Work-related violence

An RCN tool to manage risk and promote safer working practices in health care

Royal College of Nursing

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1

Introduction

Health care workers continue to be at risk of experiencing work-related violence and aggression while simply doing their job. The damage done by workplace violence and aggression is not just physical, but also psychological and organisational; as well as obvious physical injury, the threat or reality of violence can be psychologically debilitating and lead to stress, burn-out, anxiety and depression. Such violence can also lead to diminished job satisfaction, lower commitment to work and increasing levels of absence.

There is growing recognition that, to tackle violence and aggression better, we need tools to help us understand the extent and nature of the problem in more precise and reliable ways. This can in turn assist in designing and selecting more appropriate levels of intervention. This applies equally to assessing the risk for individuals and for organisations.

With this goal in mind, we have designed the RCN tool to provide practical support, both to individuals and organisations, in completing assessments of work-related violence. The tool takes a practical approach, stimulating problem-solving. The idea is to allow employees and organisations as a whole to gain more knowledge of the risks involved, and subsequently more control over reducing work-related violence.

The tool provides a framework which allows information and knowledge to be shared both within and between organisations, helping to achieve the longer-term goal of supporting individuals and organisations in becoming more capable of dealing with violent incidents.

The value for employees

Feedback from RCN workplace safety representatives highlights a number of concerns about dealing with work-related violence and aggression, notably that:

- not enough is being done by organisations to prevent, address and manage work-related violence
- many organisations have no specific tools to use in assessing risks of work-related violence
- where tools do exist, they are often generic and difficult to individualise. They tend not to be well-suited to the specific problem of violence at work
- tools are often complex, long, time-consuming, inaccessible, difficult to use or understand, and not easy to apply in practice.

The risk assessment tools currently available tend to require staff to complete long and complex forms – often impractical and time consuming for busy health care employees.

The RCN tool has therefore been developed according to the specific needs and requirements of health care staff who face the risk of work-related violence and aggression. We have taken into account each point made by RCN safety representatives and have designed the tool to reduce, wherever possible, the impact of the problems they identified.

How the RCN tool is organised

The tool provides support on two primary levels:

1. to help guide individual thinking and development through **dynamic risk assessments**
2. to support collective action through **auditing work-related violence and aggression at the organisational level**, as shown in Figure 1.

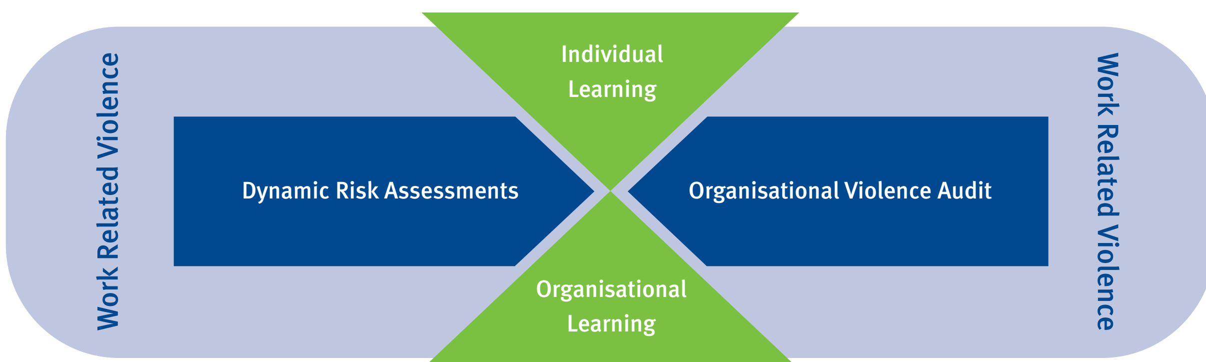

Figure 1: The levels of assessment for workplace aggression and violence

More about how these two elements work will be shown as you read on. It is also important for users to recognise that dynamic risk assessments and organisational level violence audits are integral to both individual and organisational learning and development.

The tools are set out in this document as follows:

Tool	Section
Dynamic risk assessment	Section 2, Section 3, and Appendix 1
Organisational violence audit	Section 4, Section 5, and Appendix 2

We have designed the content of these sections specifically to ensure the tool remains practical and user-friendly, but we have also developed the RCN tool following principles of best practice so that an evidence-based approach can be maintained throughout the process. The tool can make a real difference in increasing the safety of nurses and health care support workers and in reducing or managing the risk of violence and aggression at work. Where the content has been guided by particular theories or models, we have defined and explained the concepts behind them so you can see why we have chosen to adopt them.

2

Dynamic risk assessments: overview

What is a dynamic risk assessment?

A dynamic risk assessment means the things individuals can do to protect themselves at work when they face potentially difficult circumstances. The focus here is on the questions individuals may need to ask themselves when they enter any potentially violent situation, and the way that they might need to act in this situation because of the risks. We use the term 'dynamic' because it relates to the need for an individual to remain assertive, pro-active and vigilant in recognising the potential risks of violence in any situation, and then in responding to these risks in a way that reflects the particular situation.

Generating value from dynamic risk assessments

The RCN tool can, and should, be used flexibly and interchangeably to support both individual and collective learning. We recommend **four levels of implementation** to enable health care organisations to achieve the most from it:

1. as an **individual reference guide** – organisations can provide staff with copies as a reference guide, to develop individuals' capability in assessing and dealing with risks associated with work-related violence
2. as a tool to **support local team development, learning and feedback** – this tool should form an integral part of ongoing learning, team development, reflective practice, problem-solving and action planning concerning local experiences of work-related violence. Local experiences should be recorded and monitored and planned implementation regularly reviewed

3. as a tool to **support ongoing training in violence management** – this tool should also form an integral part of any violence management training for staff at all levels
4. as a **guide for informing organisational violence audits** – the evidence/information collected through dynamic risk assessments should be continuously reviewed and used to inform the content and structure of organisational violence audits.

Dynamic risk assessment: scenarios

To support implementation, we have provided six different scenarios (see **Appendix 1**). Each scenario describes a real-life incident that happened in a health care setting. To help you explore the problems faced in these examples, each scenario is followed by questions to prompt further thought – the more staff are encouraged to think about and discuss examples of real-life incidents, the more familiar they will become with what they might need to consider and ask before they put themselves into such situations.

The questions are divided into three categories:

1. **identifying risks**: considering the potential risks of violence
2. **taking action**: how to reduce risk and what to consider
3. **learning and development**: what can we learn from these scenarios that we can transfer to our own work environment?

The scenarios illustrate the sorts of incidents that can and do occur. The questions and suggested actions are by no means exhaustive and cannot cover every risk, but they should stimulate thinking, learning and development (see **Figure 2**).

