Violence and Aggression in the Health Service – October 2010

- Kenneth Fleming – Head of Health and Safety, NHS Greater Glasgow and Clyde, Scotland

Egun on!

NHS
Greater Glasgow and Clyde

The Western Infirmary, Glasgow

Glasgow University next to Western Infirmary

- .

Kelvingrove Art Gallery

Christ of Saint John - Dali

Loch Lomond

Highland Cow!!

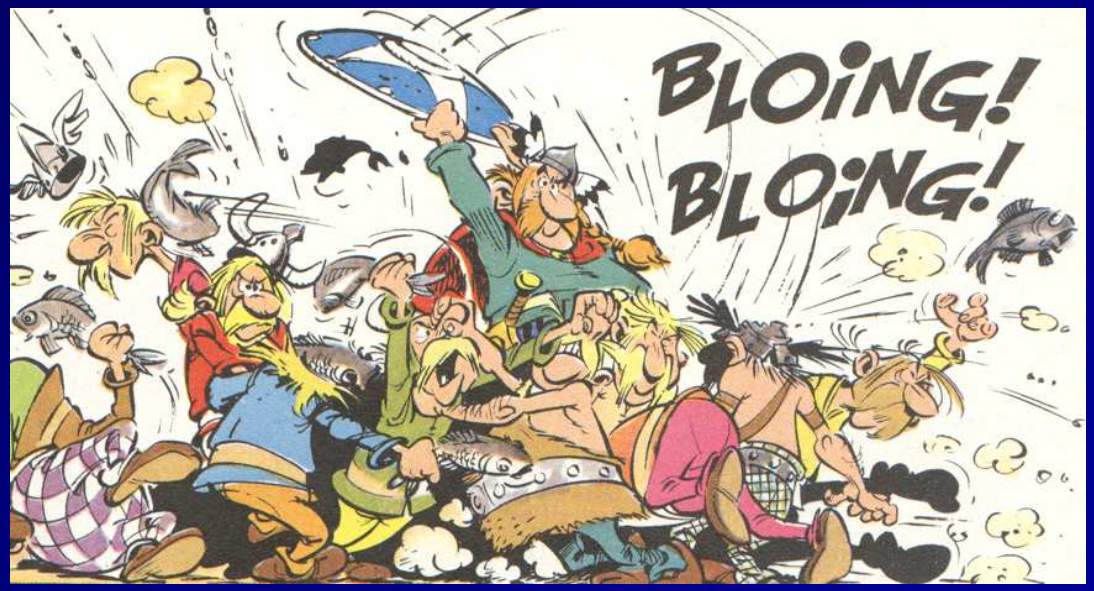
Glenfinnan Viaduct

George Square, Glasgow

NHS Greater Glasgow and Clyde

- Serves a population of 1.2 million
- Employs over 44,000 staff
- 25 Hospitals
- More than 300 GP Surgeries
- £2.4 billion annual budget
- Currently building 1 new hospital
- Largest Health Authority in Scotland

Violence and aggression



The HERALD, Monday, August 10, 1998

Nurses are more likely to be attack victims than policemen, claims union

Working in hospitals carries a health risk

CHRISTINE JARDINE

NHS staff are four times more likely to be the victims of violence than other workers, a survey reveals today.

Almost one in 10 health workers (8.5%) were attacked at work in the year ending April 1998 – four times the rate in other jobs. But nursing representatives have warned that the situation may be much worse than the figures suggest.

The survey by the Industrial Relations Service found that 5% were attacked with a weapon and 10% of the attacks resulted in a major injury.

In community and mental health trusts, one in three NHS staff were attacked, with 20% of victims suffering a major injury.

Unions and doctors said the survey of 105 NHS trusts around Britain confirmed their concerns about the "serious toll of violence against NHS staff at their place of work".

While no regional breakdown of the figures is available, the Royal College of Nursing in Scotland stressed that differences in the level of violence faced is more likely to be between urban and rural areas, than between cities north and south of the border.

Ms June Andrews, RCN Scottish secretary, said: "Nursing is one of the most dangerous professions, with nurses being more at risk from violence in the workplace than policemen and security officers.

"We do fear that the actual level is much worse because of non-reporting of incidents. If a nurse or other member of staff is injured, then it is automatically reported.

"But in some instances the violence is threatened, and often nurses themselves will understand that the person who is being threatening is under incredible stress because they are ill or a member of their family is ill.

"The one thing that is completely intolerable is violence that accompanies alcohol abuse."

The RCN, which represents 32,000 nurses, midwives and health visitors in Scotland, welcomed the setting up of a formal policy on violence in nine out of 10 hospitals.

Some 90% have improved their security systems, 80% have made changes to their working environment, and 77% have revised their working methods and staffing arrangements.

However, the report shows that one in 10 hospitals fails to comply with the latest guidance from the Health and Safety Commission and the Government's stated policy objectives.

