



National Policy National Procedure National Protocol National Guideline
 National Clinical Guideline

HSE National Policy on the Prevention and Management of Work-Related Aggression and Violence 2025

DOCUMENT GOVERNANCE ¹

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<i>Relevant supplementary material can be found: https://healthservice.hse.ie/staff/health-and-safety/violence-harassment-and-aggression/</i>	

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3	July 2025	The Policy has been written in line with the HSE National Template for Developing HSE National Policies, Procedures, Protocols and Guidelines (PPPGs) and the HSE National Clinical Guidelines. The following sections have been reviewed: Figure 1 - Risk Factors which may contribute to incidents of aggression and violence in healthcare Figure 2 – HSE Work-Related Aggression and Violence Risk Management Approach. Sections 1.1, 2.0, 3.1, 3.7, 4.0, 5.0, 6.0, 7.0, 8.0, 9.0 and 10.0.
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Short summary:	This Policy applies to all HSE staff, and others working in the HSE including temporary employees (to include agency staff) where work-related aggression and violence is directed towards staff by service users and others relating to the performance of their occupational role.
Description:	<p>The purpose of this Policy is to:</p> <ul style="list-style-type: none">• Clearly state the HSE's policy in relation to the prevention and management of work-related aggression and violence towards staff from service users, their family members, members of the public in which the perpetrator³ is the recipient of a service provided by the HSE (Categorised by the International Labor Organisation as Type II).• Increase employee awareness of the potential of work-related aggression and violence.• Establish organisational responsibilities in relation to the strategic prevention and management of work-related aggression and violence.• Support managers and employees on how to prevent, identify and manage work-related aggression and violence with a focus on hazard identification and risk assessment.• Provide a framework which enables safe systems of work to be put in place to avert incidents of work-related aggression and violence, and minimise associated risks so far as is reasonably practicable.• Emphasise the importance of services having systems for reporting, accurate recording and reviewing incidents of work-related aggression and violence in line with the principle of a just and fair culture as described in the HSE Incident Management Framework.• Provide awareness of the appropriate supports available to staff who may encounter incidents of work-related aggression and violence.

³ Refers to individual(s) involved in occurrences of work-related aggression and violence toward staff. The term is used descriptively and is not intended to imply any role of 'perpetrator' or judgment related to occurrences (HSE, Linking Service and Safety Strategy, 2003)

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1. Planning

1.1 Policy Statement

It is the policy of the Health Service Executive (HSE) to reduce, so far as is reasonably practicable, the risks associated with work-related aggression and violence. Work-related aggression and violence towards staff from service users or their family members is a serious challenge within healthcare, which diminishes the quality of working life for employees, compromises organisational effectiveness and impacts negatively on the provision of services and hence the prevention and management of occupational aggression and violence requires a multifaceted organisational response.

Ensuring the safety of employees and service users is a priority concern for the HSE. The HSE does not tolerate verbal or physical aggression in any form by employees, service users, and members of the public or others. While it is accepted that the provision of health services can involve situational conflicts, this recognition should not be equated with considering any form of aggression and/or violence as being inherent, inevitable or acceptable. Behaviours that challenge are understood to occur on a spectrum from unintentional (clinical) to intentional (non-clinical), even criminal. The appropriate response will vary accordingly from understanding and compassionate management to non-tolerance.

The HSE has adopted the European Union (EU) definition of work-related aggression and violence as:

“Any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well-being or health⁴”.

Within the healthcare environment this includes a broad range of actions and behaviours that can create a risk to the health and safety of staff to include: verbal abuse (in person/telephone), verbal threats (in person/telephone), disruptive behaviours, physical threats, and physical assaults, and written abuse through informational and communication technologies such as electronic means or social media⁵.

It is widely understood that work-related aggression and violence within healthcare is associated with a range of contributory factors and influences⁶ involving a process of complex interactions between:

- Service users and others.
- Service providers.
- The interaction taking place.
- The physical and social environment in which the interaction takes place.

⁴ Linking Service & Safety: Together Creating Safer Places of Service, McKenna K., 2008 ISBN:978-1-906218-16-4. Published by HSE

⁵ For further HSE guidance on digital communication and social media visit: <https://www.hse.ie/eng/about/who/communications/digital/social-media/social-media-and-digital-policy/>

⁶ Linking Service & Safety: Together Creating Safer Places of Service, McKenna K., 2008 ISBN:978-1-906218-16-4. Published by HSE

The HSE has adopted a public health approach establishing prevention as the core value thus ensuring compliance with professional and regulatory obligations⁷.

This Policy is set in the context of the Safety Health and Welfare at Work Act 2005 and associated regulations and should be read in conjunction with rules, codes and standards from the Mental Health Commission and Health Information Quality Authority (where relevant).

1.2 Purpose

The purpose of this Policy is to:

- 1.2.1** Clearly state the HSE's policy in relation to the prevention and management of work-related aggression and violence towards staff from service users, their family members, members of the public in which the perpetrator⁸ is the recipient of a service provided by the HSE (Categorised by the International Labor Organisation as Type II).
- 1.2.2** Increase employee awareness of the potential of work-related aggression and violence.
- 1.2.3** Establish organisational responsibilities in relation to the strategic prevention and management of work-related aggression and violence.
- 1.2.4** Support managers and employees on how to prevent, identify and manage work-related aggression and violence with a focus on hazard identification and risk assessment.
- 1.2.5** Provide a framework which enables safe systems of work to be put in place to avert incidents of work-related aggression and violence, and minimise associated risks so far as is reasonably practicable.
- 1.2.6** Emphasise the importance of services having systems for reporting, accurate recording and reviewing incidents of work-related aggression and violence in line with the principle of a just and fair culture as described in the [HSE Incident Management Framework \(IMF\)](#).
- 1.2.7** Provide awareness of the appropriate supports available to staff who may encounter incidents of work-related aggression and violence.

1.3 Scope

- 1.3.1** This Policy applies to all HSE staff, and others working in the HSE including temporary employees (to include agency staff) where work-related aggression and violence is directed towards staff by service users and others relating to the performance of their occupational role.

Section 38 and Section 39 agencies are required to adopt or develop a policy which is consistent with this Policy.

This Policy supersedes the HSE Policy on the Prevention and Management of Work-Related Aggression and Violence, 2018.

⁷ Linking Service & Safety: Together Creating Safer Places of Service, McKenna K., 2008 ISBN:978-1-906218-16-4. Published by HSE

⁸ Refers to individual(s) involved in occurrences of work-related aggression and violence toward staff. The term is used descriptively and is not intended to imply any role of 'perpetrator' or judgment related to occurrences (HSE, Linking Service and Safety Strategy, 2003)

1.3.2 Out of Scope.

Bullying, harassment and sexual harassment to include use of social media is addressed in the [HSE Dignity at Work Policy for the Public Health Service 2022](#) and aggression towards service users by staff is addressed in the [Trust in Care Policy 2005](#).

This Policy does not address Type I⁹ and Type III¹⁰ aggression and violence as defined by the International Labour Office (ILO).

1.4 Objective(s)

- 1.4.1 To review and revise the HSE Policy on the Prevention and Management of Work-Related Aggression and Violence 2018, in line with any identified legislative changes and evidence based practices.
- 1.4.2 To outline the clear roles and responsibilities of all responsible persons.
- 1.4.3 To provide advice on the risk assessment process and guidance on risk reduction measures and evidence based practice which is aimed at minimising the risks associated with work-related aggression and violence.

1.5 Outcome(s)

- 1.5.1 A safer working environment for employees and others who fall under the scope of this Policy by providing a framework for reducing and managing the risks associated with work-related aggression and violence.
- 1.5.2 Supports an integrated approach to the management of work-related aggression and violence.

1.6 Disclosure of interests

Members of the Policy Development Group (refer to Appendix 4) have declared no conflict of interest.

Conflict of Interest Declaration Forms are retained on file by the National Health and Safety Function (NHSF), Policy Team in line with General Data Protection Regulation (GDPR) requirements.

