**POLICY ON**

**MANAGEMENT OF WORK-RELATED AGGRESSION & VIOLENCE**

| Document reference number | LSS/2014/1 | Document developed by | Employee Relations Advisory & Assurance Services: Linking Service & Safety Project Joint Governance Group |
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**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 & 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 in 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.  Section 4.0 sets out a list of legislation and documentation that should be referred to when addressing the issue of aggression and violence.

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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:

- increase employee awareness of the potential of work-related aggression and violence;
- establish organisational responsibilities in relation to the risk of work-related aggression and violence;
- ensure that risks associated with work-related aggression and violence are methodically assessed in a systematic and continuous way;
- ensure that safe systems and practices of work, including training, are in place to avert incidents of aggression and violence, and minimise associated risks as 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 aggressive and violent incidents.


## 3.0    Scope

This policy applies to all employees and extends to agency staff, contractors, volunteers, students and those on work experience.


## 4.0    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)
- Part X and the Twelfth Schedule of the Safety, Health and Welfare at Work (General Application) Regulations 1993 (S.I. No. 44 of 1993)
- Government Publications Office (2006) Mental Health Act 2001 (Approved Centre) Regulations 2006, S.I. No.551 of 2006
- DOHC (2001) National Standards for Children's Residential Centres
- Health Information & Quality Authority (HIQA) (2009) National Quality Standards for Residential Care Settings for Older People in Ireland

- Health Information & Quality Authority (HIQA) (2013) National Standards for Residential Services for Children and Adults with Disabilities 2013

- Mental Health Commission (2006) Code of Practice Relating to Admission of Children under the Mental Health Act 2001

- Mental Health Commission (2009) Code of Practice Relating to Admission of Children under the Mental Health Act 2001 Addendum

- Mental Health Commission (2009) Code of Practice on the Use of Physical Restraint in Approved Centres - Version 2

- Mental Health Commission (2009) Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint – Version 2 2009

- Mental Health Commission (2011) Addendum to the Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint - Version 2 – 2011

- HSE (2014) 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 (2012) Policy & Guidelines For Lone Working

- HSE (2011) Policy and Procedure on Rehabilitation of employees back to work after illness or injury

- HSE (2012) Policy on Prevention & Management of Stress in the Workplace

- HSE (2012) Policy on Preventing & Managing Critical Incident Stress

- HSE (2014) QPSD-D-060-1 – Safety Incident Management Policy

- HSE (2011) OQR012 Risk Assessment Tool and Guidance (Including guidance on application)

- HSE (2013) Integrated Risk Management Policy (Revised)

- HSE (2009) Risk Management In Mental Health Services

- HSE (2005) Trust in Care

- HSE (2009) Protected Disclosures of Information in the Workplace

- HSE (2011) Good Faith Reporting Policy

- 2007 (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".

**Risk management**

Risk management is the systematic identification, evaluation and management of risk.  It is a continuous process with the aim of reducing risk to an organisation and individuals.

**Risk**

Risk means the likelihood that a specified undesired event will occur due to the realisation of a hazard by, or during work activities, or by the products and services created by work activities. A risk always has two elements: the likelihood that a hazard may occur and the consequences of the hazardous event. The number of people exposed as well as how often also determines risk.

**Incident**

An incident is an event or circumstance which could have, or did lead to unintended and/or unnecessary harm. (Adapted from WHO (2009) and Dept. of Health (2010), HSE Quality and Risk Taxonomy (2009). Incidents include **adverse events** which result in harm; and **near-misses** which could have resulted in harm. Incidents can be clinical or non-clinical and include incidents associated with harm to:

- patients, service users, employees and visitors
- the attainment of HSE objectives
- HSE ICT systems
- data security e.g. data protection breaches
- the environment

Incidents include complaints which are associated with harm and as such these complaints are service user reported incidents.

**Adverse events**

An adverse event is an incident which resulted in harm.

**Near-miss**

A near-miss is an incident which could have resulted in harm, but did not either by chance or timely intervention.

**Control Measure**

The steps taken to minimise the risks associated with the area, activity or process being undertaken.

**Risk Register**

Details of risks with the potential to affect one or more areas of the HSE services or have a significant impact upon HSE activities.

**Risk assessment**

Risk assessment is defined as the overall process of risk identification, risk analysis and risk evaluation.

**Service User/Patient**

A service user/patient is any person to whom health and/or social services are provided. Where referenced in this document this also includes '**resident'** as defined below.

**Resident**

A resident is any service user who is resident in community accommodation including Mental Health Commission Approved Centres.

**Visitor**

A visitor is any person other than a resident/service user or rostered member of staff.

**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.

**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."

**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.

## 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. These governance arrangements described fall under the Director General's responsibility under the Corporate Safety Statement to ensure, as far as is reasonably practicable, the safety, health and welfare at work of all employees and others affected by HSE work activities.

### 6.2    Leadership Team

have overall responsibility for

6.2.1    ensuring that arrangements exist for identifying, evaluating and managing risks associated with work-related aggression and violence;

6.2.2    providing resources necessary for implementing policy;

### 6.3    Local Senior Managers

e.g. Hospital GM/CEO, Integrated Service Manager, Area Manager, Operations / Business Manager / LHM or Support Services GM / Directors of Nursing are responsible for:

6.3.1    ensuring there are adequate and appropriate arrangements in place for the successful implementation 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 appropriate systems are in place to communicate the policy and related local procedures to all employees and others;

6.3.5    ensuring that each service has undertaken risk assessments in the area of aggression and violence and that these form part of service/site specific safety statements where appropriate;

6.3.6    ensuring that risk assessments and associated controls are monitored, reviewed and updated on a regular basis;

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

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

6.3.9    ensuring that supervision extends to the monitoring of practices in relation to the management of aggression and violence;

6.3.10  ensuring that appropriate systems are in place to communicate and ensure understanding of, incident reporting and recording mechanisms;

6.3.11  putting in place appropriate procedures to ensure that all incidents are reported per statutory requirements and prevailing HSE incident management policy and procedure (see more detail at section 7.4.5);

6.3.12  ensuring procedures are in place to undertake structured review of incidents to prevent reoccurrence and to ensure learning takes place (see more detail at section 7.4.6);

6.3.13  ensuring that appropriate procedures are in place to implement remedial measures identified through incident review (see section 7.4.7);

6.3.14  identifying patterns and trends of incidents, monitoring the effectiveness of preventative measures and using these to plan the management of aggression and violence both operationally and strategically;

6.3.15  ensuring that appropriate supports are made available to those who may encounter incidents of work-related aggression and violence (see section 7.8.1);

**6.4    Line Manager**

e.g. Clinical Directors, Department Manager, Head of Department, Service Manager is responsible for:

6.4.1   ensuring that systems and processes are in place to safely and effectively manage violence and aggression and maintain the safety of the service users and those covered under the scope at 3.0;

6.4.2   ensuring that this policy and related local procedures are communicated to all employees and others (including security personnel);

6.4.3   empower 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;

6.4.4   ensuring that risk assessments are undertaken, that they include employee consultation (see 7.1.5), are regularly reviewed and communicated and are in written format.  The manager must identify the competent person[2] to perform the risk assessments.  These may form part of service/site specific safety statements where appropriate;

6.4.5   ensuring that risk assessment(s) actions are completed and risk controls are in place;

6.4.6   ensuring risk assessments and associated controls are monitored, reviewed and updated on a regular basis;

6.4.7   ensuring where appropriate, that service user specific clinical risk assessment is undertaken and relevant information communicated appropriately to relevant staff (see paragraph 7.1.8, 7.2);

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

6.4.9   ensuring that employees identified as being at risk are given appropriate training based on training needs analysis, as far as is reasonably practicable on how to recognise, prevent and manage work-related aggression and violence;

6.4.10  supervising and monitoring of practices in relation to the management of aggression and violence;

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[2] **Competent Person**: "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." *From Safety, Health and Welfare at Work Act* 2005.  Where a person is required to undertake risk assessment for which they have the experience and knowledge but not the training, training must be provided to that person in order that they can become competent to undertake the task that they have been assigned.

6.4.11 ensuring that recording and reporting mechanisms are appropriately communicated and understood and that employees and others covered in the scope of the policy are attentive to their duty to report and record all incidents of aggression and violence;

6.4.12 ensuring that a comprehensive incident management process is in place for all incidents of aggression and violence occurring within the department/service (see more detail at section 7.4.5)

6.4.13 undertaking a structured review of all incidents to prevent reoccurrence and to ensure learning takes place (see more detail at section 7.4.6)

6.4.14 ensuring that remedial measures identified through incident review are promptly implemented (see section 7.4.7);

6.4.15 identifying patterns and trends, monitoring the effectiveness of preventative measures and using these to plan the management of aggression and violence both operationally and strategically;

