSE, National Health and Safety Function

- [Guidance on Lone Working in the Healthcare Sector](#), Health and Safety Authority.
- [Managing the Risk of Work-Related Violence and Aggression in Healthcare](#), Health and Safety Authority.
- [Violence at Work](#), European Agency for Safety and Health at Work.
- [Linking Service and Safety - Together Creating Safer Places of Service](#), Strategy for Managing Work Related Aggression and Violence, Health Service Executive.
- [Fast Fact - Dealing with Aggressive Phone Calls](#) HSE, National Health and Safety Function.

**Legislation:**

- Safety, Health and Welfare at Work Act (SHAWAWA) 2005, Parts 2 and 3.
- The Safety, Health & Welfare at Work Act (General Application) Regulations 2007, Part 2, Chapter 1 and Part 6.