1.7 Alignment with HSE national priorities

- 1.7.1 The Policy is aligned to key requirements of:

- [Safety Health and Welfare at Work Act 2005](#)
- [HSE Health Services People Strategy](#)
- [Sláintecare Reform Programme](#)

⁹ Refers to occurrences in which the assailant has no legitimate relationship to the workplace and the primary purpose of the attack is to acquire cash or some other valuable commodity.

¹⁰ Refers to occurrences in which an assault is perpetrated by another employee, a supervisor, or an acquaintance of the worker

1.8 Supporting evidence

1.8.1 The following legislation is pertinent and was referred to during the development of this Policy:

- [Safety, Health and Welfare at Work Act, 2005](#)
- [S.I. No. 370 of 2016 Safety, Health and Welfare at Work \(General Application\) \(Amendment\) \(No. 3\) Regulations 2016](#)
- [Safety, Health and Welfare at Work \(General Application\) Regulations, 2007 and associated regulations](#)

1.8.2 Related HSE Policies:

- [HSE Corporate Safety Statement](#)
- [HSE Enterprise Risk Management Policy and Procedures](#)
- [HSE Guidance on Completing Occupational Safety and Health Risk Assessment](#)
- [HSE Incident Management Framework](#)
- [HSE Trust in Care](#)
- [HSE Dignity at Work](#)
- [HSE Rehabilitation of Employees with Illness or Injury Policy and Procedure](#)
- [HSE Patient Safety Strategy](#)

2. Methodology

2.1 Key questions this National Policy addresses

1. The definition of 'work-related aggression and violence' and its application within the Healthcare Setting.
2. In the context of Irish occupational safety and health law, the identification of the legislative requirements regarding work-related aggression and violence.
3. The prevalence of work-related aggression and violence within the Healthcare Setting.
4. The identification of specific service user related factors that increase the risk of work-related aggression and violence.
5. The identification of specific non-service user related factors that increase the risk of work-related aggression and violence.
6. The identification of work-related aggression and violence risk mitigation strategies referenced in the literature.
7. The use of predictive tools to support the clinical risk assessment process.

Note: The literature review to include search strategy and supporting evidence can be requested through the NHSF.Policyteam@hse.ie.

2.2 Evidence appraisal

2.2.1 The literature review was constructed by an appraisal and analysis of the relevant legislation, codes of practice and relevant publications. It involved assessing the relevance of evidence based research studies to determine their suitability for inclusion as set out through the scope of the Policy. The Policy Development Group reviewed the findings of the literature review within the context of the Policy and adopted evidence based recommendations as appropriate.

2.2.2 The key recommendations in the Policy as derived from evidence based research and the consensus of the Policy Development Group are as follows:

- Strong leadership, support and employee participation.
- Use of effective communication (i.e. raise awareness of the issue through the public display of posters/information and by raising awareness through other channels such as social media).
- Having a shared understanding that incidents of work-related aggression and/or violence which occur within the context of service provision involve a broad range of contributory factors and influences.
- Adopting a comprehensive approach to risk management that includes clinical risk assessment and health and safety risk assessment be implemented as part of the organisational response to work-related aggression and violence.

2.3 Copyright

No copyright or permissions were required in relation to this document.

3. Procedure

3.1 Roles and Responsibilities

3.1.1 Chief Executive Officer (CEO)

The CEO has overarching responsibility to ensure, so far as is reasonably practicable the safety, health and welfare at work of all employees and others affected by the HSE activities by:

3.1.1.1 Ensuring the development of and compliance with this Policy.

3.1.1.2 Delegating operational responsibility for the day-to-day discharge of statutory duties under the Safety, Health and Welfare at Work Act, 2005 to the HSE (National) Senior Leadership Team, Senior Managers, Local Senior Managers and Line Managers for all matters within their control.

3.1.2 Senior Managers

Senior Managers are responsible for:

- 3.1.2.1 Ensuring there are adequate and appropriate arrangements in place for the successful implementation, monitoring, evaluation and audit of this Policy throughout their respective areas of responsibility.
- 3.1.2.2 Ensuring necessary resources are allocated and are available for the implementation of this Policy.
- 3.1.2.3 Integrating performance indicators in relation to implementation of this Policy.

3.1.3 Local Senior Managers

Local Senior Managers are responsible for:

- 3.1.3.1 Ensuring that all employees are aware of and implement this Policy.
- 3.1.3.2 Ensuring that the hazards and risks to employees associated with work-related aggression and violence are identified and assessed, and appropriate measures are put in place to eliminate, control or minimise the risk.
- 3.1.3.3 Ensuring there is a process in place for the line manager to communicate, notify and escalate risk. (Refer to Section 3.7).
- 3.1.3.4 Ensuring a training needs assessment (TNA) is carried out for employees identified as being at risk so that appropriate training, education, instruction can be provided, in relation to the prevention and management of work-related aggression and violence.
- 3.1.3.5 Ensuring safety, health and welfare legislation forms part of the general conditions of a contractor's work specification at all stages of the procurement process.
- 3.1.3.6 Ensuring that where security personnel are engaged there are local protocols and/or guidelines established to govern their role, function and training.
- 3.1.3.7 Ensuring the roles and responsibilities of security personnel are clearly communicated to all relevant personnel.
- 3.1.3.8 Identifying the resources required to implement this Policy.
- 3.1.3.9 Ensuring appropriate procedures and safe systems of work are in place to avert/minimise associated risks so far as is reasonably practicable. This includes where relevant, sharing of records through an appropriate protocol.
- 3.1.3.10 Ensuring that supervision extends to the monitoring of skills and practices in relation to the management of work-related aggression and violence.
- 3.1.3.11 Ensuring that appropriate systems are in place to communicate, report, manage and review all incidents relating to work-related aggression and violence in accordance with the [HSE Incident Management Framework](#).
- 3.1.3.12 Monitoring and reviewing the effectiveness of preventative procedures and measures.
- 3.1.3.13 Ensuring that appropriate supports are made available to those who may encounter incidents of work-related aggression and violence.
- 3.1.3.14 Ensuring the availability of additional supports e.g. notification to Gardaí for those who may encounter incidents of work-related aggression and violence.

- 3.1.3.15** Auditing the implementation of this Policy annually to ensure the Policy is being adhered to and intended outcomes are being achieved. (Refer to Appendix 2).
- 3.1.3.16** Providing assurances through respective governance structures that the Policy is being effectively implemented, monitored and audited.

3.1.4 Line Managers

General responsibilities of line managers are documented in the local Ancillary Safety Statement and hence are not reproduced here (refer to said document for further information). However, the integral role of the line manager in assessing and reducing risks associated with work-related violence and aggression in day-to-day procedures and processes is emphasised here:

- 3.1.4.1** Ensuring adequate and appropriate arrangements are in place to implement, disseminate and communicate this Policy.
- 3.1.4.2** Ensuring that a hazard identification and risk assessment process is completed in consultation with employees that reflects the specific work activities of employees and others in the place of work, as outlined in section 3.3.
- 3.1.4.3** Ensuring risk assessments and associated control measures are communicated, monitored, evaluated, reviewed and updated on a regular basis, at least annually, and in the event of any significant change in the work activity or place of work.
- 3.1.4.4** Where it is not possible to complete all actions identified due to resources or other constraints, appropriate actions are required to be communicated in line with local agreed routes and processes for the communication, notification and escalation of risk. In the interim the risk will be required to be managed and monitored so far as is reasonably practicable at local level.
- 3.1.4.5** Ensuring where service user specific clinical risk assessment are undertaken, they inform the service department risk assessment and relevant information is communicated to relevant staff at the earliest opportunity.
- 3.1.4.6** Providing systems of work that are planned, organised, performed, maintained and revised as appropriate so as to be safe and without risk to health as far as is reasonably practicable. This includes where relevant, sharing of records through an appropriate protocol.
- 3.1.4.7** Ensuring that employees identified as being at risk are given appropriate training based on training needs assessments, so far as is reasonably practicable on how to recognise, prevent and manage work-related aggression and violence. Maintain a record of each employee's training as per local arrangements.
- 3.1.4.8** Ensuring employees and others identified as being at risk are provided with appropriate information and instruction.
- 3.1.4.9** Ensuring security personnel (including contracted security) are made aware of and fully understand local arrangements for handling work-related aggression and violence including emergency protocols.
- 3.1.4.10** Supervising and monitoring of practices in relation to the management of work-related aggression and violence.