6.4.16 providing appropriate support and ensuring availability of additional supports to those who may encounter incidents of work-related aggression and violence (see section 7.8);

**6.5    All Employees**

are responsible for:

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

6.5.2    working in a safe and responsible manner and co-operating with their employer in order to comply with the law;

6.5.3    familiarising themselves with the content of this policy;

6.5.4    adhering to procedures designed for safe working including lone working;

6.5.5    utilising preventive measures and strategies provided to minimise factors that might compromise their safety e.g. emergency response procedures;.HSE Lone Worker Policy & Guidelines;

6.5.6    reporting risks or concerns identified and all incidents of work-related aggression and violence;

6.5.7    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 or relating to the work carried out by the employee;

6.5.8    acting in accordance with any training or instruction and/or other items provided for his/her protection;

6.5.9    informing the employer of shortcomings or risks of which s/he becomes aware;

6.5.10 informing their line mangers 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's 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 <u>ensure that appropriate risk management systems are in place</u> 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 <u>ensure that all work activities are subjected to hazard identification and risk assessment(s)</u> and that agreed control measures are put in place to eliminate those hazards or reduce the risk as far as reasonably practicable.  Control measures should be reviewed periodically to ensure they are satisfactory. <u>All foreseeable hazards and risks associated with work-related aggression and violence must be methodically assessed</u> 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. 6.3.5, 6.3.6 & 6.3.7, 6.4.5, 6.4.6, 6.4.7)

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..[3]

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.  Those with this responsibility also need to ensure that where appropriate, organisational risk assessment include risks and control measures which exist in regard to individual service users and others. See 6.4.5 and 6.4.8.

**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:

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[3] Lone Worker Policy and Guidelines are relevant here.

7.3.1.1 Ensuring appropriate risk management processes are in place.

7.3.1.2 Ensuring that staffing levels are adequate to meet the demands of the service being provided.

7.3.1.3 Ensuring that there is adequate cover for night, weekend and shift changeovers.

7.3.1.4 Ensuring that employees receive appropriate supervision.

7.3.2 Managers must encourage and support appropriate staff responses consistent with this policy and other relevant local procedures including Lone Worker Policy And Guidelines.

7.3.3 Employees must comply with this policy and other relevant local procedures.

7.3.4 Employees must take due care of their own safety, health and welfare and should ask for assistance from their line manager or person in charge when necessary/required.

7.3.5 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.

7.3.6 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.

7.3.7 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.

7.3.8 The communication to the service user outlining the decisions at 7.3.7 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 as far as is reasonably practicable and may include some detail of the specific risk to the employee.

**7.4 Reporting and Managing Incidents (including Near-Misses)**

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 prevailing HSE Incident Management Policy and Procedure. Employees should be familiar with and where appropriate trained in incident reporting, management and review.

The process of incident reporting and management includes the following steps:

1. Identification
2. Immediate Management
3. Reporting (Completion of incident form)
4. Incident Investigation
5. Closing the Incident Management Loop

7.4.1   Site specific safety statements must be developed based upon the identification of hazards and associated risk assessments will provide practical guidance to staff on managing incidents of work-related aggression and/or violence including details of local emergency procedures.

7.4.2   All employees must be 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.

7.4.3   In the event of an incident the employee(s) involved must report this as promptly as is reasonably practicable, to their immediate supervisor/local management.  Employees who witness the incident should also report this to their supervisor.

7.4.4   Local management must keep records of all incidents including review/investigations, conclusions reached, actions identified as being required, the person responsible for actions and the timeframes for implementation. Where appropriate and agreed, communication with the service user should be handled in line with the Open Disclosure Policy: HSE (2013) Open Disclosure National Policy QPSD-D-062-1.

7.4.5   All incidents should be formally recorded according to the prevailing HSE Incident Management Policy and Procedure and as well as on the NAEMS (formerly STARSWeb) as designated by the legislation regarding the State Claims Agency.  Additionally where appropriate, incidents should be reported to the Health and Safety Authority and as outlined under the Mental Health Commission Code of Practice for Mental Health Services on Notification of Deaths and Incident Reporting (2008).

7.4.6    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

7.4.7    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.


**On Site Security**

7.4.8    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 specific 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.


**7.5    Risk Register**

7.5.1    Where aggression and violence is a known threat to those covered by the scope of this policy or has a significant impact upon service activities, the line manager must carry out a risk assessment and escalate the risk to local management for inclusion onto the local service risk register.

