

Violence and aggression prevention and response

Standard operating procedure (SOP) | WRK-SOP-006

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Replaces	None (new document)
Standards and criteria supported	Standard 2E, criterion 2E.5
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Assess the risk of violence for each patient on arrival or admission and at each change of condition.
2. Use de-escalation first. Call for help early.
3. Record every incident on the incident system the same day.
4. Offer support to each staff member affected.

Stop and get help straight away if: a staff member is at immediate risk of harm and no one has been called for help.

1. Purpose

To protect staff from violence and aggression from patients, visitors or colleagues, and to respond well when it happens [EC].

2. Scope

Applies to	All staff, and all patients and visitors while on the premises
Locations	All premises and outreach work
When	Always; risk assessment at arrival, admission and on change of condition
Does not apply to	Clinical signs that are not intentional, which are managed clinically but still recorded

3. Definitions and abbreviations

Term	Meaning in this SOP
Violence or aggression	Any incident in which a person is abused, threatened or assaulted at work
Risk assessment	A short, documented judgement of the risk a person presents to staff

4. Background and rationale

Violence against health workers is common and under-reported. Staff who feel protected report more and stay longer. This procedure makes protection concrete.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Service manager	Makes sure risk assessments are done and staff are trained	Management
Clinical staff	Assess risk, use de-escalation and record incidents	Trained in de-escalation
Security lead	Responds to serious incidents and advises on premises	Security

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Violence and aggression incident record (WRK-FRM-003)	Current	On the incident system
Alarm or call system	In every consulting and treatment room	Tested monthly

7. Safety and infection prevention

- Never put yourself at risk to protect property. Leave the room if your safety is at risk, and call for help.

8. Before you start

- Confirm the alarm works in the area and staff know how to call.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Assess risk.	- Assess the person's history, mood and behaviour on arrival. - Record the risk level and any warning signs.	The assessment is done before, not after, the incident.
2	De-escalate.	- Speak calmly, keep distance and give the person choices. - Use a second member of staff if available.	Early calling for help is part of the procedure, not a failure.
3	Call for help.	- Use the alarm or call the security lead. - Move other people away from the area.	Call early.
4	Record and support.	- Complete WRK-FRM-003 the same day. - Offer support to each person affected, using WRK-SOP-004.	Every incident is recorded, even if no one was hurt.

Decision points

- If a patient continues to threaten staff, the clinical lead decides on restriction or transfer, with reasons recorded and a review time set.

10. Special situations

Situation	What to do
Weapon present	Leave the area and call the security lead and the police at once.

Situation	What to do
Visitor aggression	Ask the visitor to leave, then call security if they do not comply.

11. Problems and escalation

- Any serious assault is reported to the chief executive and to the police, where the staff member wishes, the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Incidents recorded the same day	100%	Monthly	Service manager	Escalate to chief executive
Staff affected offered support	100%	Monthly	Occupational health lead	Escalate to chief executive
Risk assessments done for patients on arrival	At least 70%	Monthly	Service manager	Retrain the team

13. Records

Record	Where it is kept	Kept for
WRK-FRM-003 Violence and aggression incident record	Incident system and occupational health file	Employment plus 6 years

14. Training and competence

- All clinical staff are trained in de-escalation and this procedure at induction, and refreshed each year.

15. Related documents

ID	Title	Relationship
WRK-FRM-003	Violence and aggression incident record	Record used in step 4
WRK-SOP-004	Support after distressing events	Support after incidents

16. Evidence

ID	Source and status
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval