NHS

Health Development Agency

Violence and Aggression in General Practice

Guidance on assessment and management

OUR HEALTHIER NATION

Health at Work IN THE NHS

Contents

Violence and Aggression in General Practice

Acknowledgments

We would like to acknowledge the work of the Health Service Advisory Committee in developing this guidance specifically for general practice. We would also like to thank the Health and Safety Executive for granting permission for its reproduction in support of the Health at Work in Primary Care project.

For further information on Health at Work in the NHS initiatives, contact:

Angie Macknight, Project Manager, Health at Work in the NHS, on (020) 7413 1817
Vivienne Rangecroft, Health at Work in the NHS Administrator, on (020) 7413 1873
Fax: (020) 7413 8921.

Introduction and summary

Acts of violence at work are a real threat in primary care They may cause serious injury and working in an atmosphere of continuing threat is profoundly damaging to the confidence and morale of staff. For employers, there are costs in terms of reduced efficiency, sickness absence and bad 'image'. In relation to these costs, the expense of effective prevention measures is likely to be very small.

This guide illustrates a systematic approach to the problem that should be of practical help to employers and all those working in primary care. It is based on the framework for successful health and safety management, which stresses the need for a systematic approach, based on:

- Policies
- Organisation
- Planning and implementation
- Monitoring
- Review
- Audit.

The law on health and safety at work applies to risks from violence, just as it does to other risks at work The guidance outlines the legal requirements and is set in the context of the requirements of the Management of Health and Safety at Work Regulations 1999. It outlines the practical steps needed to manage the risk of violence, which will vary depending on the nature of the workplace and the extent of the risk. Employers must assess the risk before deciding what action to take

Risk assessment shows if there is a problem that needs to be addressed and helps to identify precautions and set priorities. A practical five-step approach to assessment is outlined.

Guidance is given on measures to control violence, including aspects such as

- The workplace – physical aspects of the premises
- Working patterns and practices
- Staffing levels and competence
- Training
- Security
- Helping employees after incidents.

Other sections cover:

- The need for investigation of significant incidents of violence by competent persons to establish the causes and any action to prevent a recurrence
- The legal requirement for employers to report and keep records of certain violent assaults to employees
- The need to monitor the effect of approaches to controlling violence to find out whether they are successful or need modification.

Violence is present throughout society. The hazard cannot be removed from work in the health service, as it involves staff interaction with people from all sections of the community. But a high level of risk to people at work is not inevitable. This guidance outlines ways in which it is possible to reduce the risk of violence by proactive management underpinned by positive commitment.

What is violence?

The term violence covers a wide range of incidents, not all of which involve injury. The definition used here is:

Any incident in which a person working in the healthcare sector is verbally abused, threatened or assaulted by a patient or member of the public in circumstances relating to his or her employment.

Using this broad definition, violent incidents do not necessarily need to cause physical harm. The range of incidents can include those that:

- Cause major injury
- Require medical assistance
- Require first aid only
- Involve a threat, even if no physical injury results
- Involve verbal abuse
- Involve non-verbal abuse
- Involve other threatening behaviour

Examples

An irate patient who considers that he has been waiting far too long verbally abuses a receptionist.

A patient with learning disabilities, in the course of his/her normal care, bites a health visitor.

A distressed relative, who complains that a patient has not been properly, treated punches a doctor.

The extent and nature of the problem

Some studies suggest that violent and aggressive incidents at work are on the increase Successive British Crime Surveys show a dramatic rise in the number of work-related violence incidents. The 1992 survey found that the workplace was the fastest growing of all locations for violent crime. Incidents of work-related violence recorded by the survey doubled between 1991 and 1995. The British Crime Survey also confirmed that health professionals appear to be at higher risk from work-related violence than the general population.