7.5.2    In situations where the local service can no longer tolerate the risk following the application of controls, the local management team must consider escalating the risk to the appropriate senior service manager for additional management and action.


**7.6    Training**

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

7.6.2 All employees must be provided with training needs analysis 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.

7.6.3 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.

7.6.4 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, 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.[4]

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

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

7.6.7 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.

7.6.8 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.

7.6.9 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.

7.6.10 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 in regard to a number of physical interventions.] The training should include the physical risks associated with the practices being taught.

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[4] Lone Worker Policy and Guidelines relevant here.

7.6.11 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.

7.6.12 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.

7.6.13 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.


**7.7     Use Of Physical Interventions**

7.7.1   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.

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

7.7.3   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.

7.7.4   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.

7.7.5   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.

7.7.6   Special consideration must be given to child residents/clients, older residents/clients and residents/clients with an intellectual disability in accordance with The Code of Practice on the Use Physical Restraint in Approved Centres 2009 and the Code of Practice for persons working in

Mental Health Services with People with Intellectual Disabilities (2009).  Training should be provided accordingly.

7.7.7   Special consideration must be given when restraining residents/clients who are known to have experienced physical or sexual abuse.

7.7.8   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 7.2.1.

7.7.9   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.

7.7.10  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.

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

7.7.12  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.

7.7.13  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.

7.7.14  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.

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


## 7.8   Support For Employees

7.8.1   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. (See 6.3.15 and 6.4.17)  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.

7.8.2    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.

7.8.3    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.  Policies on prevention and management of stress referenced in section 4.0 above are relevant here.

7.8.4    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.

### 7.8.5   Occupational Health Services

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

Detailed responsibilities include:

- provision of advice on issues where work is affecting health and health is affecting work;

- promoting compliance with health and safety legislation;

- providing independent, impartial advice taking into consideration employees' health problems that will assist both the employer and employees in securing treatment or rehabilitation as appropriate;

- advising on fitness for work at an early stage;

- providing health surveillance to employees considered to be at risk in the workplace;

- 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 i.e. counselling support;

- promoting employee health and wellbeing;

- promoting the development of an integrated occupational safety, health and welfare system.

Regional Occupational Health contact details are available on HSE Intranet or from local HR departments.

### 7.8.6  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 Intranet or from local HR departments.

## 8.0    Implementation

8.1    A designated member of local management must oversee the implementation of this policy and report any difficulties encountered through the line of responsibility as identified in the Corporate Safety Statement.

8.2    In an overall context, local senior managers and line managers are responsible for the integration of safety, health and welfare into all activities undertaken within their area of responsibility as the HSE Corporate Safety Statement outlines.  The management of work-related aggression and violence falls under this remit.  Local clinicians who hold relevant clinical and professional responsibility must provide complementary support for the implementation of this policy.

8.3    An implementation plan for this policy must be developed in consultation with both local management and staff.  This should include awareness raising sessions for staff detailing the contents/provisions of this policy.  Training and awareness raising expertise should be sourced from the local Health and Safety advisor.

8.4    Risk assessments should be carried on the risk of work-related aggression and violence in the first instance.  As designated in paragraph 6.3.5 and 6.4.5, it is the responsibility of the both senior and line manager to ensure that this is completed.

8.5    The local implementation plan for the policy will in part develop from the attainment of control measures included on the risk assessments. These will likely include training, update/awareness raising of procedures already in place for emergencies and incidences of challenging behaviour, reminder sessions on incident reporting, and other related matters.


## 9.0    Revision and Audit

9.1    This policy will be reviewed within two years or sooner if necessary to reflect any relevant developments.  This review will be carried out by the General Manager responsible for Corporate Staff Health & Safety.

Methods used to review operation of the policy:

9.2    Audit levels of local implementation of this policy, including reports from local management designated to oversee implementation.

9.3    Audits of risk assessment forms and action plans from assessments on management of work-related aggression and violence.

9.4     Audit records of training in relation to the management of work-related aggression and violence.

9.5     Review of incidents/near misses in order to determine effectiveness of this controls put in place to implement this policy.

9.6     Monitor employee practices in relation to compliance with this policy.

9.7     Audit reporting levels of incidents of aggression & violence.

9.8     Monitor trends and patterns of incidents through NAEMS reports from State Claims Agency.

9.9     Where appropriate bring review results to the attention of the HSE Risk Committee and/or HSE Health & Safety Committee.