- 3.1.4.11** Being aware of the range of employee support services available and advising employees of the services/supports available to them.
- 3.1.4.12** Ensuring that all incidents are reported and managed in accordance with the [HSE Incident Management Framework](#).
- 3.1.4.13** Ensuring that employees read and sign that they have read and understand the Policy.

3.1.5 Employees

Employees are responsible for:

- 3.1.5.1** Taking reasonable care of their own safety, health and welfare and that of others.
- 3.1.5.2** Adhering to and apply this Policy, local procedures and safe systems of work and any associated risk assessments and controls.
- 3.1.5.3** Using preventive measures and strategies provided to minimise risks that might compromise their safety e.g. emergency response procedures and [HSE Policy and Guidance on Lone Working](#).
- 3.1.5.4** Undertaking dynamic risk assessments and report any concerns to the line manager at the earliest opportunity. (Refer to section 3.5).
- 3.1.5.5** Presenting themselves fit for work¹¹. With specific regard to intoxicants, the employee shall: “ensure that he or she is not under the influence of an intoxicant to the extent that he or she is in such a state as to endanger his or her own safety, health or welfare at work or that of any other person”¹².
- 3.1.5.6** Being familiar with local procedures for raising the alarm and securing assistance in the event that their safety, their colleagues, or that of others under their care, is compromised.
- 3.1.5.7** Reporting risks or concerns identified and all incidents of work-related aggression and violence.
- 3.1.5.8** Undertaking relevant education and training as identified in the TNA.
- 3.1.5.9** Acting in accordance with any training or instruction and/or other items provided for their protection.
- 3.1.5.10** Informing the line manager of shortcomings or risks they become aware of.
- 3.1.5.11** Reporting incidents to the line manager in accordance with the [HSE Incident Management Framework](#).

3.1.6 Occupational Health

Refer to the [HSE Corporate Safety Statement](#) for the role of Occupational Health.

3.1.7 Employee Assistance Programme

Refer to the [HSE Corporate Safety Statement](#) for the role of the Employee Assistance Programme.

¹¹ Fitness to work means that an individual can complete a task safely and without unacceptable risk to themselves, their employing company or a third party. *Adapted: (OGP/IPIECA 2011 Fitness to Work Guidance for company and contractor health, HSE and HR Professionals*

¹² Safety, Health and Welfare at Work Act 2005, Section 13(1)(b)

3.2 Risk Management

- 3.2.1** Incidents of work-related aggression and/or violence which occur within the context of service provision involve a broad range of contributory factors. (Refer to Figure 1) and influences. These factors involve a process of complex interactions between:
- Service users, their family members, members of the public (in which the perpetrator is the recipient of a service provided by the HSE).
 - Employees (Service Providers).
 - The interaction taking place.
 - The physical and service environment in which the interaction takes place.
- 3.2.2** The challenges faced by staff vary greatly in terms of complexity and risk, therefore a comprehensive risk management approach that includes clinical risk assessment and occupational safety and health risk assessment must be implemented as part of the organisational response to the prevention and management work-related aggression and violence. (Refer to Figure 2).
- 3.2.3** Where relevant information exists about a service user (for example, previous incidents of aggression) there should be an appropriate flow of information to and from other services/outside teams through record sharing protocols, in accordance with HSE policies and procedures and Data Protection Legislation.
- 3.2.4** It is essential in instances where work-related aggression and/or violence are identified as foreseeable, that the risk assessment outlines the control measures required. It should identify those responsible for implementation and communication of these control measures and their ongoing monitoring, audit and review. Any changes in practice should be documented on the risk assessment and monitored to ensure that the changes are being adhered to and that the changes adequately control the risks identified.
- 3.2.5** The results of risk assessments and any changes to a service users care plan, must be communicated to relevant personnel.

Risk Factors which may contribute to incidents of aggression and violence in healthcare		
Service User and Others – consider the following factors (non-exhaustive list)		
Medical <ul style="list-style-type: none"> • Medication (side- effects / withdrawal) • Delirium • Infection • Psychosis • Mood disturbance • Learning disability • Neurological injury 	Physical <ul style="list-style-type: none"> • Pain • Thirst • Hunger • Constipation • Intoxication • Sleep deprivation 	Cognitive <ul style="list-style-type: none"> • Comprehension • Insight and awareness • Perceptual difficulties • Impaired attention • Impaired short-term memory • Disorientation • Communication difficulties with expressive and receptive language
Psychological <ul style="list-style-type: none"> • Anxiety • Separation anxiety • Fear • Depression • Acute distress • Personality • Perception of not being listened to and/or needs being met • Lack of clear/timely information from a trusted person related to the issues of concern 	Historical <ul style="list-style-type: none"> • History of aggressive/violent behaviour • Intent to harm self or others • Acuity of mental health condition/self-harm/ suicide attempts • Abuse or trauma • Addiction • Forensic/criminal history • Previous negative experience of the service • Disruption to service delivery and resources 	Other Factors <ul style="list-style-type: none"> • Distressed relatives, carers and friends • Perceptions that violence is tolerated or that there are no consequences for such behaviour • Cultural factors • Personal preference for male / female carers • Provocation by other individuals • Boredom • Poor interpersonal relations • Presence of supports/advocates • Socio-cultural background
Triggers/Catalysts – consider the following factors (non-exhaustive list)		
Service Provision and Employees <ul style="list-style-type: none"> • Inadequate staffing levels and skill mix • New or inexperienced employees • Employee characteristics (e.g.) age, gender, race, communication styles • Inconsistent staff attitudes, awareness and approach • Absence of a system of emergency communication (i.e. alarm systems) • Lack of clarity on the role, function and purpose of security personnel • Inconsistent rules e.g. visiting restrictions • Inadequate induction of staff and service users to services • Inadequate training specific to the needs of the service user and/or staff skill set 	Environmental <ul style="list-style-type: none"> • Lack of privacy • Excessive noise • Poorly designed waiting areas, interview rooms, treatment facilities • Poorly-lit areas of a facility and carparks • Overcrowding • Long waiting times (and no clear updates/information) • Lone working within premises, working away from a fixed base or travelling alone in the course of work • Mix of clinical profile/unit • Lack of activities leading to boredom 	Interaction <ul style="list-style-type: none"> • Administration of medication • Transporting service users • Transfer of care • Interviewing service users • Imparting difficult news • Engaging with family members • Admitting service user as inpatient (voluntary/involuntary) • Denying someone service • Isolated or remote working locations • Investigating and/or enforcing specific legal requirements • Activity at night, work after normal working hours
Potential warning signs /behavioural cues – consider the following (non-exhaustive list)		
Recognisable cues can include: <ul style="list-style-type: none"> • Tense/angry facial expressions • Pacing /restlessness • Shouting and vocalising distress • Physical and verbal threats 	<ul style="list-style-type: none"> • Prolonged eye contact • Refusal to communicate/withdrawal • Threatening stance • Confusion • Irritability 	<ul style="list-style-type: none"> • Agitation • Angry/fearful non verbal behaviour • Undermining comments/criticism • Boisterousness • Attacking objects
Incident of Aggression and Violence		
<ul style="list-style-type: none"> • Incident Investigation in line with HSE Incident Management Framework • Specific tools and models to support staff are included in the National Open Disclosure Programme ASSIST ME 	Additional Supports include: <ul style="list-style-type: none"> • Human Resource Services • Occupational Health Services, • Employee Assistance Programme 	

Figure 1 Risk Factors which may contribute to incidents of aggression and violence in healthcare (adapted from NHS, 2013)