For example, 14% of trusts have yet to carry out a violence risk assessment, and one in five fail either to monitor their violence policies or regularly review their effectiveness.

The report's author, Jeremy Baugh, said: "The survey confirms the high risks of violence faces by NHS staff – particularly those working in community and mental health – and underlines the importance of the Government's plan to publish additional guidance on the prevention and handling of violence to staff working in these areas."

Unison, Britain's biggest union, also warned the survey was just the "tip of a Titanic iceberg". A survey by the union found that 40% of NHS staff experience violent attacks at work.

Last year Unison handled almost 600 new claims from health workers for criminal injury compensation and there are hundreds of cases in the pipeline.

The British Medical Association said the problem was getting worse, with increasing violence in general practice as well as hospitals and community trusts.

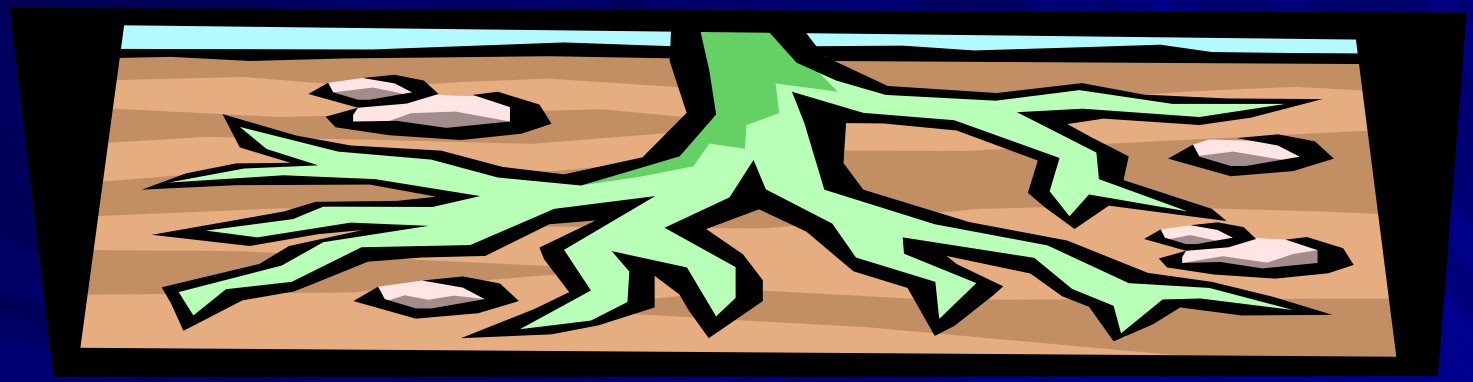
The current situation in NHS Scotland

- Violence and Aggression has the highest incident rate for staff of all health and safety related incidents.
- In the past 10 years moving and handling related incidents have decreased significantly from being the number 1 incident.
- Still significant concerns with under-reporting!

Current situation:

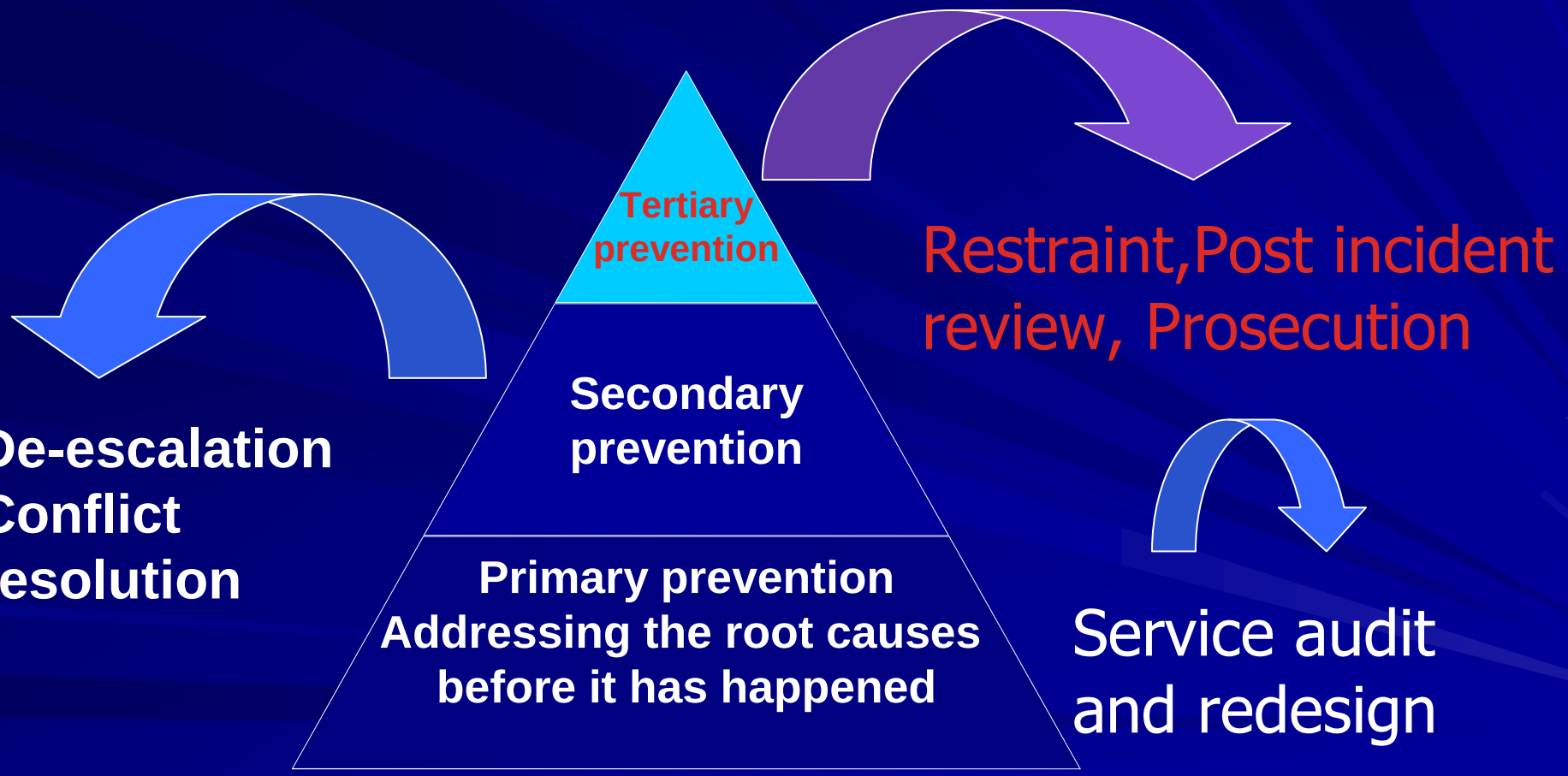
- 80% of all staff related incidents are due to violence
- Significant variations to training and Policies across Scotland
- *Management of violence is a highly complex multi-factorial issue*