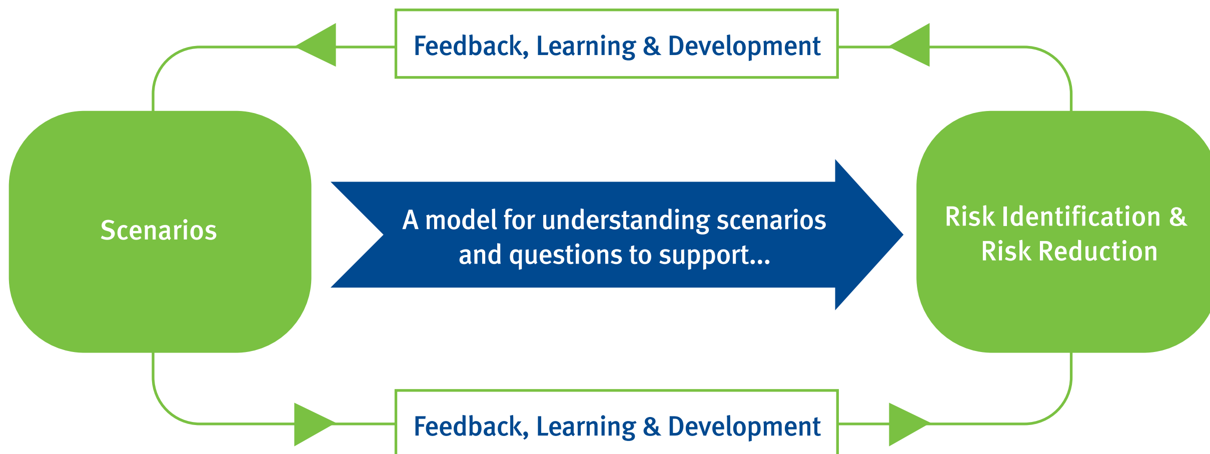

Figure 2: The dynamic risk assessment process of learning

3 Conducting a dynamic risk assessment

A dynamic risk assessment generally comprises three steps or phases:

1. **identifying risks**
2. **taking action**
3. **learning and development** (individual, team and organisation).

Step 1: Identifying risks

The first step in any dynamic risk assessment is associated with **identifying risk**. The model shown in Figure 3 helps understand the risks involved in any potential or actual incident of violence.

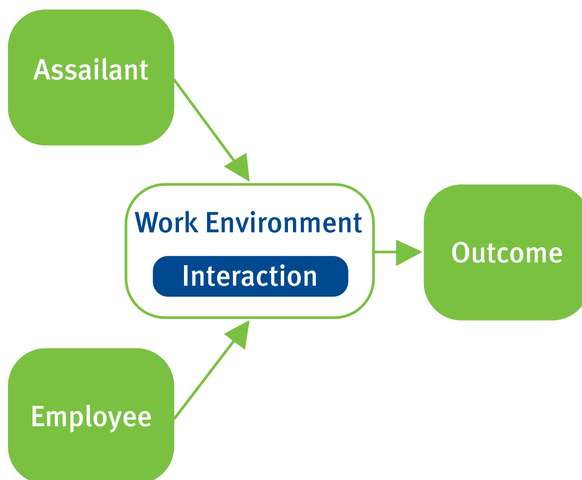

Figure 3: A model of violent incidents (Poyner and Warne, 1986)

Violence to Staff: A Basis for Assessment and Prevention by Poyner B and Warne C.; HSE, London. 1986. © Crown copyright material is reproduced with the permission of the Controller of HMSO and Queen's Printer for Scotland.

Using this model as a basis, you can ask more specific risk assessment questions about any incident of violence or aggression, looking at the:

- individual characteristics of **the assailant** and/or **the employee**.
- **type of interaction** that took place between the assailant and the employee
- **workplace** (or work environment), examining the social environment (for example, the organisational culture) and factors that exist in the physical environment (for example, the noise or temperature levels).

Step 2: Taking action

The second step in the dynamic risk assessment process is concerned with **taking action**. The integrated organisational approach (IOA) (Cox and Leather, 1994) provides a suitable framework for guiding actions which can prevent or reduce risk. The IOA is shown in Figure 4.

	Prevention (Before)	Timely reaction (During)	Rehabilitation (After)
Organisation	Guidelines and policies	Relationships with support organisations	Post- incident counselling
Team	Vigilance	Back-up support	Peer support
Individual	Self-awareness	Negotiation	First aid

Figure 4: A diagrammatic representation of the integrated organisational approach (with examples to give extra clarity) (Cox and Leather, 1994).

This integrated organisational approach reminds us that action against violence and aggression can, and should, be implemented at various levels (individual, team and organisation) and at various times (before, during and after) to ensure continuous learning and development as well as to promote employee wellbeing and safety.

Step 3: Learning and development (individual, team and organisation)

After considering the potential actions individuals, teams and organisations can take and the control measures that can be applied to specific scenarios, employees can then move on to the third step of a dynamic risk assessment, learning and development. The process of completing a dynamic risk assessment must facilitate reflective practice, continuous learning and development for individuals, teams and organisations. It is important that employees are encouraged to share learning so that risks can be mitigated and safer working promoted.

Quick guide to completing a dynamic risk assessment

The **dynamic risk assessment** form on page 6 has been designed to help you reflect on interactions that you have experienced and which you considered to be particularly challenging, difficult, or which had the capacity to become violent or dangerous. Work through the form answering questions associated with each step.

Also look at the six scenarios included in Appendix 1 which help demonstrate how the dynamic risk assessment process should be approached and completed.

Dynamic Risk Assessment: form

Please use the space below to describe a recent incident that you considered to be 'interpersonally' challenging, difficult or even potentially dangerous (i.e. a situation that had the potential to result in a violent episode).

Provide background information about the incident, including information about: the location or environment, the time of day, the actual interaction, whether or not you were alone, etc.

STEP 1: Identifying risks. In terms of the scenario you have just read, please answer the following questions:

a. Are there any factors or issues associated with the **assailant** that you need to consider to help ensure a safe outcome from this situation?

b. Are there any factors or issues that you **attribute to yourself or any other employee** involved which perhaps contributed to the situation?

c. Can you see anything about the nature of the **interaction** itself which contributed to the incident?

d. Are there any factors or issues associated with the **location/workplace** which contributed to the incident?

Summary of key risks. Reviewing your responses to the four questions above, summarise the key risks under these column headings:

Assailant	Self/other employee	Interaction	Location/workplace

STEP 2: Taking action. Please answer this question:

a. For your specific scenario and considering the integrated organisational approach framework in Figure 4 above, what are the key actions that could or should be considered (whether **before, during or after** the incident) to promote safer working? Think about your answer in relation to the three levels:

Level	Before	During	After
Organisation			
Team			
Individual			

STEP 3: Learning and development (individual, team and organisation):

Considering your responses so far, can you identify any areas for personal, team and/or organisational improvement? Record your suggestions for improvement under these column headings:

Personal improvement	Team improvement	Organisational improvement

Please make time to review your responses to this form with:

- your immediate manager
- your health & safety manager/risk manager
- RCN safety representative
- your team/work colleagues.

4 Organisational level violence audit: overview

Why undertake violence audits at organisational level?

Auditing for work-related violence is one of the most important – and should be one of the first – steps that organisations can take to manage work-related violence better.

The focus of a violence audit is necessarily at organisational level. An audit will help an organisation understand with greater reliability and accuracy the nature, extent and impact of the risk of workplace aggression and violence. The need for such audits is also driven by health and safety legislation which requires organisations to understand and monitor work and working conditions. Auditing should be done at organisational level also because it is the organisation which generates risk (for example, through the nature of its work, its working conditions, etc.).

Violence audits do not occur in a vacuum; they are part of a bigger process which organisations need to follow in order to create change. Figure 5 outlines a violence audit management framework which shows how various aspects of an audit come together to make the process more efficient and more successful for organisations.