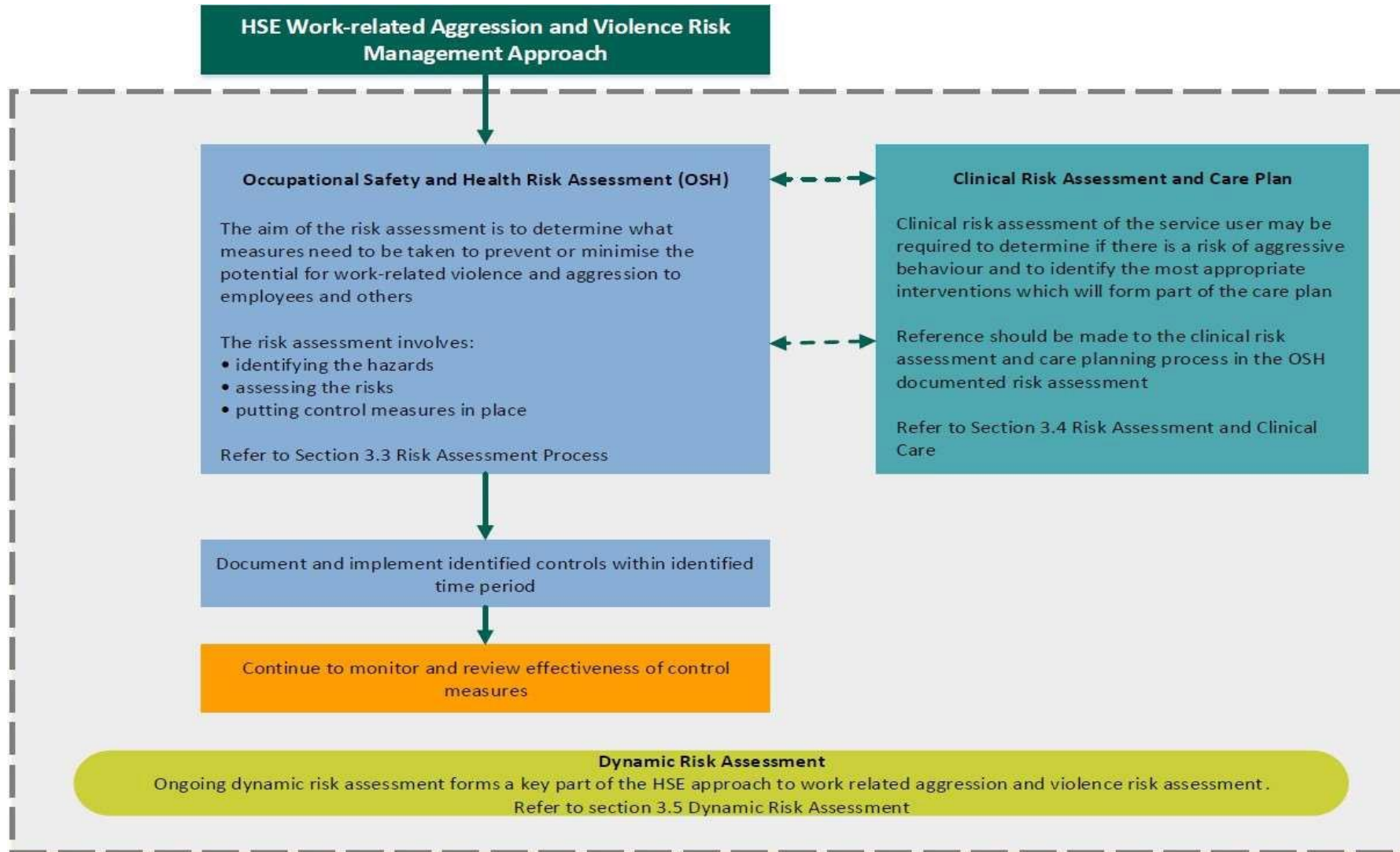


Figure 2 HSE Work-related Aggression and Violence Risk Management Approach

3.3 Risk Assessment

3.3.1 Occupational Safety and Health (OSH) Risk Assessment.

To ensure compliance with the Safety, Health and Welfare at Work Act, 2005, a proactive approach to risk assessment must be adopted which considers the overall hazards and risks within the service to include:

- Risks to all staff from patients, service users and their relatives or visitors.
- The risks associated with the design of the work environment, i.e. layout of rooms, alarm systems, access to car parks at night
- Risks associated with work practices.
- The risks associated with lone working, whether working in the community or alone in work premises.
- The identification and implementation of appropriate control measures.

3.3.2 The OSH risk assessment process is summarised in Figure 3 below.

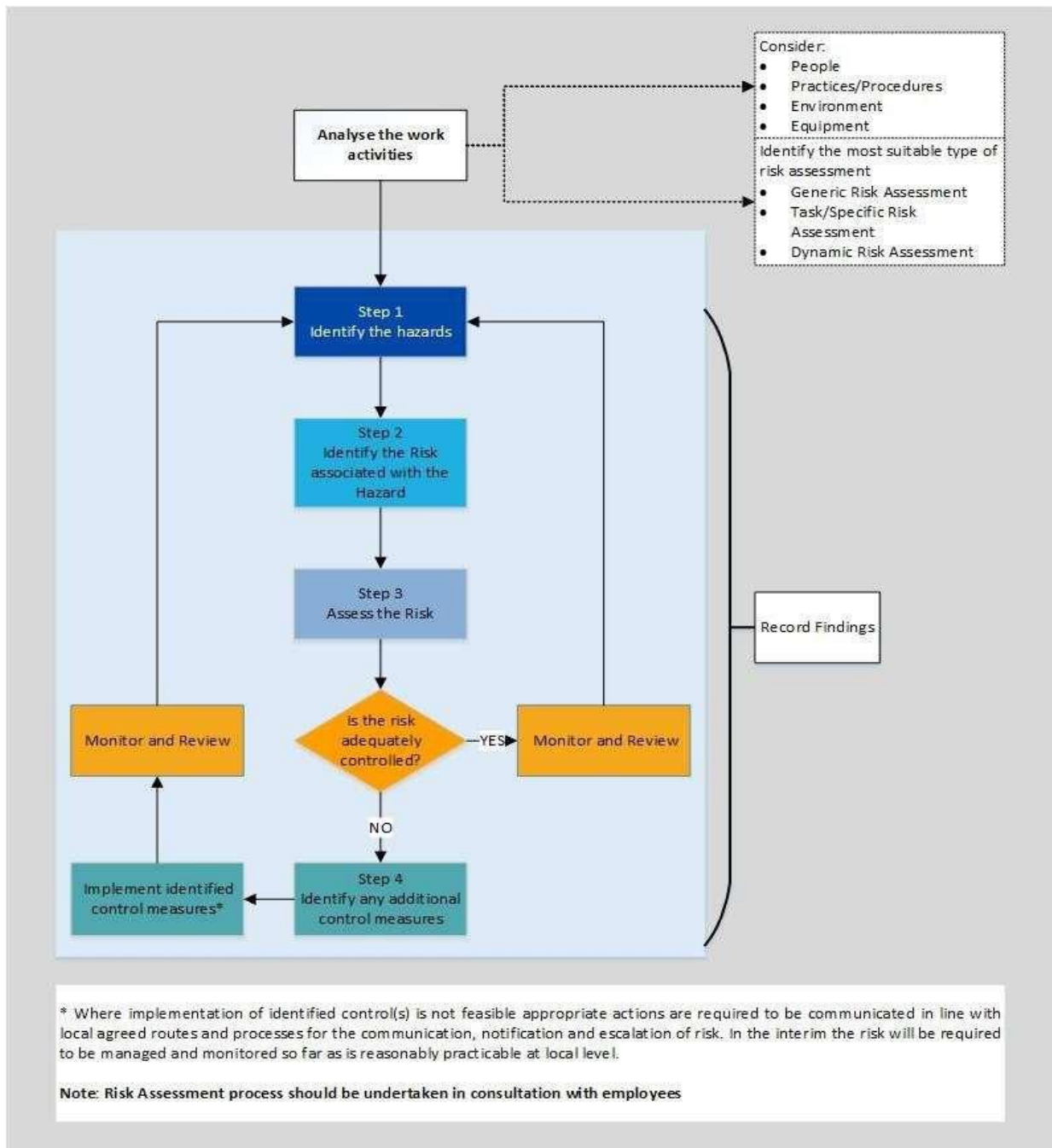


Figure 3 OSH Risk Assessment Process

3.3.2.1 Analyse the work activities

To undertake a risk assessment, it is important to understand what in the workplace could cause/potentially cause harm. When carrying out a risk assessment in the context of aggression and violence, consider the following:

- The tasks that are carried out in the workplace and the type of interactions between the healthcare employee and the service-user.
- The organisation of work and the work environment.
- The service-users, service users' family and friends: consider if there are risk factors which may contribute to aggressive behaviour.
- The healthcare employees: consider factors such as their training, support structures and experience in preventing and managing aggressive behaviour.