## 10.0   References

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- Safety Health and Welfare at Work (General Application) Regulations 2007 (S.I. No. 299 of 2007).

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- HSE (2009) Dignity At Work.

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- HSE (2012) Policy on Prevention & Management of Stress in the Workplace.

- HSE (2012) Policy on Preventing & Managing Critical Incident Stress.

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- HSE (2008) Best Practice Guidance for Developing a Site Specific Safety Statement.

- HSE (2009) OQR010 Developing and Populating a Risk Register - Best Practice Guidance.

- HSE (2009) Risk Management In Mental Health Services.

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- HSE  (2013) Supporting Staff following an adverse event The "ASSIST ME" model QPSD-D-065-1

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# 11.0  Appendices

# APPENDIX 1: Workplace Aggression and Violence
## SAMPLE RISK ASSESSMENT FORM
### One Risk per Form

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Additional guidance and all appendices reference *Developing and Populating a Risk Register Best Practice Guide OQR 010 rev 11 2009
http://hsenet.hse.ie/Human_Resources/staffhealthsafety/mgtprogramme/riskmgt/Developing%20and%20Populating%20a%20risk%20register%20guidance.pdf

*Select from appendix 5

**Administrative Area:**     Enter Administrative Area e.g.DML
**Location**     Enter Location Address
**Directorate/Ward/Department**     Enter as appropriate
**Date of Assessment**     Enter date assessment completed
**Source of Risk**     Identify how the risk was sourced e.g. meeting/inspection
**Unique ID No.**     Enter unique ID reference

*Select from appendix 5 + 8 "Risk Categorisation"

**Primary Risk Category** HUMAN RESOURCES
**Secondary risk** Category EMPLOYEE Health and Safety
**Tertiary Risk Category** Violence and Aggression
**Name Risk Owner** Person accountable for risk & its effective control (BLOCKS)
**Signature of Risk Owner**

| RISK DESCRIPTION | IMPACTS/ VULNERABILITIES | EXISTING CONTROL MEASURES | ADDITIONAL CONTROL MEASURES | PERSON RESPONSIBLE FOR ACTION | DUE DATE |
|---|---|---|---|---|---|
| ICC APPROACH IMPACT (PRIMARY) CAUSE (HAZARD) CONTEXT | Reference Risk Assessment Matrix | Detail all controls currently in place within the service to manage the associated risks. Consider whether the following non comprehensive list of controls are in place: | **Number additional controls required | Cross reference additional control with person responsible for each control required | Ensure entry is made |
| [This form can be used for static or mobile services]  Risk of verbal and physical assault or injury, to staff and other service users due to work-related aggression and violence.  This includes Non-Physical Assault which may comprise intimidating abuse, harassment, including racial or sexual harassment, victimisation, or bullying and/or threats with or without weapon. | Absenteeism  Service user experience  Compliance with Standards/ legislation  Service Continuity  Adverse publicity | ▪ Staff have received appropriate training to enable them to perform their work safely such as management of violence and aggression training, The training should be appropriate to the individuals role and the incidents of aggression & violence they may experience.  ▪ Management of behaviours are assessed, documented in the specific service user's care plans and communicated to staff.  ▪ Security measures such as security personnel, keypad systems, security alarm, CCTV and panic alarms are in place and procedures to use them. | | | |

HSE Policy on Management of Work-Related Aggression & Violence

| |
|---|
| ▪ Procedures in place for the prompt response in the event of an activation of the panic alarm. |
| ▪ System tested regularly to monitor effectiveness of the procedure. |
| ▪ Procedures communicated to all relevant persons. |
| ▪ Staff work in pairs with a service user if there is a history of aggressive behaviour. |
| ▪ Furniture layout in areas/ rooms where staff attend to service users positioned to allow an easy exit arrangement. |
| ▪ Items, which could be used as weapons, have been removed. |

## RISK ANALYSIS

| INITIAL RISK | | | RESIDUAL RISK | | | STATUS |
|---|---|---|---|---|---|---|
| **Likelihood** | **Impact** | **Initial Risk Rating** | **Likelihood** | **Impact** | **Residual Risk Rating** | OPEN |
| ref matrix | ref matrix | ref matrix | ref matrix | ref matrix | ref matrix | |

Residual risk can be completed to determine the impact of additional controls when they have been implemented

N.B. ** The numbered additional control measures should be cross referenced on Additional Controls (Actions) Update Form that will be kept with risk assessment form to track progress.