

POLICY STATEMENT

The European Commission have defined violence as "*Incidents where (staff) are abused, threatened or assaulted in circumstances related to their work, involving an explicit challenge to their safety, well-being or health*".

POLICY RATIONALE

The rationale for this policy is to ensure that all employees understand how to minimise violence and what action to take.

GLOSSARY OF TERMS**CROSS REFERENCES and other RESOURCE MATERIAL**

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**Violence & Aggression
Risk Assessment Form VRA1****GUIDANCE ON COMPLETING THE FORM****WHAT IS VIOLENCE?**

The European Commission have defined violence as “*Incidents where (staff) are abused, threatened or assaulted in circumstances related to their work, involving an explicit challenge to their safety, well-being or health*”.

HAZARD = source of potential harm or damage or a situation with potential for harm or damage;

RISK = is a combination of the likelihood and severity of a specified event (accident or incident).

Under the Management of Health and Safety at Work Regulations 1998 there is a statutory requirement to assess the risk of violence and/or aggression. A breach of these Statutory Regulations is a criminal offence.

This form VRA1 is used to determine the likelihood of violence occurring. It takes the assessor and/or manager through a structured process using checklists, risk assessments and culminating in contact names and training records. The objective of risk management is to reduce the LIKELIHOOD of incidents occurring that could have significant consequences (SEVERITY) for staff, patients or clients.

The completed form must be kept in the personnel file and a copy at the location/base where the work activity is carried out. A copy of the assessment must be available at all times.

ADMINISTRATION DETAILS – Hospital, Directorate, Location and where appropriate base
The location is the area where the risk assessment applies.

DESCRIPTION OF THE ACTIVITY WHERE VIOLENCE ETC. COULD OCCUR

Write down a description of the activity, for which the assessment applies, written protocol or safe system of work may support this. The ‘Identifying Violence and Home Visiting Checklist’ tables with the Yes/No tick box are aimed at obtaining an overview for the potential or not of violence and/or aggression. In the box for the number of people exposed list names where appropriate or job titles e.g. in the community it may be Mental Health or District Nurses etc. Consider what staff and the number likely to be involved in the work activity, remember to consider staff and students in training and other staff involved e.g. nurses, doctors, radiographers, physiotherapists, porters etc. Consider the frequency of exposure and tick the most appropriate box. The frequency of an activity might identify the need for additional control measures.

CONTROL MEASURES ALREADY TAKEN TO REDUCE RISK

List the controls already in use e.g. safe system of work, provision of mobile phones, pagers, staff training, client/relative information packs, complaints notice, ‘buddy system’, etc.

ADDITIONAL CONTROL MEASURES REQUIRED

This part of the form is used to determine and justify the need for additional controls; there will be occasions when the ‘Additional Control Measures required’ may take some time to implement. The request for these controls should form part of the Directorate Health and Safety Plan, the ‘Residual Risk Rating (RRR)’ indicating how the risk can be reduced.

ACTUAL WORKING RISK REMAINING (WRR)

This must reflect all the sections covered by this form that have been applied, but not the ‘Additional Control Measures’ unless they have been implemented. In this case the Initial Risk Remaining and the Working Risk Remaining will be the same.

ASSESSORS

The risk assessor should be a ‘senior member’ of staff who has undertaken the Trust’s ‘Working Safely Course’ and the ‘Prevention and Management of Conflict and Violence’ module. The activity should be reviewed whenever there is a change in the process, equipment etc, or following an incident.

CONTINGENCY PLAN FOLLOWING AN ASSAULT

It is important to ensure that following incidents of violence to staff, treatment and post incident support are in place.