Violence audits should form part of an integrated approach to risk management so that they can be used in shaping an organisation's safety culture. Taking an integrated approach means identifying, assessing, analysing and managing all risks at every level of the organisation. These results are then aggregated to help set priorities for action in an attempt to produce an optimum balance of risk, benefit and cost.

Auditing for violence has little value if it is not followed by strategies to reduce any identified risks. Violence auditing represents a proactive strategy to gather evidence in a systematic manner, to inform practical interventions.

Why undertake violence audits?

The evidence that an organisation collects, considers, shares and acts upon through audits can reduce the risk and impact of the pervasive and invasive hazard that is workplace violence. Completing an audit also helps to clarify the impact that violence and aggression can have on both individual and organisational effectiveness (such as health, wellbeing and performance). Demonstrating the impact in this way in turn helps increase the likelihood that organisations will integrate proper management of work-related violence into their wider procedures for improving individual and organisational health.

Through the collection of evidence, the outcomes of an audit can also support the delivery of many other benefits, including:

- strengthened organisational governance
- improved design of interventions for tackling work-related violence

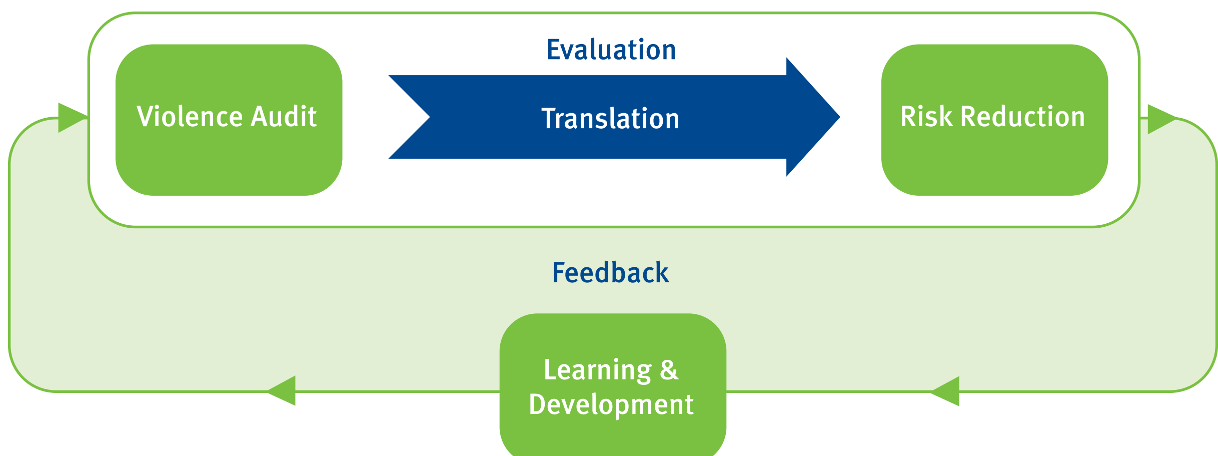

Figure 5: The integrated framework for assessing violence at organisational level

- improved management of work-related violence
- enhanced health and wellbeing of staff
- improved staff performance
- improved working conditions
- increased opportunities for organisational, management and employee development
- reduced likelihood of claims against the organisation for breach of duty of care
- a strengthened position regarding employee liability insurance.

The need for a violence audit tool

Despite the established importance of violence auditing, the practice of completing audits is highly variable across health care settings. There is a pressing need to provide advice and guidance to health care organisations and to engage in discussion and collaborative problem-solving to support the development of practical and effective assessment tools. This publication is a first step in this direction.

It is also important to establish realistic expectations of what is achievable at this stage. This RCN organisational violence audit tool outlines an integrated risk management process, rather than providing an off-the-shelf, one-size-fits-all surveying instrument. This is because every work environment is unique and violence audits must be tailored to each organisational setting. It is also because the development and implementation of surveying instruments requires specialist skills and procedures to ensure that measures are developed within best practice psychometric principles, and that their utility and accuracy can be defended through supporting evidence. Notwithstanding this limitation, it is possible to translate examples of the risk management process into specific questions.

Overall, this publication provides a structure around which to engage users, facilitate discussion and assist decision-making about existing forms of assessment or monitoring systems. Appendix 2 provides a checklist of questions that organisations need to take into account, both at the design stage of a violence audit, and when they are translating audit results into action.

5 Completing an organisational level violence audit

There are four stages for organisations in completing a violence audit:

Stage 1: **design and implementation**

Stage 2: **translation**

Stage 3: **risk reduction**

Stage 4: **feedback, learning and evaluation.**

Stage 1: Design and implementation

Violence auditing means identifying hazards (for example, the frequency and nature of violence) and assessing which hazards are most likely to result in harm or affect individual as well as organisational health (such as motivation, job satisfaction, absence, and so on). Violence auditing is itself a process for raising awareness and developing understanding.

Two key questions rest at the heart of any violence audit:

1. how accurately and well understood is the nature and frequency of work-related violence?
2. how is the impact of work-related violence on individual and organisational health assessed/determined?

Organisations can answer these questions by reviewing existing monitoring or data collection systems (such as incident/near miss reporting systems, employee opinion surveys, focus groups, etc.) or by using specialist violence auditing procedures. Whichever method they use, organisations must assess their existing data collection systems to see if what is available provides an evidence base that they can work through, helping them to draw conclusions and make recommendations.

The areas of questioning in any violence audit survey should be identified and written as a direct result of consultation with staff themselves (i.e. through the use of focus groups or interviews with employees). It should not be assumed that generic staff opinion surveys are sufficient in helping to establish the nature, frequency and impact of violence. It is also good practice to test the survey tool on a small group of employees before it is distributed to wider groups. This will help to ensure it is clear to use and will achieve the data you need.

Four key factors are critical to the success of audits in allowing us to understand the nature, frequency and impact of work-related violence:

1. using multiple sources of evidence
2. examining in depth the type of incidents which occur in your particular organisation
3. establishing the frequency of incidents of violence and aggression
4. establishing the harm to individuals and organisation, using a broad range of health/harm indicators.

1. Using multiple sources of evidence

Using a wide number of sources of evidence will give a better picture of the extent and nature of violent incidents. Using multiple sources also supports internal quality assurance and validation procedures. Employees and safety representatives must be at the heart of this evidence gathering – their direct experience of their work and working conditions justifies their involvement as 'experts'.

Sources of evidence that can be used include (but are not limited to):

- incident report forms
- summary statistics provided by those who report matters of risk/health and safety
- evidence from any form of job analysis or training needs analysis
- feedback from violence management training
- evidence from employee opinion surveys
- tailored violence auditing surveying procedures
- focus groups with representative groups of staff
- in-depth interviews with employees
- management discussions/forums.

2. Examining the type of incidents

It is important to explore, with sensitivity, the various forms that violence and aggression might take within your particular organisational setting.

Such exploration should go beyond the more obvious, 'high level' categories of verbal abuse, physical assault, racial abuse and threatening or intimidating behaviour, to look in more detail at the various forms of violence and aggression staff might face. Some examples might be:

- swearing/bad language
- being slapped/hit/punched
- being spat at
- abuse of a specifically racial nature
- having your hair pulled
- being bitten
- sexual harassment or facing sexual advances
- being threatened or intimidated in any way
- being physically taken hold of (e.g. wrestled with, held in a stranglehold, etc.)
- facing threats of self-harm from the aggressor if you do not comply with what they want
- being pushed/shoved/grabbed
- being kicked.