Occupation	Incidents per 10,000 workers
Medical practitioners	762
Nurses and Midwives	580
Other health-related occupations	830
All survey subjects	251

Risk of work-related violence to health workers – 1995 (Source: Home Office Research and Statistics Directorate, British Crime Survey, 1996)

Violence includes wounding, common assault, robbery and snatch theft, and excludes incidents committed by partners, ex-partners, relatives or other household members occurring while the victim said that they were working. Sample sizes: medical practitioners, 45; nurses, midwives and healthcare assistants, 555; other occupations (professions allied to medicine, technicians and porters), 82. The population sampled was restricted to 16–59 year olds.

Violence to staff in healthcare occurs primarily because the work involves contact with a wide range of people in circumstances that may be difficult Patients and their relatives may be anxious and worried Some patients may be predisposed towards violence. Factors that can increase the risk in particular circumstances may include.

- Working alone
- Working after normal working hours
- Working and travelling in the community
- Handling valuables or medication
- Providing or withholding services
- Exercising authority
- Working with people who are emotionally or mentally unstable
- Working with people who are under the influence of drink or drugs
- Working with people under stress.

Three things that need to be done to tackle the problem of violence in the workplace are.

- Researching the problem and assessing the risk
- Reducing the risk
- Checking that the steps taken to reduce the risk have worked.

Legal requirements

The law on health and safety at work applies to risks from violence, just as it does to other risks at work. Key points are summarised below.

Health and Safety at Work Act 1974

Employers must:

- Protect the health and safety at work of their employees
- Protect the health and safety of others that might be affected by the way they go about their work.

Management of Health and Safety at Work Regulations 1999

Employers must:

- Assess the risks to the health and safety of their employees
- Identify the precautions needed
- Make arrangements for the effective management of precautions
- Appoint competent people to advise them on health and safety. The competent advice could be obtained from a health and safety authority, a local trust or an independent adviser
- Provide information and training to employees

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

Employers must report cases in which employees have been off for three working days or more following an assault which resulted in physical injury Accidents to those working in general practice should be reported to the Health and Safety Executive on Form 2508 within 10 days of the incident

The Safety Representatives and Safety Committees Regulations 1977 and The Health and Safety (Consultation with Employees) Regulations 1996

Employers must consult with safety representatives and employees on health and safety matters.

Assessing the risk of violence

The practical steps needed to manage the risk of violence may vary depending on the extent of the risk and the nature of the workplace. Employers must assess the risk before deciding what to do Risk assessment shows if there is a problem that needs to be addressed and helps to identify precautions and set priorities.

Risk assessments need to be based on good information about the work and cover all foreseeable risks. The factors involved in a violent assault can be set down schematically, as in the diagram below.

The Health and Safety Executive proposes a five-step approach to risk assessment If you are responsible for carrying out a risk assessment you might find it helpful to use this model to structure your approach.

Step one: look for hazards

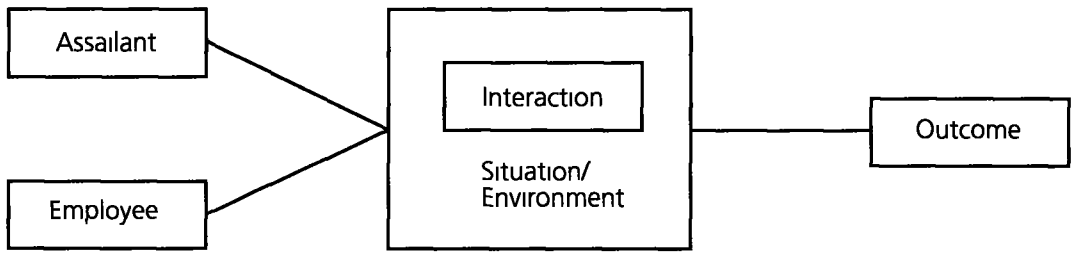
You need to consider the elements that may contribute to the risk of violence and the effect that they have on each other. You will find it helpful to:

- Look at records of incidents. Can you be sure that these reflect the true situation?
- Ask yourself how complete your reporting and recording system is. Does it include non-injury incidents? Does it provide information to allow investigation and follow up?
- Talk to employees and other people who work with you or your staff You need to find out what actually happens in the workplace You cannot assume that all instructions and procedures already in place are being followed
- Identify potential assailants. You need to consider the full range of people with whom staff may come into contact. These may include patients, their relatives and friends. You may need to consider carefully risks to staff from particular groups, such as the mentally ill or those with learning difficulties It can be useful to draw on clinical risk assessments for those who care for them. Community mental health staff may offer help in carrying out risk assessments on patients with known mental health problems or learning difficulties
- Think of activities that might present a high risk of violence, particularly if they are not done carefully, such as refusing an appointment, administering medication or delivering unwelcome information

Step two: who might be harmed and how?