All of these elements impact on the level of risk in the workplace. Reviewing records and statistics concerning previous incidents of work-related aggression and violence can also help inform the risk assessment process.

Supporting Resources

Risk Assessment Prompt Sheet Re: Work-related Aggression and Violence (NHSF:015:T1)
Refer to: <https://healthservice.hse.ie/staff/health-and-safety/violence-harassment-and-aggression/>

3.3.2.2 Risk Assessment Steps

Step 1 – Identify the hazard

In the context of work-related aggression and violence within healthcare this includes **physical aggression** (i.e. physical threat, physical assault) and **non-physical aggression** (i.e. verbal abuse, threats, and disruption).

(HSE Linking Service and Safety)

Step 2 – Identify the risk associated with the hazard

This involves taking into account the significant variations of risks between and within services.

Refer to Figure 1 Risk Factors which may contribute to incidents of aggression and violence in healthcare.

Step 3 – Assess the risk

Risk is measured in terms of two dimensions, likelihood and impact i.e. the likelihood (probability/frequency) of the risk occurring and the impact (consequence) of the risk should it occur.

The HSE has adopted a standardised approach to the assignment of likelihood and impact scores for the rating of the risk.

The **HSE Risk Assessment Tool** can be found [here](#).

Step 4 – Identify additional control measures

If the risk is not adequately controlled, further measures must be considered utilising the *hierarchy of controls* outlined below. A non-exhaustive list of controls are set out in descending order of effectiveness.

1. Elimination/Substitution

The most effective way of controlling the hazard is to eliminate the hazard, by removing it at source and is the preferred solution to protect workers because no exposure can occur. The next most effective way of controlling the hazard is to substitute the hazard by using a safer alternative.

While elimination/substitution is not realistic in a healthcare environment, consideration should be given to e.g.

- the appropriate placement of service users.
- the use of telemedicine or the provision of virtual health services.

2. Engineering controls

Engineering controls are physical changes to the workplace that either remove the hazard or create a barrier between staff and the hazard. Consideration should be given to:

- Points of entry are limited or controlled (including outside of normal business hours) to the healthcare premises.
- Changing floor plans to make exits more accessible and/or improve sightlines for staff.
- Provision of comfortable waiting areas to include access to toilet facilities, refreshments.
- Provision of indoor/outdoor spaces where clients and visitors can spend time (where appropriate).
- Design and layout of interview/treatment room's e.g. viewing panels, location of furniture, accessible escape routes.
- Second exit in interview/treatment rooms.
- Replacing furniture with heavier or fixed alternatives that cannot be easily used as weapons and are without sharp edges/corners.
- Controlling access to certain areas (e.g. ICU, ED, wards, therapy/clinic rooms, staff canteen and welfare areas) with locked/keypad entry doors.
- Enclosing reception areas/nurses' station or installing deep counters.
- Installing security technologies, e.g. surveillance cameras, alarm systems, communication systems.
- Lighting and noise control – the provision of calm or non-stimulating colour schemes, glare free lighting and sound absorbing materials.
- Improving lighting in remote areas or outdoor spaces for better visibility.
- Installing mirrors.
- Legible signage/directional signage.

3. Administrative and work practice controls

Administrative and work practice controls are changes to the way staff perform jobs or tasks. Consideration should be given to:

- Staff-patient ratios.
- Provision of training based on training needs assessment.
- Staff dress code/uniform policies.
- Communication to staff of all relevant protocols relating to the prevention and management of work-related aggression and violence.

- Promote cultural awareness.
- Development of local procedures for communicating information internally and externally (where appropriate) regarding service users' behaviour.
- Clearly defined policy addressing access control and identification requirements for anyone visiting the healthcare facility e.g. who is authorised to visit with the patient, number of visitors allowed, age requirements, exceptions to the policy.
- Development and implementation of clinical protocols to address service user related risk factors. (Refer to Figure 1).
- Development and implementation of individualised supports for service users with a history of violent behaviour.
- Development and implementation of positive behaviour support plans.
- Use of predictive risk assessment instruments or tools applicable to the clinical population and care setting.
- Trauma informed care approach¹³.
- Access to 'patient advice and liaison services'.
- Procedures for recognising and managing escalating behaviour.
- Timely communication of expected waiting times, service user condition, treatments or treatment delays with service user and visitor(s).
- Limit the number of support people/visitors permitted.
- Development and implementation of protocols governing the role, function and training of security personnel where engaged.
- Documented local emergency procedures to include testing of procedures so all staff know what to do if an incident occurs.
- Incident reporting and management procedures.
- Provision of support to staff following an incident to include support from line managers and colleagues.
- Liaison with An Garda Síochána/Garda Crime Prevention Officers.
- Establishment of Hospital Watch Programme.
- Create awareness of the issue of work-related aggression and violence through the display of posters and the use of other channels e.g. social media.

¹³ Trauma-informed care is an approach which acknowledges that many people who experience mental health difficulties have experienced some form of trauma in their life, although this is not the case for everyone. A trauma informed approach seeks to resist traumatising or re-traumatising service users and staff (DOH, 2020).

3.4 Risk Assessment and Clinical Care

- 3.4.1** Clinical risk assessment should occur within the context of multi-disciplinary care processes including assessment care planning and evaluation in a formal documented way.
- 3.4.2** Where a service user poses a risk of aggression and violence clinical risk assessments must be completed and regularly reviewed as clinically agreed as part of the care planning process. The choice and selection of risk assessment tools should be applicable to the clinical population and setting, staff should be provided with education and training on the chosen risk assessment tool.
- 3.4.3** The risk assessment must inform any change required to the service user's care plan and/or service provision. Any changes will have full regard to statutory responsibilities of the HSE to protect its employees. Management, clinical teams and other relevant persons must be involved as part of this evidence based management decision making process. This process and outcome must be well documented.
- 3.4.4** Any decisions made to modify a service user's care plan and/or service provided, must be communicated without delay to the service user and their nominated representative as named by the service user in their healthcare record. These decisions are made on an individual case-by-case basis. Any verbal communication may be followed by written communication as deemed appropriate.
- 3.4.5** The communication to the service user outlining the decisions may reference:
- The definition of work-related aggression and violence.
 - The legal requirement of the HSE to ensure the safety health and welfare of staff.
 - Details of the risk to the employee.
 - The rights of the service user.
- 3.4.6** Service user specific clinical risk assessments must inform the service department risk assessment and relevant information communicated to relevant staff at the earliest opportunity.
- 3.4.7** Clinical risk assessments must be reviewed:
- Immediately after a clinical incident of aggression and violence.
 - When new presenting information regarding aggression and violence becomes available in relation to the service user.
 - Prior to making decisions regarding seclusion, physical restraint, clinical observation where aggression and violence is a concern.
 - At a point of referral/transfer between services.
 - In any circumstances where a concern in relation to aggression and violence arise.

3.5 Dynamic Risk Assessment

3.5.1 Employees have a responsibility under health and safety legislation to take reasonable care of themselves and to cooperate with their employer. It is recognised that situations can change rapidly and the associated risks can also change. In these situations employees have to make operational decisions based on risks which cannot necessarily be foreseen e.g. a person under the influence of drink or drugs, escorting a service user alone, during a one to one consultation, nurse carrying out therapeutic observation (specialing) of a service user. This process is referred to as a dynamic risk assessment.

3.5.2 Dynamic risk assessments (undocumented) are not a substitute for a documented risk assessment. However, it is acknowledged that it is not always possible to identify all hazards where the working environment and or interaction with the service user or others is outside the employer's control. Any concerns must be reported to the line manager at the earliest opportunity and the risk assessment and care plan reviewed and updated as appropriate.

3.6 Monitoring and Periodic Review

Once control measures have been introduced, implement a process for the regular monitoring and evaluation of effectiveness and where necessary take appropriate corrective action to ensure the desired outcomes are achieved. This should be proactive to include audits/workplace inspections, analysing local performance indicators, and reactive following reports of work-related aggression and violence.

In line with Section 19 (3) of the Safety, Health and Welfare at Work Act 2005, risk assessments must be reviewed where:

- a) There has been significant change in the matters to which they relate.
- b) There is another reason to believe they are no longer valid.

Examples include: when new procedures, new equipment, technology e.g. CCTV or personnel are introduced.

It is best practice and HSE policy to review risk assessments at least annually.

3.7 Communication, Notification and Escalation of Risk

Communication and consultation is essential to the process of identifying, assessing and responding to the risk of violence and aggression. Clear routes and processes for the communication, notification and escalation of risk from one level of the organisation to another should be established. Note: this does not absolve the Manager, to which the risk relates, of taking any actions required to mitigate the risks that are within their span of control.

3.8 Information, Instruction, Training and Supervision

- 3.8.1** Managers should attend or source briefings on organisational and clinical requirements associated with prevention and management of work-related aggression and violence.
- 3.8.2** Managers must ensure they complete a Training Needs Assessment (TNA) to assess staff requirement for education, training and ongoing support in the management of work-related aggression and violence, which is appropriate to their professional and organisational responsibilities.
- 3.8.3** The assessment, design and content of training provided should be based upon a service specific risk assessment as per section 3.3. This should be fully compliant with the organisational, professional and legislative structures within which services are provided.
- 3.8.4** Appropriate levels of training may vary from the basic management of verbal aggression skills to advanced level training in physical interventions skills. Training may include developing participants' knowledge, confidence and skill in recognising the early indicators, assessing and de-escalating aggressive behaviours encountered within the context of their role. It should be borne in mind that verbal de-escalation skills are pertinent in all settings. In the case of lone workers, training should incorporate developing participants' awareness, assessment, and management of the risks inherent in lone working within the professional context.
- 3.8.5** Where any training is provided, refresher training should also be arranged at appropriate intervals.
- 3.8.6** Managers should ensure that supervision extends to the monitoring of skills and practices in relation to the management of work-related aggression and violence.
- 3.8.7** In addition local emergency procedures, such as use of panic buttons/mobile phones or other local and service relevant procedures should form part of basic training in the management of work-related aggression and violence.
- 3.8.8** Training should be provided by appropriate competent persons with appropriate reputable practice and in accordance with any prevailing HSE procurement guidance and contract, where relevant.
- 3.8.9** A strong preventive emphasis with a focus on personal safety will underpin all education and training, which should focus on providing practical guidance on recognising, assessing and de-escalating work-related aggression and potential violence.
- 3.8.10** Any training programme provided on physical interventions should include method(s) of physical restraint that have been researched and based on reputable practice.
- 3.8.11** Where concerns exist about an individual's ability to practice the physical intervention skills safely, the line manager must take steps to provide supports in training and/or practice.
- 3.8.12** All interventions should be used in the context of the duty of care to service users where service users can expect to be treated with dignity and respect.
- 3.8.13** Training records should be comprehensively documented and securely stored including electronically, in accordance with legislation and guidelines regarding all health and safety related training. These must be available for inspection at any time.

3.9 Use of Physical Interventions¹⁴

- 3.9.1** The duty of care to safeguard service users from harm while they are in the care of the HSE or using HSE services is an overarching principle for the use of any physical intervention. This duty of care also holds that service users can expect to be treated with dignity and respect.
- 3.9.2** While the use of physical interventions is a complex issue, it is acknowledged that on rare and exceptional occasions such interventions are the only and most appropriate option. The use of physical interventions should in all instances be an option of last resort, which employs the minimum level of restriction. Decisions in relation to the use of physical interventions should be reasonable, justifiable, proportionate and time limited and be in accordance with HSE policy and best practice guidelines.
- 3.9.3** In situations where physical interventions are used, it is critical that employees are competent in the employment of safe effective techniques in order to preserve the safety of all concerned. Only those trained in the use of prescribed and approved physical interventions should deploy such interventions. The risk assessment process together with the training needs assessment (TNA) will identify those individual employees who need to be equipped with such training and the frequency of training/refresher training.
- 3.9.4** Physical intervention must not be used to ameliorate operational difficulties including where there are staff shortages.
- 3.9.5** Physical interventions must never be used as a sanction or punishment.
- 3.9.6** Relevant legislation and national policies referencing the use of physical interventions must be taken into consideration and reflected in local operational policies.
- 3.9.7** All interventions in response to behaviour that is challenging or aggressive should be evaluated regularly as part of the care planning process and demonstrably inform learning and practice development.

3.10 Site Security

- 3.10.1** Security personnel (where engaged) can have a key role in the potential outcome of an incident. Local protocols and/or guidelines therefore must be established to govern the role, function and training of security personnel. All security personnel (including contracted workers) must be made aware of the risks and control measures in place to prevent and manage instances of work-related aggression and violence. A shared understanding of the roles and responsibilities of security personnel should be clearly communicated to all relevant personnel. Security personnel must receive a copy of the local Ancillary Safety Statement. It should be ensured that they fully understand local arrangements for handling work-related aggression and violence including emergency protocols.
- 3.10.2** Service level agreements with contracted security firms should include reference to the local protocols and/or guidelines in relation to the management of work-related aggression and violence.

¹⁴ Refers to all interventions employed for the purpose of managing potential or actual work-related aggression and violence, but excludes the functional physical contacts customarily involved in the delivery of care (HSE 2008 Linking Service and Safety). It also excludes the use of seclusion, the use of mechanical restraint, the use of administration of involuntary intramuscular or intravenous medication against the individual's clear objection.

Refer to [HSE Policy on the Management of Health and Safety in Contract Work: Co-operation and Coordination with Contractors and Others.](#)

3.11 Incident Management

- 3.11.1** All incidents must be reported, and managed in accordance with the [HSE Incident Management Framework](#). Reporting of incidents should be done using the appropriate National Incident Report Form ([NIRF](#)) or directly onto the National Incident Management System (NIMS).
- 3.11.2** In the event of an incident, the line manager should:
- Provide immediate support to those involved.
 - Initiate reporting and notification.
- 3.11.3** A review of all incidents should be undertaken in line with the assessment and categorisation process detailed in the IMF to minimise likelihood/prevent reoccurrence and to ensure learning takes place. Responding to individuals demonstrating aggressive/violent behaviours within the healthcare context is complex as incidents often take place within a professional service relationship. Decisions taken in the aftermath of such incidents must balance the continued delivery of a service with the duty of care owed to employees and must be examined on a case by case basis, in a timely manner.
- 3.11.4** If a review establishes criminal intent the incident will be reported to An Garda Síochána.
- 3.11.5** Action plans to support the implementation of the recommendations of the incident review should be developed. Action plans must be monitored and actions tracked to completion. Where risks persist that should be addressed then they must be escalated in line with risk management processes.
- 3.11.6** Following the review of an incident the risk assessments and the safety statement must be updated.