Conducting qualitative focus groups with representative members of the organisation can be an effective way of exploring the forms of violence and aggression staff might face.

Users should recognise that the same behaviour might have a very different impact, depending on who is the perpetrator. It can therefore be useful to explore exposure to different sources of abuse (for example, patients with or without a history of psychological disorder). The categories of different sources (groups of potential perpetrators) you choose to include in your audit will depend on the setting and should be determined in the early, qualitative stages of developing the survey tools.

3. Establishing the frequency of incidents

It is important to get an accurate picture of the frequency with which different forms of various forms of violence and aggression occur.

If your existing systems of data collection do not capture the frequency of different types of incident, we recommend that you develop a surveying instrument which asks staff to report on how often they have experienced various kinds of violence or aggression while carrying out their work.

Example of how frequency of incidents could be measured in a staff survey

Using the scale provided, please circle the appropriate number next to each form of violent behaviour listed.

Never						Daily
0	1	2	3	4	5	6

General swearing/bad language	0	1	2	3	4	5	6
Being hit or punched	0	1	2	3	4	5	6
Having your hair pulled	0	1	2	3	4	5	6

(This is example is illustrative rather than exhaustive)

4. Establishing the harm to individuals and to the organisation

Determining the impact of workplace violence and aggression on individual and organisational health is as important and as challenging as understanding the nature and frequency of violent incidents. Your audits should use a broad number of indicators to establish the level of harm caused to staff and the organisation as a whole by violence in the workplace, and to guide and develop the violence auditing process.

For example, you might consider (as well as adding specific measures for your own organisation):

- frequency of actual incidents of violence
- frequency of 'near misses' with violent behaviour
- measures of violence-related absence
- patient satisfaction surveys
- employee satisfaction surveys (which may be general to their job, or may focus on specific aspects such as the physical environment, support procedures in place, and so on)
- anxiety associated with dealing with/coping with work-related violence
- qualitative evidence collected from staff focus groups
- general (anonymised) reports from occupational health/counselling services.

Once you have looked at the levels of exposure on one hand and the impact of exposure on the other, you will need to link these two elements together, by asking to what extent exposure to some or all of the forms of violence is measurably associated with deficits in the health/harm outcomes.

Stage 2: Translation

Once the violence audit is complete, the organisation will need to 'translate' this assessment into a plan of action. Translation uses the results of the audit to decide which interventions should be used to reduce the risks identified. Translation seeks to answer a number of important questions about the audit data:

- what are the sources of aggression and violence that are shown to have the most negative impact on individual and organisational health?
- are any specific groups of employees shown to be especially at risk?
- were any factors identified as having a demonstrable impact on the link between exposure to violence and some or all of the indicators of health? If so, what was the nature of this impact (for example, positive and/or negative), and what is the implication of this impact for further action and intervention? An example would be analysing the response to audit questions about the availability of management support after incidents or effectiveness of management training in dealing with violence.
- what are the implications of the audit data – whether on levels of exposure, outcomes or the impact of potential control variables – for the nature, content and process of training and other interventions, for instance, for developing an improved culture of support?

- what issues, actions or interventions need to be prioritised?
- what does the audit data suggest as possible criteria for evaluating the benefit and impact of possible interventions?

Translation should give a voice to those who provided the evidence. In other words, rather than a process where an expert translates the evidence into action, translation should facilitate joint problem-solving using the staff themselves. In this way, translation ultimately concerns organisational learning and organisational problem-solving – that is, empowering all parts of the organisation to work more collaboratively in finding solutions to the problem of workplace violence.

For example, an illustration of this process could be the convening of a number of local, departmental focus groups to both consider the audit data and help develop local area action plans. These action plans should then be co-ordinated and their implementation monitored by, for example, health and safety managers responsible for maintaining a high standard in tackling workplace violence.

Stage 3: Risk reduction

Risk reduction is the process of implementing measures to try and reduce the risk of violence and promote safer working. Risk reduction can operate in three different ways:

1. by reducing actual levels of exposure to violence or reducing levels of associated fear of violence (primary intervention/prevention)
2. by improving the means with which people seek to cope with exposure (secondary intervention)
3. by reducing the negative consequences of any exposure or perceived fear (tertiary intervention).

Table 1 illustrates a range of primary, secondary and tertiary risk prevention strategies which are variously targeted at the level of individual, team and organisation, in keeping with an integrated organisational approach.

Although 'prevention' is considered best practice for any risk reduction programme, this may not always be feasible or practicable. Organisations need to adopt a balanced approach which prioritises risks, and selects first any interventions which directly prevent/address the likely risk factors.

<table>
<tr><th rowspan="2">Target level</th><th colspan="3">Type of intervention (Time point)</th></tr>
<tr><th>Prevention (Before)</th><th>Reaction (During)</th><th>Rehabilitation (After)</th></tr>
<tr><td>Organisation</td><td>✦ Guidelines, policies and practices
✦ Provision of information and communication
✦ Job redesign
✦ Workplace climate audits
✦ Risk assessment & risk management
✦ Environmental planning
✦ Security measures
✦ Support from local agencies
✦ Staffing and resources
✦ Training (& strategy)
✦ Awareness of societal risk factors
✦ Active monitoring
✦ Reporting & recording systems
✦ Allocation of safety manager
✦ Support
✦ Leadership
✦ Provision of alarms/lone worker devices</td><td>✦ Relationship with support organisations
✦ Ensure implementation of policies</td><td>✦ Security and health and safety reports
✦ Support
✦ Follow-up
✦ Counselling
✦ Compensation
✦ Learning
✦ Reactive monitoring
✦ Investigation
✦ Reviewing</td></tr>
<tr><td>Team</td><td>✦ Emergency action plan
✦ Risk assessment & risk management
✦ Communication
✦ Vigilance
✦ Support
✦ Active monitoring
✦ Training</td><td>✦ Effective alarms/lone worker devices
✦ Support and vigilance
✦ Remain calm
✦ Disperse onlookers</td><td>✦ Support
✦ Communication of positive message related to incident
✦ Debriefing
✦ Learning
✦ Risk assessment
✦ Reactive monitoring
✦ Reviewing
✦ Dealing with other work issues</td></tr>
<tr><td>Individual</td><td>✦ Awareness
✦ Social skills
✦ Relaxation
✦ Empathy
✦ Appropriate attire
✦ Active monitoring
✦ Training
✦ De-escalation techniques</td><td>✦ Remain calm
✦ Negotiation
✦ Safe Practice
✦ Closing
✦ Sedation
✦ Physical restraint
✦ Seclusion and isolation
✦ Break away skills
✦ Natural therapeutic holding</td><td>✦ Safety
✦ Comfort
✦ First Aid
✦ Support
✦ Learning
✦ Debriefing
✦ Confidential counselling
✦ Incident reporting
✦ Reactive monitoring
✦ Reviewing
✦ Sharing</td></tr>
</table>

Table 1: Examples of risk reduction interventions

Stage 4: Feedback, learning and evaluation

There is no point in undertaking a violence audit unless the appropriate people in your organisation are given, and act upon, the results of the audit. These people could include, for example:

- senior managers
- at risk groups
- training departments
- occupational health
- those involved in the design of work tasks and procedures
- safety representatives
- health and safety/risk managers.