Violence may have its roots in-

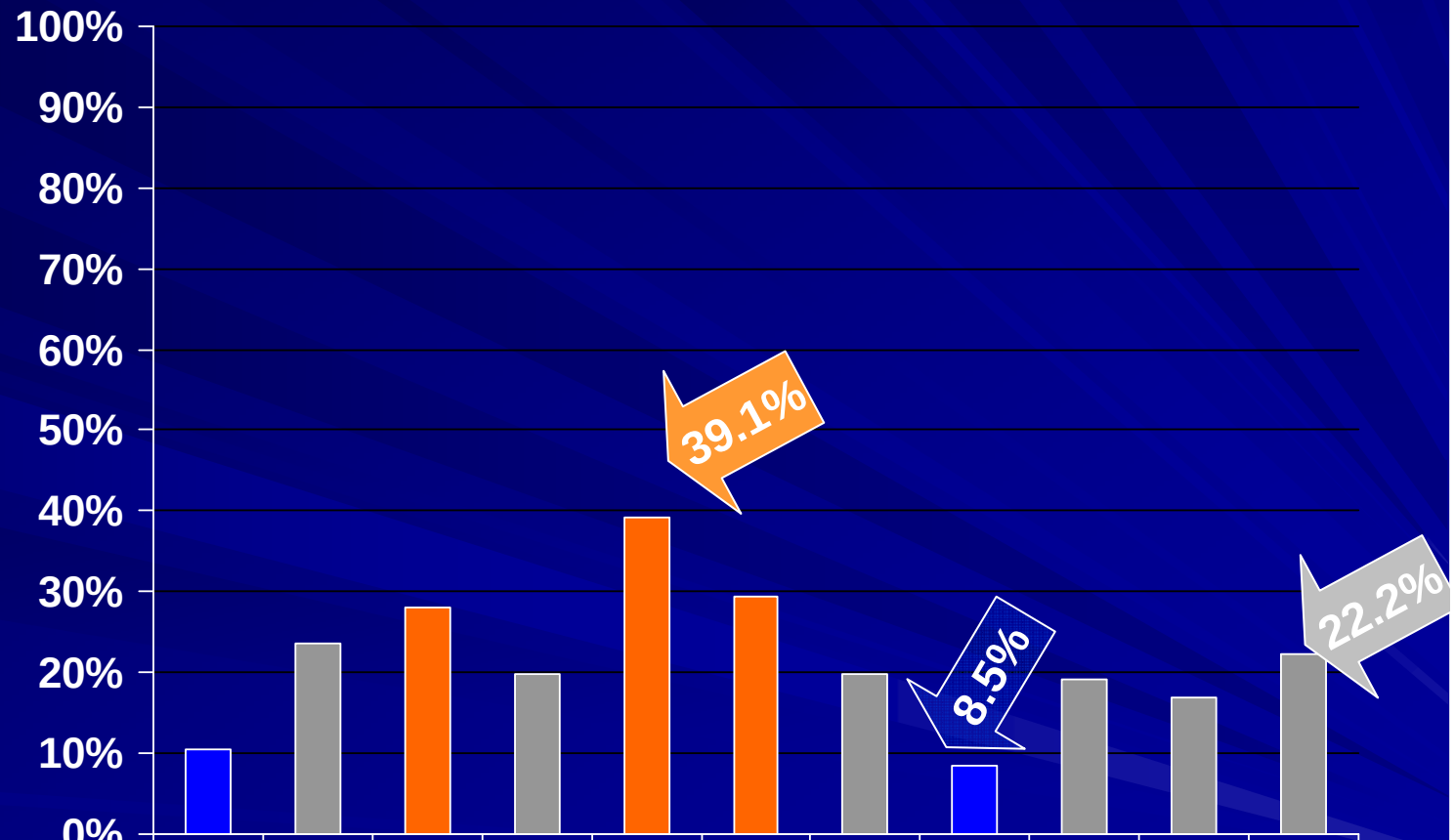


- Failure to meet the needs of the service users
- Failure to meet the needs of staff - poor job design and working practices
- Failure to recognise that conflict is inevitable
- Failure to recognised emotional impact of exposure to aggression
- Failure to adopt a public health perspective and a total organisational response required

The public health model



Frequency of violent events by country based on responses from 39,008 healthcare workers (2007)