3.12 Supports

- 3.12.1** Employees who are exposed to various manifestations of work-related aggression and violence will be provided with sensitive and practical support to assist them to cope with the occurrence.
- 3.12.2** The role of the line managers is pivotal in providing support, and it is important that they are prepared for, appropriately resourced and supported in this role.
- 3.12.3** Specific tools and models to support staff are included in the [National Open Disclosure Programme ASSIST ME](#) which includes Critical Incident Stress Management (CISM) response.
- 3.12.4** While many employees will require only minimal post-occurrence support, others may require a wider range of support measures. Consequently integrated support measures together with information as to how services may be accessed should be readily available to employees as set out in the local Ancillary Safety Statement.
- 3.12.5** Payment is available to employees who meet the criteria as set out under the [Serious Physical Assault Scheme](#) HSE HR Circular 002/2017 - Extension of (1) Insurance Based Scheme and (2) Insurance based Mechanism, to Nurses employed in Emergency Departments and Related Areas.
<https://www.hse.ie/eng/staff/resources/hr-circulars/hrcirc0022017.pdf>

For further additional HSE supports refer to the below.

- [Human Resource Services.](#)
- [Occupational Health Services.](#)
- [Employee Assistance Programme \(EAP\).](#)

4. Consultation

4.1 Stakeholder involvement

In line with HSE *National Workplace Health and Wellbeing Unit Policy Consultation and Sign-off process for National PPPGs*, the HSE National Policy on the Prevention and Management of Work-Related Aggression and Violence, was circulated for wider consultation to internal and external stakeholders as appropriate. Feedback was considered and the document updated where relevant.

5. Implementation

5.1 Resource implications

Managers are responsible for implementation of this National Policy to include the identification of responsible person(s), specifying the necessary actions and timeframes for implementation within their areas of responsibility.

Refer to Appendix 1 National Implementation Plan and Appendix 2 Audit Checklist for the implementation of the HSE National Policy on the Prevention and Management of Work-related Aggression and Violence.

5.2 Resources to support local implementation of the National Policy

Resources to support implementation can be found on our website at: <https://healthservice.hse.ie/staff/health-and-safety/violence-harassment-and-aggression/> and the helpdesk <https://healthservice.hse.ie/staff/health-and-safety/health-and-safety-helpdesk/>

6. Governance and approval

Formal governance for this Policy is provided by the Chief People Officer. Membership of the Approval Governance Group are documented in Appendix 5.

7. Communication and dissemination plan

The Policy will be disseminated by the Chief People Officer for implementation by relevant services.

The National Health and Safety Function will ensure widespread awareness of the Policy using existing communications channels and will be electronically available at:

<https://healthservice.hse.ie/staff/health-and-safety/violence-harassment-and-aggression/>

8. Sustainability

8.1 Monitoring, Audit and Evaluation

- 8.1.1** Local Senior Managers are required to monitor and audit the implementation of this Policy within their area of responsibility (refer to 3.1.3.15) using the audit checklist in Appendix 2 and maintain evidence of same.
- 8.1.2** Implementation of this Policy shall be audited periodically at national level and by the National Health and Safety Function.

9. Review/update

In line with HSE Guidance this Policy shall be reviewed at national level every three years or earlier if circumstances dictate.

10. References

- Chappell, D.; Di Martino, V. (2006) *Violence at work*. Third edition. Geneva, International Labour Office.
- DoH (2020) *Sharing the Vision – A Mental Health Policy for Everyone*.
- HSE (2023) *Enterprise Risk Management Policy and Procedures*.
- HSE (2020) *Incident Management Framework*.
- McKenna, K. (2008) 'Linking Service & Safety: Together Creating Safer Places of Service', ISBN :978-1-906218-16-4. Published by HSE.
- Protect, N.H.S. (2013) *Meeting Needs and Reducing Distress: Guidance on the prevention and management of clinically related challenging behaviour in NHS settings*. NHS Protect.
- *Safety, Health and Welfare at Work Act, 2005*, SI No 10 of 2005.

11. Glossary of Terms/Abbreviations/Definitions

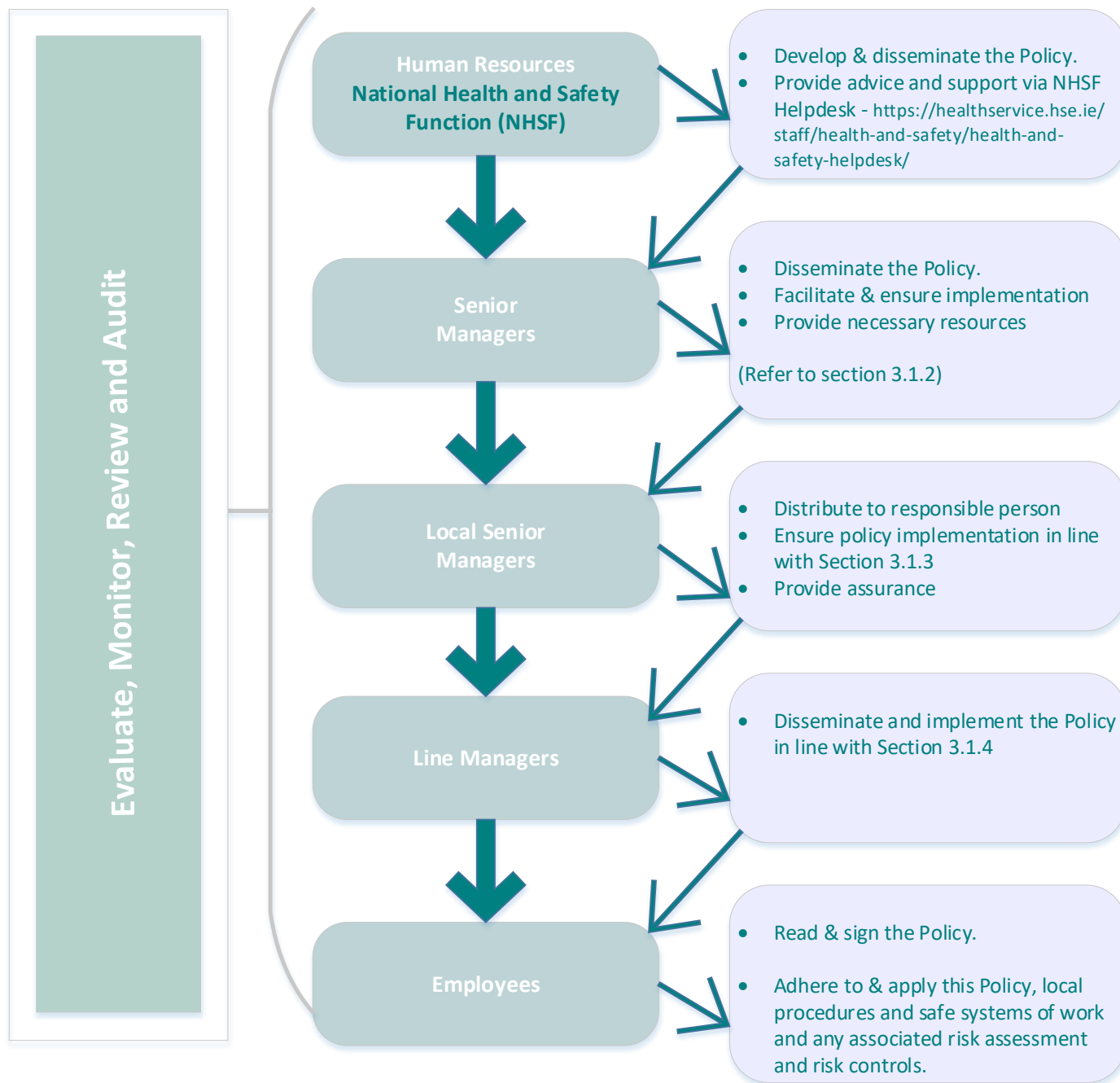
Refer to Appendix 3 of this Policy.

12. Appendices

Refer to Table of Contents.