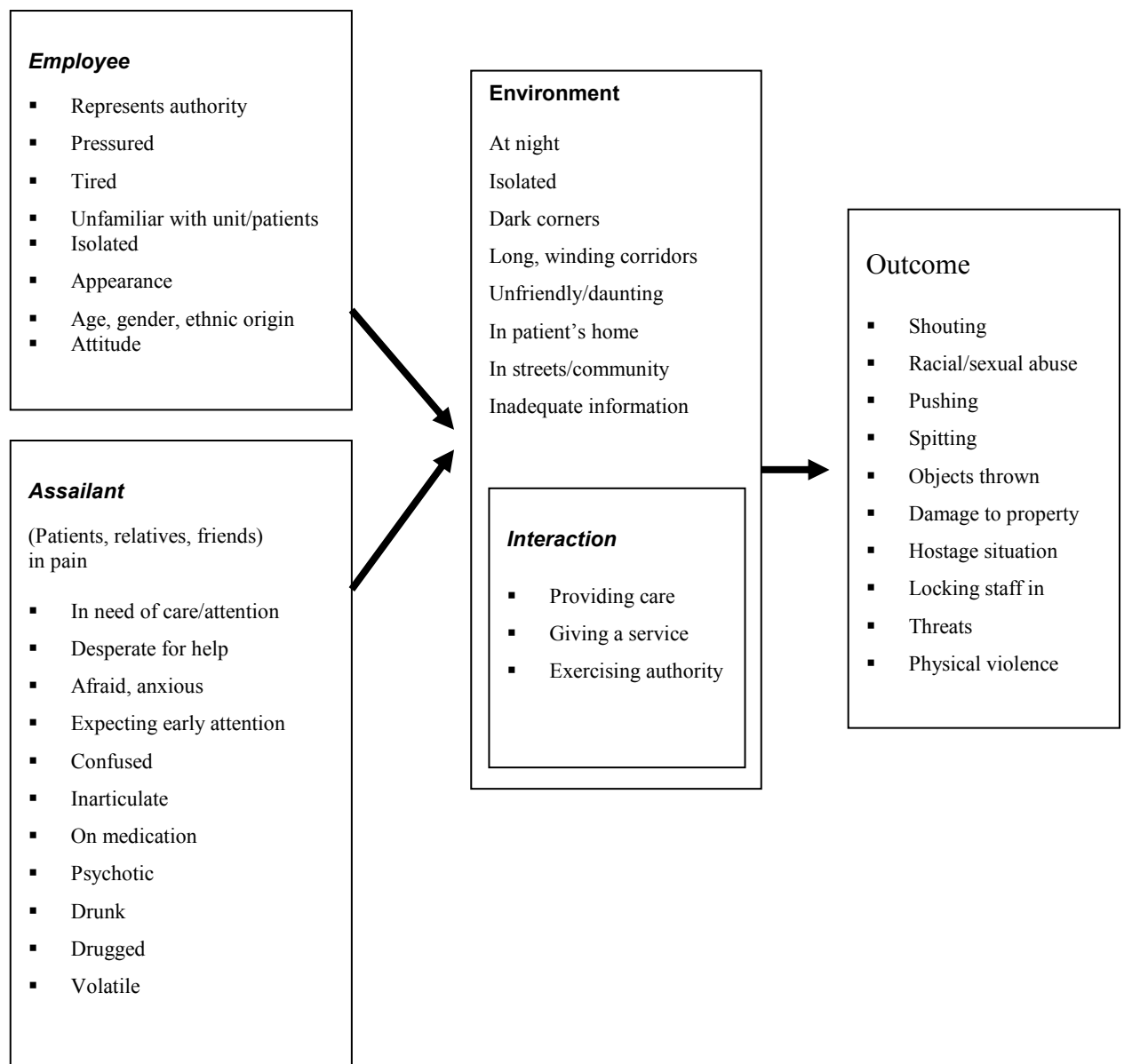
PROGRESS REPORT

This box is used to track progress in implementing 'additional controls' that have been recommended by the Risk Assessor. When all the 'Additional Controls have been implemented a new assessment is needed indicating the 'Working Risk Rating'.

Model of a Violent Incident

(Illustrating factors relevant to violent incidents in the health service)

The purpose of this flow diagram is to assist the risk assessor in identifying factors that could potentially lead to an act of violence and/or aggression. The assessor should consider the implications of each box, starting with the member of staff (employee) and how they may be viewed by the 'assailant', how the 'environment' could influence the 'interaction' and the outcome that could result.



**IDENTIFYING VIOLENCE
CHECKLIST**

Tables 1 and 2 form part of the initial risk assessment process for identifying potential of violence and aggression for staff working in the healthcare sector. Before the 'Risk Assessor' completes the VRA1 Form the Directorate Manager or Line Manager should satisfy themselves that they are able to answer the questions raised in Table 1 and should check with staff that they are able to answer the questions in Table 2.

WHAT IS VIOLENCE?

“Incidents where (staff) are abused, threatened or assaulted in circumstances related to their work, involving an explicit challenge to their safety, well-being or health”.