Identifying who might be harmed is not simply a matter of saying: 'All those who come into contact with the public.' If this part of the risk assessment is to be of

Factors involved in a violent assault



practical value, you need to identify all the groups of employees who might be affected, including temporary locum or agency staff. You also need to consider all staff who might visit high-risk areas, not just those who normally work there. The level of staff training and skills also affects their vulnerability to assaults. You need to consider this during your risk assessment.

In deciding how people may be harmed, remember the potential effects on staff of repeated or severe verbal abuse or threats Continued exposure to verbal abuse can create high levels of stress and anxiety, reduce the morale of employees and lead to expensive sickness absence.

The Health and Safety Executive has produced relevant guidance on occupational stress. (*Stress at Work: A guide for small and medium sized employers* IND(G) 281 CREU. Free leaflet from HSE Offices, bulk orders from HSE Books.)

Step three: evaluate the risks – are existing precautions adequate or are more needed?

Once you have looked for the hazards and identified who might be harmed and how, you need to check whether the precautions already in place are adequate. If they are not and significant risks remain, more will need to be done. Consider the most serious risks and those that affect the most people first.

The most effective precaution is to avoid risks altogether. For example, if the risk arises from carrying drugs, make other arrangements for their delivery. This may not always be possible, in which case you need to consider the steps that can be taken to minimise the risk.

In developing precautions, you may find it helpful to ask yourself:

- Is there any way to change.
  - the jobs people do?
  - the circumstances in which they work?
  - the way jobs are done?
  - the workplace?
  - the information given to employees and the way it is communicated?
  - the system for sharing information about patients?
  - the response to incidents?
  - the incident recording system?
- Is training directed at the risk and the relevant employees?
- Are there support systems for employees that are confidential and accessible? Do they lead to a return to work?

Step four: record your findings

The main findings of the risk assessment must be recorded. These may include:

- The hazards identified – potential assailants and high risk areas
- The staff groups exposed to risks
- The existing preventive measures
- An evaluation of the remaining risks
- Any additional preventive or control measures identified.

Aim to record the findings of your assessment in a way that provides a useful working document Employers will then understand what action they need to take and will find it easier to decide when the assessment needs to be revised or if further preventative measures are necessary.

Step five: review and revise the assessment

Having put time and effort into assessing risks, you need to check from time to time that the assessment remains valid This review process works best if it is part of the day to day management of health and safety It may raise questions about

- When and how decisions are made about workplaces, jobs and management systems
- The flow of information within the organisation
- Access to specialist advice on health and safety, security and occupational health
- The system for responding to incidents (investigation, remedial action, the support for employees exposed to violence)
- The recording system for incidents – for example, whether it captures all relevant incidents.

Reducing the risk

Measures for dealing with violence need careful thought and sound risk assessment. Some employees may accept too easily some risks that they see as part of their job. They may cooperate more readily if they see that this will help reduce risk to others You need to take account of the cumulative effects of exposure to violence in their arrangements to manage stress and help people cope

Statements of policy on violence need to fit within the framework of an employer's overall health and safety policy Key elements should include·

- Recognition of the risk
- Commitment to measures which reduce that risk
- A statement of who is responsible for doing what
- An explanation of what is expected from individuals
- Commitment to supporting people who have been assaulted or suffered verbal abuse
- Encouragement for reporting of incidents of violence and aggression.