Workplace violence and aggression can only be managed through an integrated organisational approach, and the value of the violence audit lies in its findings being used to guide and inform organisational action.

Feedback to the organisation is essential to promote **organisational learning and development**. Moreover, auditing should be an ongoing and continual process; it is not a one-off occurrence, and your organisation should ensure it is repeated and developed each time as a result of feedback, learning and education.

Importantly, an audit, especially if repeated at intervals, can **evaluate** whether interventions put in place to tackle violence are effective. For example, if new training is introduced, audit results over time should show outcomes such as reduced fear and enhanced coping skills among staff showing that the training is working.

Regular violence audits provide a vehicle for:

- continuous monitoring of risks (for instance, has incidence of particular forms of violence reduced? Has fear of violence reduced?)
- continuous monitoring of positive outcomes (for example, has management or organisational support increased? Has violence-related absence decreased?)
- before and after evaluation of any interventions/controls that are introduced.

Integrating dynamic risk assessments with violence auditing

Dynamic risk assessments and violence auditing should, in time, be brought together to form an integrated learning system. While the dynamic risk assessment will help to identify local risks and risk reduction actions, the violence audit establishes a broader picture of the nature, frequency and impact of workplace aggression and violence for the whole organisation.

You should regularly review the evidence that is collected through dynamic risk assessments, using it to inform the structure and content of violence audits. For example, a dynamic risk assessment should help to identify particular forms of violent and aggressive behaviour that can usefully be measured in a violence audit.

Similarly, the findings from a violence audit can help to inform the dynamic risk assessment problem-solving process. For example, results from a violence audit could help improve awareness and understanding of the impact that particular forms of violence and aggression can have, both on individual and organisational health and performance. This new awareness can be discussed at local levels and used to guide action planning. Organisations can also use the evidence from a violence audit to inform and improve individual and organisational responses to particular forms of violence and aggression including, for example, by improving the support provided to staff who experience violence.

References

Cox TC and Leather PL (1994) The prevention of violence at work: A cognitive behavioural approach, in Cooper, CL and Robertson, IT (eds) *International Review of Industrial and Organisational Pschology*, Vol. 9, Chichester: Wiley and Sons.

Poyner B and Warne C (1986) *Violence to Staff. A basis for assessment and prevention*, London: Health and Safety Executive (HMSO).

Appendix 1: Dynamic risk assessment scenarios

Introduction

In this section, we have provided six scenarios to help illustrate the types of potentially violent situations health care workers may experience. These scenarios will help to develop staff understanding and inform implementation of the dynamic risk assessment process. So that these examples are as useful as possible, we have covered scenarios drawn from a range of different health care settings. They also cover a variety of different types of violence or potential violence. The settings are:

Scenario 1: **emergency care**
Scenario 2: **community nursing**
Scenario 3: **mental health in-patient**
Scenario 4: **GP out-of-hours service**
Scenario 5: **residential home care**
Scenario 6: **home visit**

You may prefer to work through each of the scenarios, or to think in more detail about a scenario that is most related to your own job role. For example, community nurses may prefer to focus on scenarios two and six.

Working through and completing the **Dynamic risk assessment form** in Section 2 (page 6) will also help maximise the impact and learning from the dynamic risk assessment process.

The model in Figure 3 (shown again here) is a useful guide for understanding challenging, difficult or potentially aggressive and/or violent interactions.

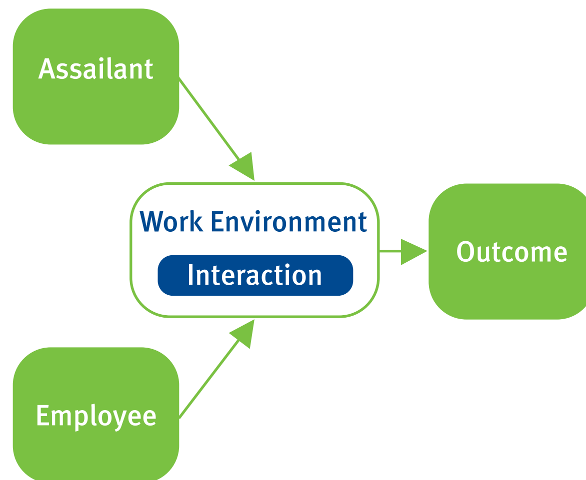

Figure 3: A model of violent incidents

Violence to Staff: A Basis for Assessment and Prevention by Poyner B and Warne C.; HSE, London. 1986. © Crown copyright material is reproduced with the permission of the Controller of HMSO and Queen's Printer for Scotland.

To remind you, use this model as a basis to ask risk assessment questions about the incidents described in the scenarios, looking at the:

- individual characteristics of **the assailant** and/or **the employee**
- **type of interaction** that took place between the assailant and the employee
- **workplace**/work environment, examining the social environment (for example, the organisational culture) and factors that exist in the physical environment (for example, the noise or temperature levels).

Dynamic risk assessment: questions to consider

Step one: Identifying risks

For each scenario, please answer the following questions:

a. Are there any factors or issues associated with the **assailant** (e.g. the patient or member of public) that need to be taken into consideration to help ensure a safe outcome from this situation?

b. Are there any factors or issues associated with the **employee** (e.g. the health care worker(s) potentially at risk) that need to be taken into consideration to help ensure a safe outcome from this situation?

c. Are there any factors or issues associated with the **interaction** (e.g. way in which the assailant and the employee are brought together) that need to be taken into consideration to help ensure a safe outcome from this situation?

d. Are there any factors or issues associated with the **location/workplace** (e.g. the environment in which the incident is taking place, administration procedures, etc.) that need to be taken into consideration to help ensure a safe outcome from this situation?

Step two: Taking action

For each scenario, please answer the following questions:

a. What are the key actions that could or should be considered (whether **before, during or after**) this incident to promote safer working? Please think about your answer in relation to the following levels:

- **i.** the **individual**
- **ii.** the **team**
- **iii.** the **organisation**

Step three: Learning and development (individual, team and organisation)

Considering your responses in Step two, try to identify:

a. any areas for **personal** improvement

b. any areas for **team** improvement

c. any areas for **organisational** improvement.

Please make a note of any developmental areas you have thought of, and raise these issues with one or more of the following people within your organisation:

- your immediate manager
- your health & safety/risk manager
- RCN safety representative
- your team/work colleagues.

SCENARIO 1: Emergency care (violent patient)

It is late on a busy Saturday evening in the emergency care department. A middle-aged man arrives and is swaying backwards and forwards and looks dishevelled. He starts swearing at everyone around him, making comments about his unmet rights as a patient in the process. A nurse approaches with the intention of trying to calm the situation. When she touches the man's shoulder in an effort to calm him, the nurse is pushed away and the man becomes even more verbally abusive.

Step one: Identifying risks

In terms of the scenario, please consider the following questions:

a. Are there any factors or issues associated with the **assailant** that you could take into consideration to help ensure a safe outcome from this situation?

- Was he known to the staff?
- Were his expectations realistic and rational?
- Were there any visible signs that he was becoming increasingly frustrated?
- What is the likely impact of any alcohol or drugs during this incident?
- Was there anything in his appearance that could have signalled risks?
- How might he have interpreted the nurse's approach?
- Given the man's state and appearance, what might the nurse have expected from touching him?

b. Are there any factors or issues associated with the **employee** who was potentially at risk in this case which you should consider to help ensure a safe outcome?