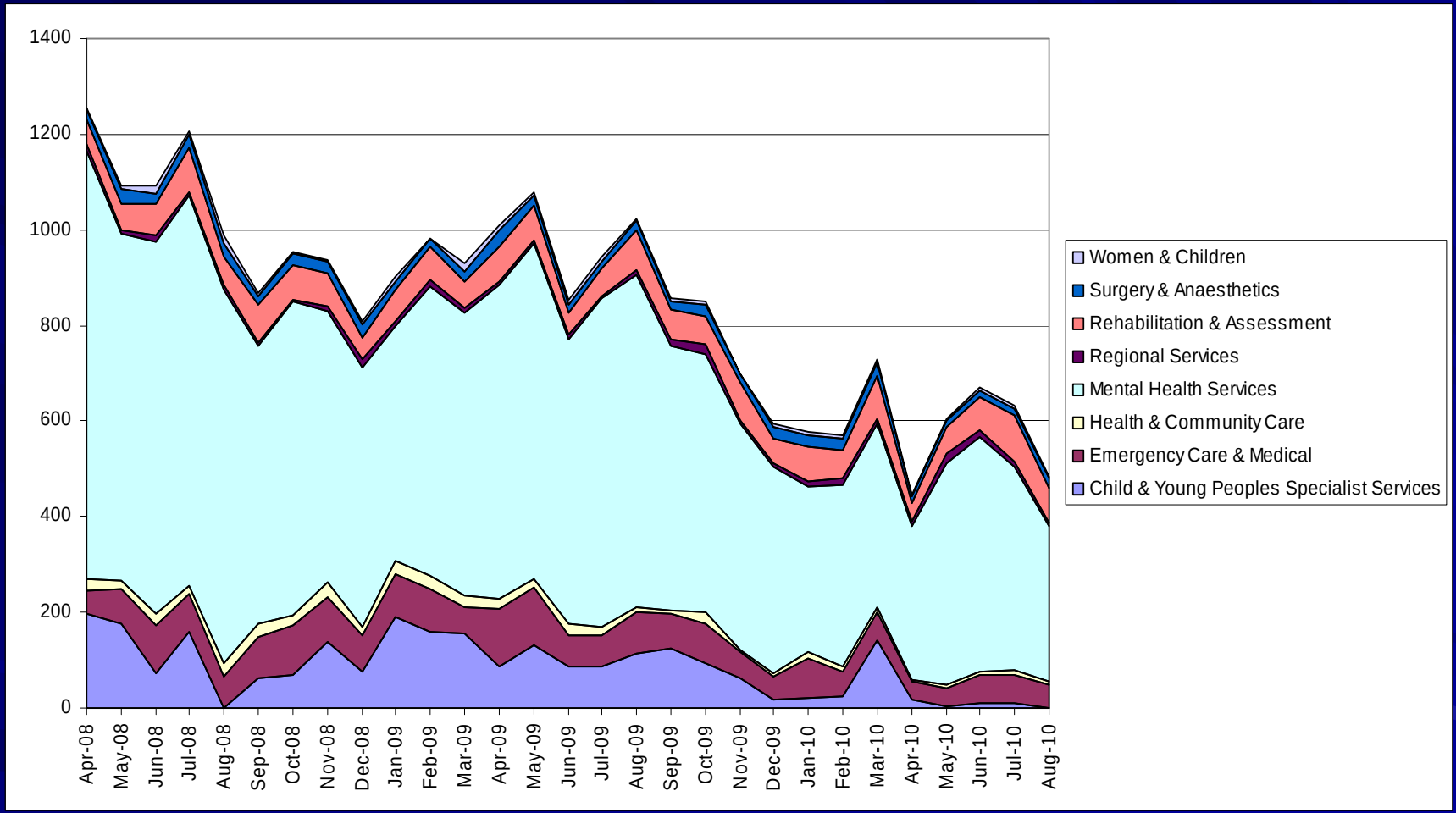


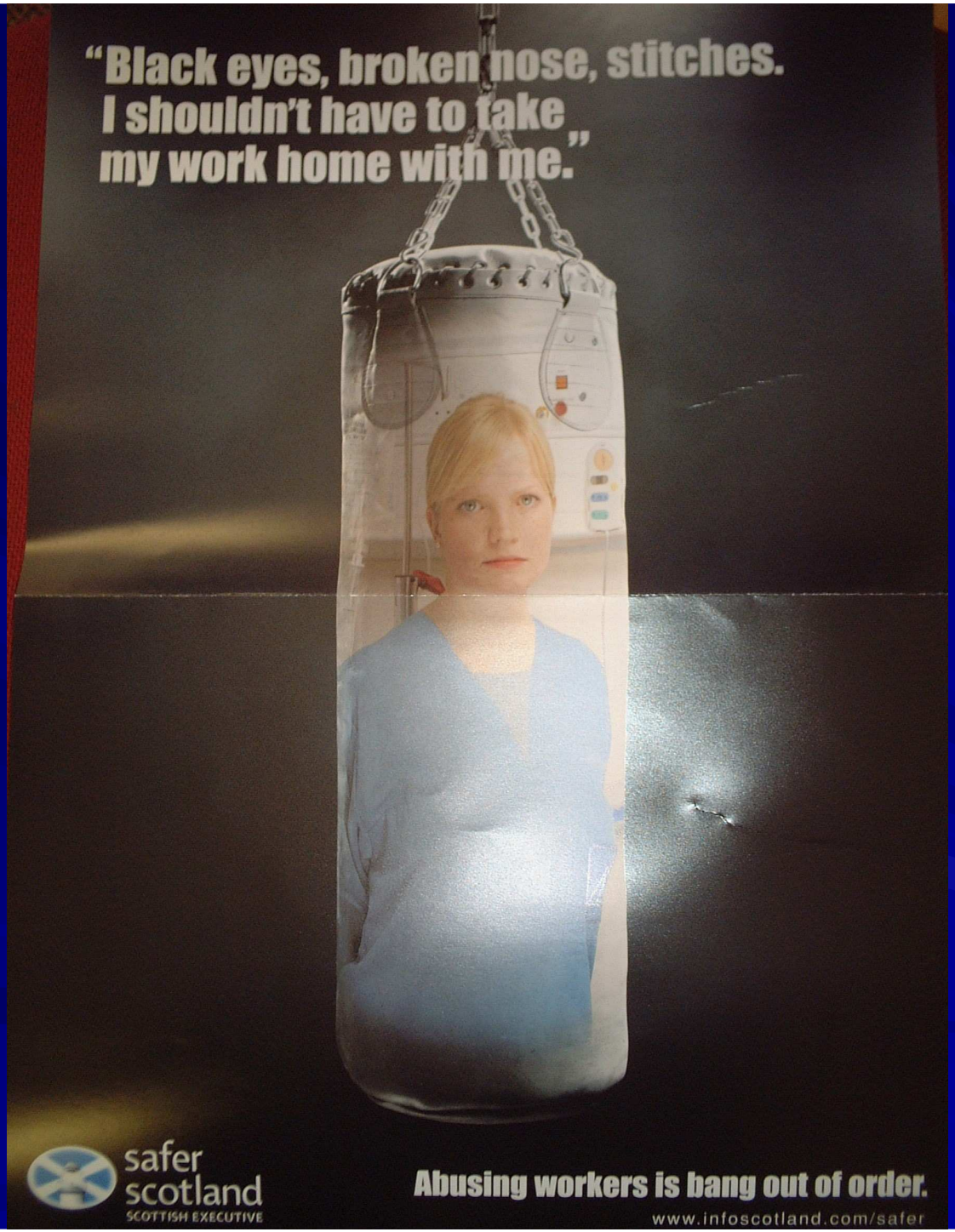
	NL	BE	DE	FI	FR	GB	IT	N	PL	SL	Total
+Violence monthly	10.4	23.6	28.1	19.8	39.1	29.4	19.9	8.5%	19.2	16.9	22.2
N =	3985	4191	3521	3938	5299	2540	5413	2682	4218	3221	39008

Size of the problem in Glasgow?

- 9811 incidents reported in a 12 month period (2009/10) 15% reduction!
- 80% of all violence and aggression takes place in Acute Medicine (Accident & Emergency) , Care of Elderly and Mental Health.

Violence by Specialty April 2008 – Aug 2010




"Black eyes, broken nose, stitches.
I shouldn't have to take
my work home with me."
safer
scotland
SCOTTISH EXECUTIVE
Abusing workers is bang out of order.
www.infoscotland.com/safer

What questions should we be asking when we want to reduce violence?

Can the number of violent incidents be reduced?
Can violence be eliminated?
When is the risk at an acceptable level?

What are the ‘answers’?

- A Violence and Aggression *Reduction* Strategy – target setting???
- A Violence and Aggression Policy:
- Responsibilities of staff
- Risk assessment
- Reporting of incidents
- Environmental issues

Policy content:

- Training for staff
- High risk patients
- Withdrawal of treatment
- Prosecution of aggressors
- Counselling and support for staff

Important: Definition of violence AND aggression

- Definition in Scotland: *Any incident in which a person working in the healthcare sector is verbally abused, threatened or assaulted in circumstances relating to his or her employment.*
- Definition in the Basque country?

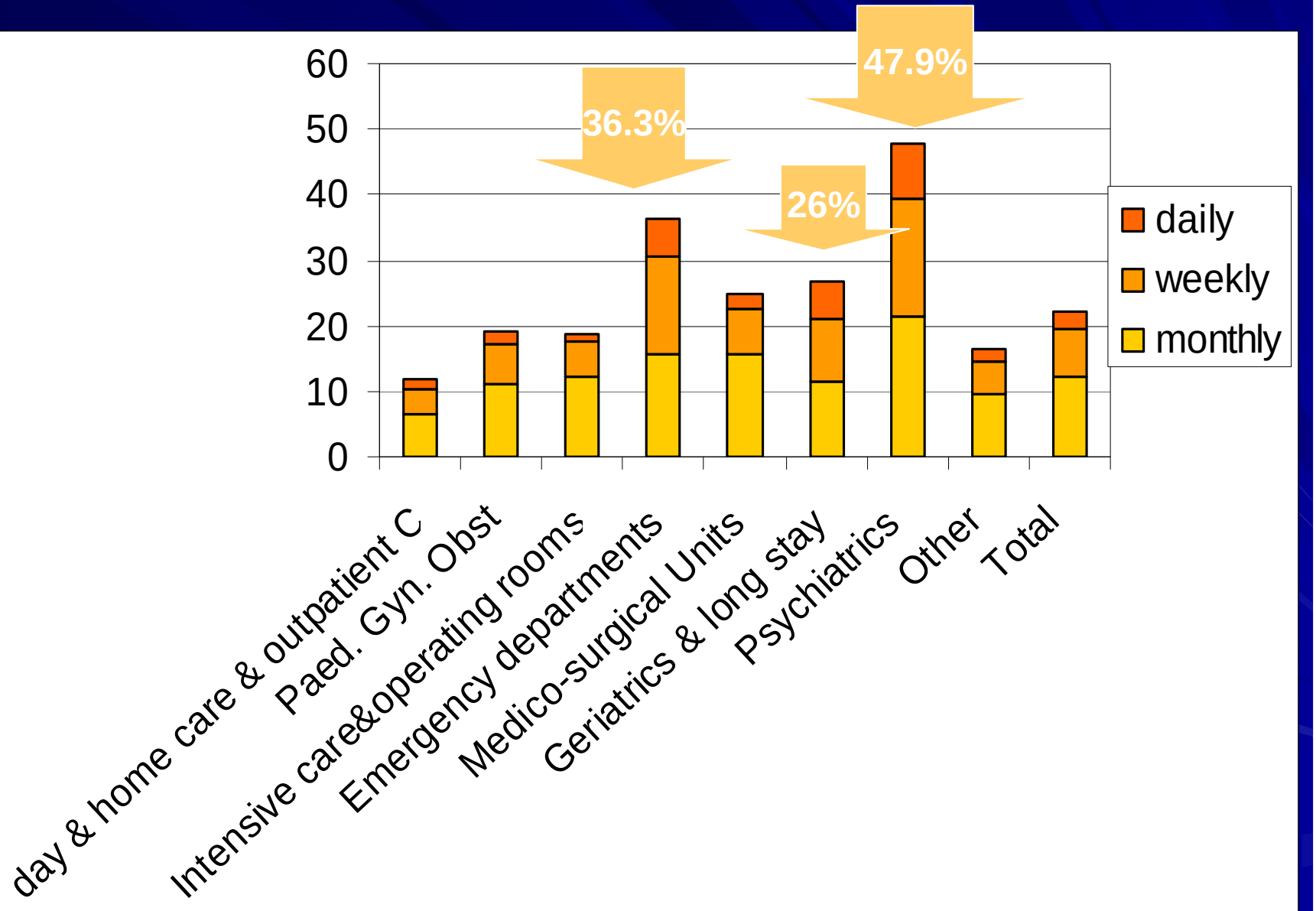
RISK ASSESSMENT PROCESS

- Standard risk assessment form.
- Establish the risks for various groups of staff.
- Staff should be involved in the process.
- Results will help to select the control measures such as security alarms and training for staff.
- Risk assessment will be part of the training needs analysis.