Policies need to be translated into effective action They need to be supported by detailed procedures, by effective organisation and by a positive health and safety culture. In practice, employers have found that initiatives for reducing risks are only fully effective if they closely involve employees and their representatives. Policies do not implement themselves implementation needs planning

When developing and implementing control measures, you need to consider:

- The workplace – physical aspects of the premises
- Working patterns and practices
- Staffing levels and competence
- Training
- Security
- Response strategies.

Workplace

The physical environment may affect the likelihood of violent incidents and the ease with which people can respond to them You might find it useful to consult your local police crime prevention officer for advice.

Public access

Some areas of healthcare buildings need to be open to the public, but uncontrolled access to all areas may expose some staff to unnecessary risk. Risk assessments need to take this into account and consider measures such as

- Careful positioning of entrances
- Good lighting of entrances and other access routes and thoroughfares
- Relocation of work activities which do not need to be in public areas

Waiting rooms and reception areas

Some features of waiting areas can increase risk, for example by impeding communication and the flow of information between patients and staff. Staff in waiting rooms who are separated from other working areas may be particularly vulnerable. In some cases, redesign may be the answer. Measures that help reduce the risk include.

- Help to prevent impatience and irritation by having a reception desk that is properly staffed. If there is a significant risk of violence, it may be appropriate to provide screens of security glass But remember that screens and other obstacles may impair communication and make the situation worse. In many instances, wider desks or counters are a less provocative way of distancing staff from potentially violent people
- There needs to be enough seats for people who are waiting. Fixed or very heavy units are more difficult to use as weapons

- People can become annoyed if information is not available. It is good practice to inform patients of the time that they are likely to have to wait before being seen
- Boredom can often increase anxiety during waiting periods It may be relieved by reading material. Toys and books help keep children amused, making life easier for parents and reducing annoyance to others.

Surgeries

When designing treatment and consulting rooms, consider the following:

- The selection of furniture and fittings that are difficult to use as weapons
- The ease with which staff can escape
- The provision of suitable alarm systems
- The need for easy communication between staff while retaining privacy for patients.

Working practices and patterns

Risk assessments provide the basis for the clear written procedures needed for work involving a risk of violence Staff need to be trained to put these procedures into practice It is helpful if the procedures themselves identify the levels of training and competence required. There should be no ethical objection to recording factual information about the need for particular precautions in patient records.

Reception staff

Reception staff are the first people that patients or clients meet. They contribute to first impressions and they may be able to defuse any anxiety or tension They have an important role in collecting information and providing it to patients. They need to collect sufficient information to prioritise personal callers and telephone callers.

It is important that reception staff have clear instructions and training on how to receive patients and to deal with violence and aggression They need clear criteria to help them decide whether to refer matters to a GP, practice nurse or other person, or whether to deal with it themselves In any case they should inform their line manager of any violent or aggressive incident All reception staff need to be aware of the circumstances in which they should call for help.

Matching the length of appointments to the likely time of the consultation where possible can reduce waiting times, stress and anxiety.

Home visits

Those carrying out home visits face additional risks It is difficult to modify the working environment, so it is especially important to consider working arrangements carefully. If a home visit is not essential for healthcare reasons, seeing the patient at the surgery may reduce the risk. Generic assessments of the risks of visiting particular areas or client groups may help staff decide on the precautions to take for specific visits, for example, by identifying particular types of visit which should not be carried out during the evening or night, or by a lone member of staff.

The potential risk of violence should be assessed before a home visit. Such assessments need to consider·

- Information from other agencies, such as the police and social services
- Past history of violence (patients or relatives)
- The effect of staff uniforms on patients or relatives
- Recent medical and personal history including information on behaviour, mood, medication and any aggressive outbursts.

It is useful to set up systems to ensure exchange of information and cooperation between all agencies that might visit patients in their homes. Consider these precautions for visits that present a risk of violence, or where there is not enough information to make a proper assessment

- Meeting the patient or client elsewhere
- Two or more staff visiting together
- Arranging for security staff or others to provide an escort
- Provision of alarms and/or communication devices
- Special liaison with local police or other agencies (possibly a combined visit).

It is sensible if procedures require staff who carry out home visits to prepare plans for their movements and to report back to base periodically Reporting back might be appropriate after identified visits, and at the end of the day or duty. The movement plans need to be kept by someone responsible who knows what to do if the person involved does not call in when expected.