- Should the nurse have contacted security (or the police) before she approached the man?
- How many other members of staff were present?

- How experienced was the nurse in dealing with this type of incident?
- Had staff received violence management training?
- Did staff feel competent in managing violent incidents?
- Did staff feel supported in how to manage an incident of violence?
- Did they know what resources were available in such an event?
- What could the nurse do next?

c. Are there any factors or issues associated with the **interaction** – how the assailant and the employee came together – that you should consider to improve the outcome from this situation?

- How did the nurse attempt to communicate her intention?
- How else could she have attempted to communicate her intention?
- Did she approach the person face on?
- Did she speak to the patient before she touched him?
- Would a security presence have prevented or calmed the situation?
- Had the staff been required to exert their authority?
- Had care been provided at the level or speed the patient expected?

d. Are there any factors or issues associated with the **location** that you need to consider?

- Was the waiting room especially noisy?
- Was the room overcrowded?
- What other aspects of the physical environment were likely to have increased the patient's agitation?
- Were security measures in place in the waiting room?

Step two: Taking action

a. What are the key actions that you should consider to promote safe working before, during or after this incident? Please think about your answer in relation to:

i. the **individual** level

ii. the **team** level

iii. the **organisational** level.

To get you started, here are some examples of things to consider:

	Prevention (Before)	Timely reaction (During)	Rehabilitation (After)
Organisation	Staffing and resources	Relationship with support organisations (e.g. local police)	Provision of counselling and support
Team	Vigilance and support	Provide effective back-up	Communication of positive message related to incident
Individual	Awareness and attention to patient	Physical restraint	Incident reporting

Step three: Learning and development (individual, team and organisation)

Considering your responses to the questions above, try to identify:

a. areas for **personal** improvement

b. areas for **team** improvement

c. areas for **organisational** improvement.

Action planning

You can use this table to help record your answers. In doing so, consider how your answers to **Step two: Taking action** relate to the policies and procedures existing and being carried out in your organisation. This will help you to identify areas the necessary measures are lacking and may need to be improved or developed.

Personal improvement
Team improvement
Organisational improvement

Please make a note of potential developmental areas, and raise these issues with one or more of the following:

- your immediate manager
- your health & safety/risk manager
- RCN safety representative
- your team/work colleagues.

SCENARIO 2: Community nursing (visiting a difficult location)

A nurse has attended a patient in a deprived area over nine months. The visit involves walking through a tunnel to get to the patient's flat – the tunnel is usually occupied by a group of young lads repairing cars. While she passes through the tunnel, the nurse says "hello" and "cheerio" to the lads and they usually responded positively. One day, she picks up some negative vibes from their reluctance to engage with her or make room for her to pass, but as the patient was very ill she continued through the tunnel. On her return, the nurse said "bye" and got into her car, but the youths surrounded her, hemmed her in by parking another car in front of hers, swore and shouted at her ("You can f… off – you're not allowed in here") and rocked the car alarmingly.

Step one: Identifying risks

In terms of the scenario you have just read, please consider the following questions.

a. Are there any factors or issues associated with the **assailants** that you could take into consideration to help ensure a safe outcome from this situation?

- Were the young lads known to carry weapons?
- Did these assailants have a history of physical aggression?
- What might have been the visible clues to the 'negative vibe'?
- Was there a possibility of substance misuse?
- What was the level of provocation?
- Were threats being made?

b. Are there any factors or issues associated with the **employee** at risk here that you should take into consideration to help ensure a safe outcome?

- Was the nurse wearing a uniform?
- Had she received the relevant training?
- Had the nurse checked all the relevant background material before the visit?
- Had the nurse checked that her personal safety equipment was in place and in full working order?
- Had she informed someone where she was going and what time she would expect to return?

c. Are there any factors or issues associated with the **interaction** that you should take into consideration to help ensure a safe outcome?

- Was the nurse aware of her body language and attitudes, and how these may have impacted on the situation?
- Were there signs that the interaction was especially high-risk?

d. Are there any factors or issues associated with the **location** that you need to consider?

- What did the nurse know about the area?
- Was there an alternative route that would avoid the tunnel?
- Was it essential that the patient was treated at home?
- How well-lit was the area?
- Was there support close by from an external authority (e.g. local police)?

Step two: Taking action

a. What are the key actions that you should consider to promote safe working before, during or after this incident? Please think about your answer in relation to:

i. the **individual** level

ii. the **team** level

iii. the **organisational** level.

To get you started, here are some examples of things to consider:

	Prevention (Before)	Timely reaction (During)	Rehabilitation (After)
Organisation	Lone worker policies and procedures in place	Provision of security measures and systems	Recording systems and guidelines
Team	Awareness of team members' plans and visiting schedules	Provision of a 'buddy system'	Deal with other work issues
Individual	Familiarise self with 'check in' or 'return' policies	Safe practice	Sharing experiences

Step three: Learning and development (individual, team and organisation)

Considering your responses to the questions above, try to identify:

a. areas for **personal** improvement
b. areas for **team** improvement
c. areas for **organisational** improvement.

Action planning

You can use this table to help record your answers. In doing so, consider how your answers to **Step two: Taking action** relate to the policies and procedures existing and being carried out in your organisation. This will help you to identify areas the necessary measures are lacking and may need to be improved or developed.

Personal improvement
Team improvement
Organisational improvement

Please make a note of potential developmental areas, and raise these issues with one or more of the following:

- your immediate manager
- your health & safety/risk manager
- RCN safety representative
- your team/work colleagues.

SCENARIO 3: Mental health (aggression in in-patient setting)

A male patient in the patients' cafeteria has up-ended tables and threatened staff. The staff have activated the panic alarm to call the Control and Restraint Team. In the meantime, one of the nurses intervenes by directing people away and trying to de-escalate the violence by talking to the patient. "This is really silly, isn't it?", he says, "Come and have a cup of tea". The nurse's objective was to distract the patient and appeal to his rational side, but the plan didn't work and the patient had to be restrained.

Step one: Identifying risks

In terms of the scenario you have just read, please consider the following questions:

a. Are there any factors or issues associated with the **assailant** that you need to consider to help ensure a safe outcome?

- Did this patient have a history of violence?
- Was he prone to unpredictable and seemingly irrational outbursts of violence?
- Had something happened to make the patient angry?
- Had he made any threats to staff or other patients before the aggressive outbreak?
- Were there early visible signs that this man was becoming increasingly frustrated? (Think about changes in appearance and level of emotional arousal.)

b. Are there any factors or issues associated with the **employee** at risk here that you should consider to help ensure a safe outcome?

- Had the nurse got experience of working with this particular patient?
- Was he trained in de-escalation techniques?
- Did he feel competent in managing violent incidents?
- Did staff feel supported in how to manage an incident of violence?
- Did they know what resources were available in such an event?

c. Are there any factors or issues associated with the **interaction** that you should consider to improve the outcome?

- Were there any signs to suggest which method of de-escalation might have been most appropriate in this situation?
- Given that this is an in-patient setting, did the member of staff and the patient already have a relationship that may have influenced their interaction?

d. Are there any factors or issues associated with the **location** that you need to take into consideration to help ensure a safe outcome?