Risk assessment-
establish the ‘high risk’ departments:

- Examples:
- Emergency departments
- Receiving wards
- Mental health wards
- Learning difficulty departments
- Maternity units

Frequency of violence from patients or relatives according to department (European Study 2007)

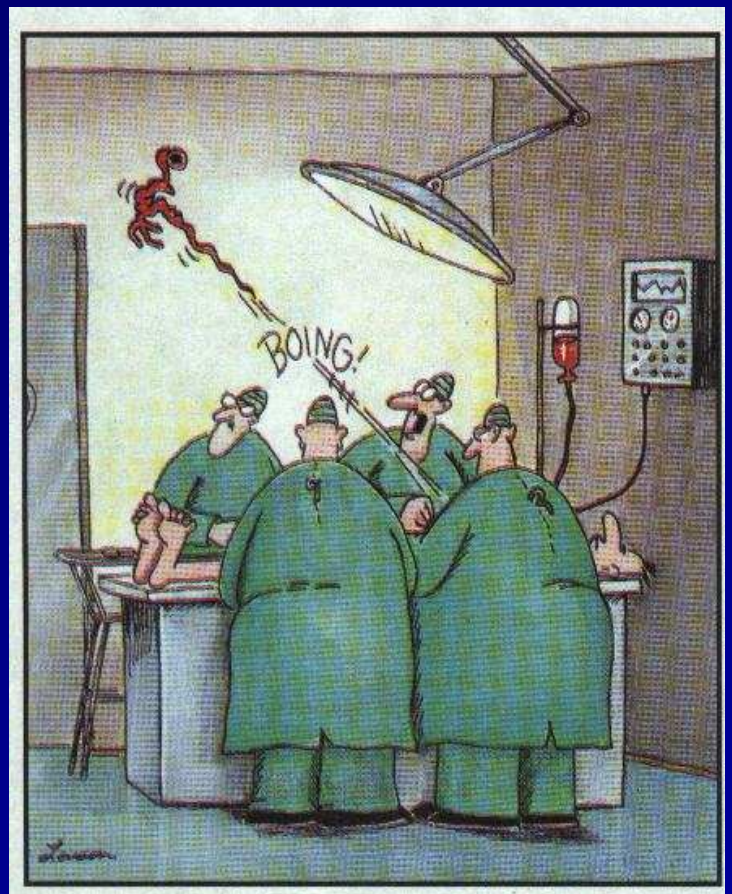


High risk patients?

- Alcohol withdrawal symptoms
- Drug problems
- Mental health patients
- Head injury patients
- Patients with a history of violence

Incident Reporting - What to report:

- Injuries caused by Violence
- Damage to property
- Violence AND Aggression
  - Threats
  - Abuse



"Whoa! Watch where that thing lands—
we'll probably need it."

Incident Reporting Procedure

- **Electronic reporting** with search facility
- Under reporting??
- How do we encourage reporting in busy departments?
- Can we report all incidences of aggression?

Datix Homepage - Microsoft Internet Explorer provided by NHS Greater Glasgow & Clyde

http://www.staffnet.ggc.scot.nhs.uk/Applications/Datix/Pages/default.aspx

Welcome McNish, Elaine | Site Actions | Staff Directory | Useful Links | socialNet | Help | NHSGGC Website | Sitemap | Text Size: A A A

StaffNet

28 June 2010

NHS Greater Glasgow and Clyde

Acute | Applications | Clinical Info | Corporate Services | Human Resources | Info Centre | News | Partnerships

StaffNet > Applications > Datix

Search

All Sites

Go to Advanced Search

- View All Site Content
- Blood Glucose Meter Scheme
- Bowel Screening System
- CDM Programme
- Clinical Portal
- Clyde GP Rota System
- Community Nursing System
- Datix
  - Datix Training
  - Documentation and Help
- eExpenses
- Email

Datix Homepage

Datix

Click on button to enter go to the Datix Incident Form (DIF1)

Click here to log in if you are a designated reviewer or approver

Datix

Click button for a New Incident

Datix

Click button for Manager Login

Crib Sheet - Access issues to Datix? Salient points can be captured here.

Whats New!

January 2010 updates click here.

Require Training?

http://datix.acute.xglasgow.scot.nhs.uk/datix/live/index.php

Local intranet 100%

Datix

30 September 2009

New Form : Login

DATIX Incident Form (DIF1)

Live data to be entered only.

Need help? Start here

Also available - **DIF1 Guidance** (Microsoft Word format). If datix.administrator@ggc.scot.nhs.uk

Incident/Near Miss Details
Enter details of where the incident/near miss

* **Incident date** dd/mm/yyyy	30/09/2009
* **Time** Enter in format hh:mm. If time unknown, enter 00:00	00:00
* **Incident type**	Patient - Clinical
* **Category**	Infection Control
* **Sub-Category**	

Environmental issues

- All high risk areas should have the physical environment reviewed
- Consider security measures
- Security staff and Police involvement

Security in a ‘new’ department: Glasgow Royal Infirmary

- New Accident and Emergency building and department
- Covers a population of around 300,000
- 70,000 + patients per year through A&E
- 24 hour security service

Accident & Emergency
Ambulance Entry Only
Accident & Emergency
Main Entrance
Ambulances
Only
Keep Clear
Ambulances
Only
Keep Clear
No pedestrians
beyond this point
AMBULANCES

Security concept in A&E - ‘secure by design’

- Alarm systems (personal and location)
- Secure waiting area
- Impact resistant glass
- Chairs secured
- CCTV
- Security and Police presence

Personal alarms for staff

ADJUST
STAFF
ACCEPT
MUTE
RED ALERT
Jubilee Building Intercom
Operation
nter two-digit number below to call
levant station. Press "C" to end call
Directory
A & E Staff Rest Room
A & E Main Staff Base
A & E Minors Staff Base
A & E Porters Base
Theatre Recovery
Theatre Reception
A & E Triage
X-Ray Room 1 (General)
A & E Resus
Theatre U
Theatre V
Theatre W
Theatre X
Theatre Y
K Theatre Z
ay CT Scanner Room (Currently Not In Use)
X-Ray Processing Room
X-Ray Staff Room
X-Ray Room 2 (General/Skull)
29 Seminar Room Level 1
30 CCU Staff Base
31 CCU Pacing and Treatment Room
Group Call Codes
two digit number to call.
No11

No Unauthorised Entry
NO ENTRY : STAFF ONLY
(Except in emergency)
CONTROLLED DOOR ACCESS

North Glasgow University Hospitals NHS Trust
Glasgow Royal Infirmary

NHS
Greater Glasgow

Accident & Emergency

C.C.T.V.

in operation and recording.

These recordings will be used as evidence in the event of any prosecution

97434

Training for staff in Violence and Aggression Management

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Training guidelines:

- Training must be part of the Violence and Aggression Strategy
- Risk assessments involving staff must be undertaken prior to training
- Training Needs Analysis including evaluation of refresher frequency

Factors in a training needs analysis:

- Common causes of conflict
- Working practices
- History of physical assault – data?
- Clinical, non-intentional violence
- Reporting of incidents -historical data
- Incident management
- Post incident support

Training for staff – 3 main types

- De-escalation training – verbal skills – normally a 1 day course
- Breakaway training - physical skills – normally a 2 day course
- Control and restraint training – physical skills training – normally a 5 day course – highly specialised

Providing the training:

- Most training provided by our own staff
- Trainers from a variety of backgrounds
- 5 day training course
- Trainers provide 1 and 2 day courses
- Annual update for trainers

Training awards presentation

Other developments linked to training for staff:

- Training booklet for staff
- Induction video specific to Glasgow Hospitals and linked to identified training needs

Violence and Aggression training video for Accident and Emergency

- Video is designed to be used at induction to be ***delivered*** by a ‘coach’ from the department eg A&E nurse manager.
- Video is paused at various sections for discussion and interaction.
- Video 25 mins. Delivery 60 mins

Gerry Wright - Nurse Manager - 1

Communication

Signalling non-aggression

- *Turn shoulders to side*
- *Relax shoulders*
- *Normal eye contact*
- *Maintain comfortable space*
- *Open palms*

SAFER

A tool to evaluate risk

S *Step back*

A *Assess threat*

F *Find help*

E *Evaluate options*

R *Respond*

Scenario

Pause and discuss:

Where could you find help?

Leave the
door open

SAFER:
Key Points

Don't rush in
Find help
Your safety comes first

What else can be done to reduce violence?

- Transfer of information on violent patients
- Specialised advice where physical interventions and restraint are considered
- Work with Police
- Devise and launch a National Publicity Campaign?

Can the number of violent incidents be reduced?

- Possibly in the long term, but expect a rise initially!! Consider a target of reduction in severity.

Can violence be eliminated?

No!! Risks can be managed!

Eskerrik asko.

Thankyou!

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