Staffing

There is a need to ensure there are always enough trained staff to cope with any foreseeable violence Written working procedures need to specify the staff required to implement them. Decisions about staff levels and competence need to take into account issues such as:

- The acceptability of lone working and the possibility of pairing staff for certain visits
- Limiting the length of time that staff work alone
- The need to cater for unpredictable workloads.

Training

Training is appropriate for all groups of employees at risk from violence. All staff working with or among potentially violent or aggressive people need training to help them work safely. Training can bring about:

- A reduction in the number of incidents
- A reduction in the seriousness of incidents
- A reduction in the psychological effects of incidents
- An improved response to incidents
- An improvement in staff morale.

Good training programmes typically cover:

- Theory – understanding aggression and violence in the workplace
- Prevention – assessing danger and taking precautions
- Interaction with aggressive people
- Post-incident action – reporting, investigating, counselling and follow-up

There are different levels of training; particular needs will be identified through risk assessment.

Basic training is appropriate for all staff working in an area where there is a risk of violence. It might cover:

- Causes of violence
- Recognition of warning signs
- Relevant interpersonal skills
- Details of working practices and control measures
- Incident reporting procedures.

Those who visit patients in their own homes, or who work with violent or potentially violent people, may require basic training, plus training in methods of defusing, de-escalating and avoiding incidents, and in breakaway techniques. You need to make adequate arrangements to ensure that employees are provided with training that is regularly updated. Training records provide the basis for such arrangements.

Security

Security systems

There are several different types of systems that can be used to reduce the risk of violence to staff. The basic categories are:

- Monitoring/vigilance systems
- Communication systems
- Alarm systems.

If you are making decisions about security systems, you need to take into account:

- The geographical spread of medium to high risk areas which need to be covered
- Whether personal alarms are to be used, and by which staff
- Who will monitor the system and respond in the event of an incident
- The design of the device and whether it is acceptable to the potential user
- Training requirements for proper use of the system

Communications

Many systems are now available that allow one- and two-way communication between staff in the community and their base. Such systems include conventional mobile phones and more sophisticated vehicle or personal systems, some of which have shrouded panic buttons, or an 'alarm on release' control.

Such systems can be used to monitor movements in and out of patients' homes. As part of an overall system of work, they can provide staff at base with rapid information about any problems and help those in the community feel more secure and in control of the situation.

If a risk assessment finds that communications systems are needed, they need to be provided in enough numbers. They also need to be properly maintained and kept available to implement the procedures that require them.

Alarm systems

A variety of types of alarm system are available: fixed systems that are operated by panic buttons, personal or 'shriek' alarms; and personal units linked to building alarm systems. The choice of alarm system depends on the workplace, the activities undertaken and the level of risk. All such systems need to be well maintained and regularly tested.

Panic button systems are hardwired systems operated by strategically placed buttons installed throughout the area where a threat exists. When they are activated an audible or visual alarm is triggered on a monitoring console, which shows the location of the attack. One disadvantage of such systems is that unless there are lots of buttons, a member of staff under attack may not be able to reach one before being assaulted.

Because access to switches is unrestricted, patients or clients may deliberately operate them, causing false alarms. Despite this, panic buttons may be useful in treatment and consulting rooms, where only members of staff know their location.

Personal alarms may be of the simple 'shriek' type or may form part of more complex systems. Shriek alarms can help prevent some serious assaults. They need to be carried so that they are easy to reach in an emergency. However, a loud noise may not always deter an attack, and might aggravate an already potentially violent person. Such alarms are most effective in situations where other people may hear them and can respond.

The role of the police

Good links with local police are useful. They improve mutual understanding of working methods, responsibilities and constraints. Procedures for responding to incidents need to include criteria for calling the police and reporting incidents to them.

Response strategies

Foreseeable violent incidents may range from verbal abuse to life threatening assaults. You need to ensure that procedures are in place for responding to incidents and that they match the level of risk. Staff exposed to the risk of violence need training on procedures in the event of an incident. It is important that they are aware of the criteria for initiating these procedures, and are free to do so when they feel under threat. Procedures for responding to incidents need to.