- Were all areas of the cafeteria easily visible to the staff?
- Was the cafeteria especially noisy?
- Was the room overcrowded?
- Were other aspects of the physical environment likely to have increased the patient's agitation?
- Were security measures in place and readily available in the cafeteria?

Step two: Taking action

a. What are the key actions that you should consider to promote safe working before, during or after this incident? Please think about your answer in relation to:

i. the **individual** level

ii. the **team** level

iii. the **organisational** level.

To get you started, here are some examples of things to consider:

	Prevention (Before)	Timely reaction (During)	Rehabilitation (After)
Organisation	Ensure specialist training is provided	Ensure that appropriate policies are implemented	Reactive monitoring
Team	Have emergency action plan in place	Restraint team available	Learning
Individual	De-escalation techniques	Remain calm	Confidential counselling

Step three: Learning and development (individual, team and organisation)

Considering your responses to the questions above, try to identify:

a. areas for **personal** improvement
b. areas for **team** improvement
c. areas for **organisational** improvement.

Action planning

You can use this table to help record your answers. In doing so, consider how your answers to **Step two: Taking action** relate to the policies and procedures existing and being carried out in your organisation. This will help you to identify areas the necessary measures are lacking and may need to be improved or developed.

Personal improvement
Team improvement
Organisational improvement

Please make a note of potential developmental areas, and raise these issues with one or more of the following:

- your immediate manager
- your Health & Safety/Risk Manager
- RCN safety representative
- your team/work colleagues.

SCENARIO 4: GP out of hours service (verbal aggression by telephone)

A patient has telephoned the service and is becoming increasingly offensive, swearing and becoming very aggressive. The nurse answering the call manages to get the patient's details, but is upset by the call and has a panic attack afterwards. One of the doctors comes to help the nurse.

Step one: Identifying risks

In terms of the scenario you have just read, please consider the following questions:

a. Are there any factors or issues associated with the **assailant** (the caller) that you should consider to help ensure a safe outcome from this situation?

- Did this caller have a history of aggression?
- Was his psycho-pathological history known? (e.g. was a history of mental disorders, dementia or psychopathy recorded in the patient's notes the nurse could access?)
- Had the patient's call been transferred to a number of people before reaching the nurse?
- Was there any indication that substance misuse may be involved?
- Was this patient taking prescribed medication that may have made him increasingly irate or aroused?
- Were this caller's expectations of staff consistent with the service that could be provided?

b. Are there any factors or issues associated with the **employee** that you should take into consideration to help ensure a better outcome?

- Had the nurse received the appropriate training?
- Was she aware of the support available within the company?
- Was the nurse aware of the risk of violence?
- Was the nurse aware of different options in responding to aggressive callers?
- Had she been alerted to this particular caller's history?

c. Are there any factors or issues associated with the **interaction** that you need to consider to help ensure a safer outcome?

- Were there indications or early signs of the caller's aggressive nature?

- Was the nurse familiar with different interaction styles for dealing with potentially problematic callers?

d. Are there any factors or issues associated with the **location** that you should consider to help ensure a better outcome?

- Did the physical environment make the task challenging or difficult for the nurse?
- Were the relevant structures in place to support the nurse?

Step two: Taking action

a. What are the key actions that you should consider to promote safe working before, during or after this incident? Please think about your answer in relation to:

i. the **individual** level

ii. the **team** level

iii. the **organisational** level.

To get you started, here are some examples of things to consider:

	Prevention (Before)	Timely reaction (During)	Rehabilitation (After)
Organisation	Produce a system for recording and disseminating information about abusive callers	Ensure that appropriate policies are implemented	Provision of counselling services
Team	Active monitoring	Remain calm	Support and encourage
Individual	Social skills	Negotiation skills	De-briefing

Step three: Learning and development (individual, team and organisation)

Considering your responses to the questions above, try to identify:

a. areas for **personal** improvement

b. areas for **team** improvement

c. areas for **organisational** improvement.

Action planning

You can use this table to help record your answers. In doing so, consider how your answers to **Step two: Taking action** relate to the policies and procedures existing and being carried out in your organisation. This will help you to identify areas the necessary measures are lacking and may need to be improved or developed.

Personal improvement
Team improvement
Organisational improvement

Please make a note of potential developmental areas, and raise these issues with one or more of the following:

- your immediate manager
- your health & safety/risk manager
- RCN safety representative
- your team/work colleagues.

SCENARIO 5: Residential home care (verbal aggression to staff)

An elderly Alzheimer's patient also suffers badly with arthritis in his knees and hips, and needs staff assistance to help him move from a day room into bed. He has rung the bell several times for assistance but no one has come to help, because most nursing staff are attending to another patient who has fallen. Eventually, the patient starts shouting for assistance and banging on a nearby table. A nurse arrives to help him and immediately pulls the man to his feet. At this point the patient swears at the nurse and lashes out.

Step one: Identifying risks

In terms of the scenario you have just read, please consider the following questions:

a. Are there any factors or issues associated with the **assailant** that you need to consider to help ensure a safer outcome?

- Did this patient have a history of aggression?
- Did the nurse know about the patient's condition?
- How might have the patient's condition have exacerbated his frustrations?
- Were the patient's expectations of staff consistent with the service that could be provided?

b. Are there any factors or issues associated with the **employee** at risk in this case that you should consider to help ensure a safe outcome?

- Was the nurse aware of the patient's medical condition?
- Was she aware of the length of time the patient had been waiting?
- How else might the nurse have approached the patient?
- Had the nurse received the appropriate training?
- Was she aware of the potential risk of violence?

c. Are there any factors or issues associated with the **interaction** that you need to consider to help ensure a safe outcome?

- Were there indications or early signs of the patient becoming increasingly agitated or frustrated?
- Was the nurse familiar with potential for the patient to experience confusion or fear?

d. Are there any factors or issues associated with the **location** that you need to consider to help ensure a better outcome?

- Was the care home particularly noisy?
- Were other aspects of the physical environment likely to have increased the patient's agitation?
- Were lifting aids available to support the nurse/patient?

Step two: Taking action

a. What are the key actions that you should consider to promote safe working before, during or after this incident? Please think about your answer in relation to:

i. the **individual** level

ii. the **team** level

iii. the **organisational** level

To get you started, here are some examples of things to consider:

	Prevention (Before)	Timely reaction (During)	Rehabilitation (After)
Organisation	Staffing levels and care plans	Ensure that appropriate policies are implemented	Provision of counselling services
Team	Active monitoring	Remain calm	Support and encourage
Individual	Social skills	Negotiation skills	De-briefing

Step three: Learning and development (individual, team and organisation)

Considering your responses to the questions above, try to identify:

a. areas for **personal** improvement

b. areas for **team** improvement

c. areas for **organisational** improvement.

Action planning

You can use this table to help record your answers. In doing so, consider how your answers to **Step two: Taking action** relate to the policies and procedures existing and being carried out in your organisation. This will help you to identify areas the necessary measures are lacking and may need to be improved or developed.

Personal improvement
Team improvement
Organisational improvement

Please make a note of potential developmental areas, and raise these issues with one or more of the following:

- your immediate manager
- your health & safety/risk manager
- RCN safety representative
- your team/work colleagues.