TABLE 1	Yes	No	N/A
Are your staff :			
In your directorate/department have contact with the public during which violence may or is likely to occur?			
Aware of whether violence has been identified as a problem in the directorate?			
Briefed about the area where they work?			
Aware of attitudes, traits or mannerisms which can annoy clients etc?			
Given all available information about the client from all relevant agencies?			
That verbal aggression by telephone could be perceived as a problem?			
Provided with a sound grasp of the Directorate's preventative strategy?			
Provided with training appropriate to the risks for managing potential violence and/or aggression?			
Do they:			
Have access to forms for reporting incidents HS/IDO/04			
Appreciate the need for this procedure?			
Use the forms?			
Appreciate their responsibilities for their own safety?			
Understand the provisions for their support by the Directorate and Trust e.g. zero tolerance policy, counselling, etc.?			

TABLE 2	Yes	No	N/A
Have you:			
Had all the appropriate training about violence and aggression to staff?			
A sound grasp of your Directorates safety policy?			
A clear idea about the area into which you are going to work?			
Carefully previewed today's cases? Any potentially violent patient?			
Do you have:			
Access to forms to record and report incidents HS/IDO/04?			
A personal alarm (where appropriate)? Does it work? Is it handy?			
Are you:			
Aware that your attitude, body language or mannerisms may annoy clients?			

HOME VISITING CHECKLIST

These Tables form part of the initial risk assessment process for staff working in the community. Before the 'Risk Assessor' completes the VRA1 Form the Directorate Manager or Line Manager should satisfy themselves that they are able to answer the questions raised in Table 3 and should check with staff that they are able to answer the questions in Table 4.

WHAT IS VIOLENCE?

“Incidents where (staff) are abused, threatened or assaulted in circumstances related to their work, involving an explicit challenge to their safety, well-being or health”.

TABLE 3			
HOME VISITING: CHECKLIST FOR MANAGERS	Yes	No	N/A
Are your staff who visit:			
Trained to an appropriate level to help them identify, prevent and manage the potential for violence and/or aggression?			
Briefed about the area where they work?			
Aware of attitudes, traits or mannerisms which can annoy clients etc?			
Given all available information about the client from all relevant agencies?			
Have they:			
Understood the importance of previewing cases?			
Left an itinerary?			
Made plans to keep in contact with colleagues?			
The means to contact you – even when the switchboard may not be in use?			
Got your home telephone number (and have you got theirs)?			
A sound grasp of your directorate's preventative strategy?			
Authority to arrange an accompanied visit, security escort or use of taxis?			
Do they:			
Carry forms for reporting incidents HS/IDO/04			
Appreciate the need for this procedure?			
Use the forms?			
Know your procedure for premature termination of interviews?			
Know how to control and defuse potentially violent situations?			
Appreciate their responsibilities for their own safety?			

TABLE 4			
HOME VISITING: CHECKLIST FOR STAFF WHO MAKE HOME VISITS	Yes	No	N/A
Have you:			
Had all the relevant training about violence to staff?			
A sound grasp of your Directorates safety policy for visits?			
A clear idea about the area into which you are going?			
Carefully previewed today's cases? Any potentially violent patient?			
Asked to 'double up', take an escort or use a taxi if unsure?			
Made appointment(s)?			
Left your itinerary and expected departure/ arrival timers?			
Told colleagues, manager, etc, about possible changes of plan?			
Arranged for contact if your return is overdue?			
Do you have:			
Forms to record and report incidents HS/IDO/04?			
A personal alarm, mobile phone or radio? Does it work? Is it handy?			
A bag/briefcase, wear an outer uniform or car stickers that suggest you have money or drugs with you? Is this wise where you are going today/tonight?			
Out-of hours telephone numbers etc to summon help?			

**Remember the three Vs of Visiting
Vet Verify Vigilance**

(Reproduced from the Report of the DHSS Advisory Committee on Violence to Staff)
VIOLENCE RISK ASSESSMENT FORM

Hospital Directorate

Base Location

Description of activity where violence and/or aggression could occur

Number of people exposed to the Risk of violence/aggression	Staff – list job roles and include Grades, Experience, Permanent
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Frequency of Exposure

Infrequently Annually Monthly Weekly Daily Hourly Constantly

Control measures already taken to reduce risk of violence and/or aggression:

Initial Risk of Violence and/or Aggression has been perceived as:

Low Risk Medium Risk High Risk

Additional Control Measures Required to reduce further the risk of violence and/or aggression:

If the above action is implemented the perceived new residual risk is:

Residual Risk Remaining Low Risk Medium Ris High Risk

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Actual Working Risk

Working Risk Remaining

Low Risk

Medium Risk

High Risk

Assessors

Name	Signature	Position

Date of Assessment

Review Date

Contingency plan and arrangement for counselling following an assault?

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Progress Report

Date & Sign

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