- Describe the circumstances in which they should be followed
- Describe the role of individual members of staff
- Nominate an individual to coordinate response action
- Set out any circumstances in which physical restraint is necessary
- Include criteria for calling the police
- Give clear guidance on reporting procedures for the full range of incident types
- Indicate follow up actions, including staff debriefing and counselling where appropriate.

Helping employees after an incident

Staff are sometimes brought together soon after a violent incident to discuss what happened. This process of debriefing may have two functions: to establish the details of what happened and to provide emotional help. People may be traumatised by a violent incident, and it is important that any debriefing does not focus solely on how they performed, but addresses the effects on them as individuals. Separate 'technical' and 'emotional' debriefings may help ensure that people can contribute to the factual investigation of an incident while receiving emotional help.

Emotional debriefing aims to recognise potential stress, acknowledge it as a normal response and provide a supportive and structured setting to allow people to cope more effectively. Such debriefing can include helpful informal support from colleagues and more formal systems of debriefing by other staff, who need to be carefully selected and trained. It is often appropriate to supplement debriefing by making confidential counselling available. In some serious cases, people may need access to a specialist stress counsellor.

The Home Office leaflet *Victims of crime* gives useful advice for anyone who suffers an injury, loss or damage from a crime, including how to apply for compensation. Further help may be available from victim support schemes that operate in many areas.

Staff morale and confidence can be improved if they see genuine commitment from employers and authorities to pursue prosecution in cases of serious assault.

Checking what has been done

Monitoring

You should monitor the effect of approaches to controlling violence to find out how successful they have been. You can then identify strategies that are not working, or which have unforeseen consequences, and modify or replace them. *Active* monitoring involves checking that systems and procedures are working without waiting until something goes wrong. Individual managers and safety committees can carry it out. *Reactive* monitoring involves looking at incidents after the event and helps everyone learn from experience This depends on an effective system of reporting and recording incidents

Incident reporting

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 require employers to report and keep records of certain violent assaults to employees Your internal reporting, recording and investigation systems need to capture information about a wider range of less serious incidents. This will help you monitor the effectiveness of the procedures. Such information is also very useful when assessing risks

What to record and why

Forms for recording accidents or incidents need to be completed correctly and as soon as possible. This will enable prompt notification of reportable incidents to the enforcing authority (usually the Health and Safety Executive), and allow investigation and remedial action to start quickly

All sorts of information about an incident could be recorded, but you need to ask what you are trying to achieve, and what you need to know. The main aim of any system is to prevent similar incidents from occurring in the future, for example by identifying the need for changes to the workplace, changes to working procedures, or additional training requirements.

It is useful if incident forms ask for data that will help the investigation of an incident, as well as provide sufficient information for personnel and other records. For example, forms could include.

- Details of the employee (for example, name, occupational group)
- Location of incident (for example, surgery, health centre or patient's home)
- Date, day and time
- Details of assailant (for example, name, if known; status – patient, relative, other visitor)
- What the employee was doing at the time of the incident
- The circumstances of the assault or abuse
- Details of outcome – such as injuries received, time off work, property damage
- Information about any remedial action taken.

As well as providing the basis for the investigation of individual incident investigation, records of occurrences can also be used to identify trends, assist the review process and inform risk assessments. Forms to gather such information need to be relevant to the particular employer's circumstances. It may be useful to collate information such as:

- The number of incidents
- When they occur
- The types of staff involved
- The categories of patient involved
- The environments or locations where incidents happen
- The level of injuries sustained
- The preventative measures recommended.

Some staff may see a continuing level of violence as 'part of the job' They may also consider that an assault on a member of staff indicates a failure on the part of the health professional. Both attitudes contribute to the under-reporting of all but the most serious incidents. You need to make staff fully aware that any form of violence is unacceptable.