SCENARIO 6: Home visit (feeling trapped)

An elderly patient at home needs to have a wound dressing checked and changed. The patient's son is at home - previous enquiries by the health care team have shown that the son had been in psychiatric care. An inexperienced nurse attends and when she arrives, the door is opened by the patient's son, who invites the nurse in. As she walks along the corridor to the room where the elderly patient is resting, the nurse hears the front door being closed and then locked. The nurse feels alarmed by this, but proceeds to attend to her patient. Once finished, the nurse turns to leave the flat and sees that the son is blocking her exit from the room. She feels anxious. She politely, but nervously, asks if she could be shown to the front door. The son refuses to move out of the way and just stares at the nurse. She repeats her request and then the son smiles, turns and slowly escorts her to the front door. Once outside, the nurse hurries to her car. It is later discovered that the patient's son had only recently been discharged from a high security psychiatric hospital.

Step one: Identifying risks

In terms of the scenario you have just read, please consider the following questions:

a. Are there any factors or issues associated with the **assailant** (the patient's son) that you need to consider to help ensure a safe outcome from this situation?

- Did the health care team carry out an appropriate risk assessment?
- Was available information about the son sufficiently detailed?
- Did the nurse expect the son to be present at the patient's home?
- Have previous interactions with this patient and her son been adequately recorded?

b. Are there any factors or issues associated with the **employee** who was potentially at risk here that you need to consider to help ensure a safe outcome?

- Was the nurse made fully aware of the son's previous history?

- Did the nurse receive the appropriate training?
- Was the nurse aware of the potential risk of violence?
- Should the nurse have entered the property in the way she did?
- Could the nurse have refused to treat this patient on this occasion?

c. Are there any factors or issues associated with the **interaction** that you should consider to help ensure a safe outcome?

- Were there indications or early signs of the son's behaviour that should have alarmed the nurse?
- Was the nurse familiar with procedures and tactics for entering patients' homes when others are present?
- Should the nurse have engaged in discussion with the son?

d. Are there any factors or issues associated with the **location** that you need to consider to help ensure a safe outcome?

- Was the nurse familiar with the guidance on lone working and specifically about entering property?
- Should the nurse have attended this patient alone?

Step two: Taking action

a. What are the key actions that you should consider to promote safe working before, during or after this incident? Please think about your answer in relation to:

i. the **individual** level

ii. the **team** level

iii. the **organisational** level.

To get you started, here are some examples of things to consider:

	Prevention (Before)	Timely reaction (During)	Rehabilitation (After)
Organisation	Staffing levels, patient history and notes, emergency procedures and code words	Ensure that appropriate policies are implemented	Provision of counselling services
Team	Active monitoring	Back up procedures	Support and encourage
Individual	Proactive in seeking information	"10 Second Risk Assessment"/ positioning and body language	De-briefing

Step three: Learning and development (individual, team and organisation)

Considering your responses to the questions above, try to identify:

a. areas for **personal** improvement
b. areas for **team** improvement
c. areas for **organisational** improvement.

Action planning

You can use this table to help record your answers. In doing so, consider how your answers to **Step two: Taking action** relate to the policies and procedures existing and being carried out in your organisation. This will help you to identify areas the necessary measures are lacking and may need to be improved or developed.

Personal improvement
Team improvement
Organisational improvement

Please make a note of potential developmental areas, and raise these issues with one or more of the following:

- your immediate manager
- your health & safety/risk manager
- RCN safety representative
- your team/work colleagues.

Appendix 2: Organisational level violence audit: checklist

Violence audit:

Here is a checklist of questions to help inform both the content and the translation of a violence audit. The questions are not intended to be exhaustive, but they illustrate the types of issues that you may need to consider during the audit process.

Policies and procedures:

- Does your organisation have clear policies and practices in place for violence management?
- Are sanction policies required to warn patients that violence will not be tolerated? (e.g. is a traffic light system in place?)
- Are there specific policies and practices in place for staff members who are at especially high risk? (e.g. lone workers, emergency care workers?)
- Are workplace safety representatives consulted on policies and procedures?

Communication and information:

- Has the organisation made efforts to communicate to the public that violence towards staff members will not be tolerated?
- Is there a way of storing information to 'flag up' patients who have been violent in the past?
- what are the high risk areas in the organisation (e.g. accident and emergency departments; mental health units; learning disability units and lone working) and what risk reduction practices are in place?
- Are technological security/safety devices available for staff in high risk areas?

Resources:

- Are staffing patterns managed effectively?
- Has the organisation devised and implemented effective incident report forms and monitoring systems?

Support:

- Has the organisation established a relationship with local police and other external agencies?
- Do internal security staff understand their role in preventing and managing violent incidents?
- Are the necessary post-incident support/counselling services in place for all employees?

The physical environment:

- Is the environment designed to account for and reduce potential hazards, including:
  - lighting?
  - noise?
  - boredom?
  - temperature/humidity?
  - overcrowding?
  - the use of furnishings/fittings as weapons?
  - clear signposting throughout the building?
  - separate children's play area?

Security measures:

- Are security measures and systems provided, maintained and updated regularly?
- Are security measures rehearsed and understood by all members of staff?

Risk assessment/risk management:

- Does the organisation regularly evaluate current systems, policies and practices, as part of the violence audit process?

Reporting procedures:

- Are reporting forms readily available to staff?
- Are staff aware of when and how to complete forms, and why this is important?
- Is the current system being used by employees?
- Is the reporting process regularly reviewed?

Translation:

- How are different members of staff involved in the interpretation of any data collected on work-related violence?
- Are staff groups used to help problem-solve issues of work-related violence?
- Are safety representatives involved in procedures to identify risks?
- To what extent are the findings explored in terms of their potential impact for your organisation?
- What systems are in place to encourage understanding of these issues within their organisational context, in order to clarify what the results really mean?
- Are there procedures in place to assist in identifying the risks which are most significant, in light of the organisation's priorities and objectives?
- Are there guidelines to support the development of achievable and practical action plans to reduce violence and improve staff handling of violence?
- Are action plans created following the principle of enforcing the minimum number of actions to address the maximum number of risks?

Risk reduction:

- Based on the results of the violence audit and the suggestions made during the translation process, has an action plan been developed to guide implementation risk reduction methods?
- Has the organisation considered risk reduction methods using an integrated organisational approach? In other words, are risk controls in place for preventative measures, for reactive responses and for after-care and support? And are these controls applied at individual, team and organisational levels?
- Are the controls suggested on the action plan realistic and feasible for your particular organisation?
- Are the resources, time and money available to implement these control measures?

- Have a sufficient number of staff been given the responsibility of managing the risk reduction process?
- Are staff involved in this process aware of what is required of them, and trained in the relevant skills to carry out their role effectively?

Feedback:

- Are there clear policies and practices in place to allow the continual monitoring and evaluation of outcome measures as part of the violence audit process?
- Are there clear policies and practices in place to ensure this information is fed back to the appropriate people?
- When this feedback is presented, are there procedures in place for taking this information forwards and acting on it appropriately?

Evaluation, learning and development:

- Does the organisation regularly conduct violence audits, to make sure the information is up-to-date?
- Have these violence audits been evaluated?
- Are current systems, policies and practices regularly evaluated as part of the violence audit process?
- Are the necessary systems in place to ensure that staff training takes place?
- Are refresher courses included under the training policy?
- Are training programmes based on a training needs analysis?
- Are training programmes regularly evaluated and revised accordingly?
- Is training in violence audit methodology also available to staff?

Appendix 3: Further information

You will find further information about workplace aggression and violence by accessing the following sources of information:

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