Standard operating procedure (SOP) · WRK-SOP-006 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 2E.5

At a glance

- Assess the risk of violence for each patient on arrival or admission and at each change of condition.
- Use de-escalation first. Call for help early.
- Record every incident on the incident system the same day.
- 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

Term	Meaning
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

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	Responsibility	Competence
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. Materials and equipment

Item	Requirement	Condition
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

- 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

Step 1. Assess risk.

- Assess the person’s history, mood and behaviour on arrival.

- Record the risk level and any warning signs.

Key point: The assessment is done before, not after, the incident.

Step 2. De-escalate.

- Speak calmly, keep distance and give the person choices.
- Use a second member of staff if available.

Key point: Early calling for help is part of the procedure, not a failure.

Step 3. Call for help.

- Use the alarm or call the security lead.
- Move other people away from the area.

Key point: Call early.

Step 4. Record and support.

- Complete WRK-FRM-003 the same day.
- Offer support to each person affected, using WRK-SOP-004.

Key point: Every incident is recorded, even if no one was hurt.

10. 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.

11. Special situations

Situation	Action
Weapon present	Leave the area and call the security lead and the police at once.
Visitor aggression	Ask the visitor to leave, then call security if they do not comply.

12. Escalation

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

13. Monitoring

Measure	Target	Frequency	Owner	If not met
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

14. Records

Record	Kept in	Retention
WRK-FRM-003 Violence and aggression incident record	Incident system and occupational health file	Employment plus 6 years

15. Training

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

16. Related documents

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

17. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

No e-learning course is linked to this document yet.

Planned course: New course planned.

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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