Investigation

Significant incidents of violence need investigation to establish the causes and any action to prevent a recurrence. The diagram (see page 6) introduced as an aid to risk assessment may help ensure that all the relevant factors are considered during the accident investigation. You need to ensure that the staff carrying out an investigation are competent. Investigations that focus on who was to blame are generally unhelpful; it is much better to concentrate on what went wrong and how to reduce risks in the future All staff need to be made aware of incidents that have occurred and of any steps taken to reduce the risk of similar occurrences.

Review

Policies, procedures and performances should be continually reviewed. All control systems deteriorate over time and may become inappropriate as a result of change. Examples of items the review should cover include:

- Compliance with the violence policy and procedures
- Achievement of objectives set in plans
- Levels of staffing required
- Training of staff
- Analysis of records
- Whether accommodation and performance design is appropriate
- The maintenance and performance of security systems.

A review enables judgements to be made about the adequacy of performance, overall policy, specific procedures, required staffing levels and training requirements. Effective review also ensures necessary changes are implemented.

A continual review process should take forward the results of the monitoring described earlier. The Management of Health and Safety at Work Regulations 1999 require risk assessments to be reviewed when they may no longer be valid, when circumstances change significantly and when changes are planned The overall review process helps to identify any need for changes in risk assessments.

Audit

Audit provides an independent assessment of the systems in place. Employers may choose to carry out internal audit or to engage independent auditors to provide a check on the reliability, efficiency and effectiveness of the performance measurement

Employers in the health service are familiar with clinical, financial and other audit processes. People with experience of these audits can help develop protocols for health and safety audits. Your health authority or a local trust may be able to provide you with assistance should you wish to commission independent expertise from an outside source.

Appendix

Home visiting checklists

Home visiting: checklist for managers

Are your staff who make home visits:

- Fully trained in strategies for the prevention of violence?
- Briefed about the area where they work?
- Aware of attitudes, traits or mannerisms that can annoy clients?
- 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 organisation's preventative strategy?
- Authority to arrange an accompanied visit, security escort or use of taxis?

Do they:

- Carry forms for reporting incidents?
- Appreciate the need for this procedure?
- Use the forms?
- Know your attitude to premature termination of interviews?
- Know how to control and defuse potentially violent situations?
- Appreciate their responsibilities for their own safety?
- Understand the provisions for their support by your organisation?

Home visiting: checklist for staff who make home visits

Have you:

- Had all the relevant training about violence to staff?
- A sound grasp of your unit's safety policy for visitors?
- A clear idea about the area where you are going?
- Carefully previewed today's cases? Are there any potentially violent client/patients?
- Asked to 'double up', take an escort or use a taxi if unsure?
- Made appointment(s)?
- Left your itinerary and expected departure and arrival times?
- Told colleagues, manager, or anyone else about possible changes of plan?
- Arranged for contact if your return is overdue?

Do you have:

- Forms to record and report incidents?
- A personal alarm or radio – does it work? Is it handy?
- Anything that suggests you have money or drugs with you (for example, a bag or briefcase, wear an outer uniform or car stickers)? Is this wise in view of where you are going today/tonight?
- Out-of-hours telephone numbers to summon help?

Can you:

- Be certain your attitudes or body language won't cause trouble?
- Defuse potential problems and manage aggression?

Remember the **three Vs of visiting**: **V**et **V**erify **V**igilance

(Reproduced from the *Report of the DHSS Advisory Committee on Violence to Staff*)

Notes

Health Development Agency
Trevelyan House
30 Great Peter Street
London, SW1P 2HW

Telephone: +44 (0)20 7222 5300
Facsimile: +44 (0)20 7413 8900

URL: www.hda-online.org.uk

ISBN: 1-84279-017-X

Violence and Aggression in General Practice

Guidance on assessment and management

This report is aimed at GPs, practice staff and other organisations involved in improving the working lives of general practice staff. It provides guidance on how to assess and manage the risks associated with violence and aggressive behaviour in general practice.

A five-step approach to risk assessment is proposed, followed by a section on practical measures to tackle violent incidents. There is also an appendix that provides checklists for managers and staff making home visits.

NHS
Executive