Appendix 1 National Implementation Plan

Implementation of this Policy forms an integral part of the Safety Management System and is underpinned by effective consultation, communication, supervision, monitoring, audit and review. The following flowchart illustrates the day to day implementation steps:



Appendix 2 Audit Checklist for the Implementation of the HSE National Policy on the Prevention and Management of Work-Related Aggression and Violence

	Audit Checklist on the Implementation of the HSE National Policy on the Prevention and Management of Work-related Aggression and Violence	Policy Clause	Yes	No	NA	Action Required	Action Owner	Timeframe
1	Is there a system in place for the appropriate circulation/communication of this Policy to all employees?	3.1.3.1 3.1.4.1						
2	Does each relevant department/unit have access to this Policy?	3.1.3.1 3.1.4.1						
3	Are roles and responsibilities communicated to all identified responsible persons?	3.1						
4	Have aggression and violence risk assessments been carried out in consultation with employees in line with Figure 2. HSE Work-related aggression and violence risk management approach?	3.1.3.2 3.1.4.2 3.3 Figure 2						
5	Is there evidence that the risk factors outlined in Figure 1. – <i>Risk Factors which may contribute to incidents of aggression and violence in healthcare</i> , have been considered as part of the risk assessment process?	Figure 1						
6	Have identified control measures been implemented?	3.1.3.2 3.1.4.2						
7	Have control measures introduced been monitored and evaluated to determine their effectiveness?	3.1.4.3 3.6						
8	Where it is not possible to complete all actions identified through the risk assessment process, are actions communicated in line with local agreed routes and processes for the communication, notification and escalation of risk?	3.1.3.3 3.1.4.4 3.7						
9	Have employees received the relevant information, instruction, training and supervision as identified through the training needs assessment	3.1.3.4 3.1.4.7 3.1.4.8 3.8						

10	Is the use of physical interventions in line with the requirements set out in section 3.8 and 3.9?	3.8 3.9						
11	Is there evidence that local protocols / guidelines have been developed to govern the role, function and training of security personnel?	3.1.3.6 3.1.4.9						
12	Is there a system in place to ensure incidents are reported and managed in line with the HSE Incident Management Framework?	3.1.3.11 3.1.4.12 3.1.5.11 3.11						
13	Are employees aware of the supports available?	3.1.3.13 3.1.4.11 3.12						
14	Is there a system in place to monitor compliance with this Policy?	3.1.3.15						

Appendix 3 Glossary of Terms/Abbreviations/Definitions

Controls	<p>Controls are a measure that maintains and/or modifies risk. Controls include but are not limited to, any process, policy, device, practice, or other conditions and/or actions that maintain and/ or modify risk. In the HSE a control is a measure that is in place, is working effectively and operating to reduce either the likelihood or impact of a risk.</p> <p>Ref: HSE Enterprise Risk Management Policy and Procedures 2023</p>
Competent Person	<p>(a) For the purposes of the relevant statutory provisions, a person is deemed to be a competent person where, having regard to the task he or she is required to perform and taking account of the size or hazards (or both of them) of the undertaking or establishment in which he or she undertakes work, the person possesses sufficient training, experience and knowledge appropriate to the nature of the work to be undertaken.</p> <p>(b) Account shall be taken, as appropriate, for the purpose of paragraph (a) of the framework of qualifications referred to in the Qualifications (Education and Training) Act 1999.</p> <p>Ref: Safety Health and Welfare at Work Act, 2005</p>
Disruptive Behaviours	<p>Behaviours which create an unpleasant and intimidating environment in which to be treated or work, to the extent that the behaviour disrupts the provision of services.</p> <p>Ref: Linking Service and Safety: Together Creating Safer Places of Service, McKenna K., 2008 ISBN: 978-1-906218-16-4</p>
Physical Assault	<p>Physically assaultive behaviours with or without use of a weapon.</p> <p>Ref: Linking Service and Safety: Together Creating Safer Places of Service, McKenna K., 2008 ISBN: 978-1-906218-16-4</p>
Physical Threat	<p>Physically threatening acts or gestures with or without use of a weapon.</p> <p>Ref: Linking Service and Safety: Together Creating Safer Places of Service, McKenna K., 2008 ISBN: 978-1-906218-16-4</p>
Risk	<p>Risk is the effect of uncertainty on objectives.</p> <p>Ref: Adapted from the HSE Enterprise Risk Management Policy and Procedures 2023</p>

	<p>In terms of occupational safety and health risk (OSH) it is the combination of the likelihood of occurrence of a work-related hazardous event(s) or exposure(s) and the impact of the injury or ill-health that can be caused by the event or exposure.</p> <p>(Ref: Adapted from ISO Standard 45001:2018)</p>
Risk Assessment	<p>The overall process of risk identification, risk analysis and risk evaluation.</p> <p>Ref: HSE Enterprise Risk Management Policy and Procedures 2023</p>
Risk management	<p>Coordinated activities to direct and control an organisation with regard to risk.</p> <p>Ref: HSE Enterprise Risk Management Policy and Procedures 2023</p>
Risk Register	<p>A risk register is a database of assessed risks that face any organisation at any one time. Always changing to reflect the dynamic nature of risks and the organisations management of them, its purpose is to help managers prioritise available resources to minimise risk and target improvements to best effect.</p> <p>Ref: HSE Enterprise Risk Management Policy and Procedures 2023</p>
Service User	<p>The term “service user” in relation to a health service provider means a person to whom a health service is, or has been, provided.</p> <p>Ref: HSE 2020 Incident Management Framework</p>
Trauma Informed Care	<p>Trauma-informed care is an approach which acknowledges that many people who experience mental health difficulties have experienced some form of trauma in their life, although this is not the case for everyone. A trauma informed approach seeks to resist traumatising or re-traumatising service users and staff.</p> <p>Ref: DOH, 2020 Sharing the Vision – A Mental Health Policy for Everyone</p>
Type I Aggression and Violence	<p>Refers to occurrences in which the assailant has no legitimate relationship to the workplace and the primary purpose of the attack is to acquire cash or some other valuable commodity.</p> <p>Ref: Chappell, D.; Di Martino, V. Violence at work. Third edition. Geneva, International Labour Office, 2006</p>

Type II Aggression and Violence	<p>Refers to occurrences in which the assailant is either the recipient of a service provided by the victim or the affected service.</p> <p>Ref: Chappell, D.; Di Martino, V. Violence at work. Third edition. Geneva, International Labour Office, 2006.</p>
Type III Aggression and Violence	<p>Refers to occurrences in which an assault is perpetrated by another employee, a supervisor, or an acquaintance of the worker.</p> <p>Ref: Chappell, D.; Di Martino, V. Violence at work. Third edition. Geneva, International Labour Office, 200</p>
Verbal Abuse	<p>Abusive or offensive language, personally derogatory remarks, profanity or obscene comments.</p> <p>Ref: Linking Service and Safety: Together Creating Safer Places of Service, McKenna K., 2008 ISBN: 978-1-906218-16-4</p>
Verbal threats	<p>Verbal warnings of intent to injure or cause harm.</p> <p>Ref: Linking Service and Safety: Together Creating Safer Places of Service, McKenna K., 2008 ISBN: 978-1-906218-16-4</p>
Work-related Aggression and Violence	<p>EU definition of work-related aggression and violence is: "Any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, wellbeing or health".</p> <p>Ref: Linking Service and Safety: Together Creating Safer Places of Service, McKenna K., 2008 ISBN: 978-1-906218-16-4</p>

Abbreviations

CCTV	Closed-Circuit Television
CEO	Chief Executive Officer
CISM	Critical Incident Stress Management
CSO	Central Statistics Office
EAP	Employee Assistance Programme
ED	Emergency Department
EU	European Union
EU-OSHA	European Agency for Safety and Health at Work
GDPR	General Data Protection Regulation
HSA	Health and Safety Authority
HSE	Health Service Executive
HSE, UK	Health and Safety Executive, UK
ICN	International Council of Nurses
ICU	Intensive Care Unit
ILO	International Labour Office
IMF	Incident Management Framework
IOSH	Institution of Occupational Safety and Health
NHS	National Health Service
NHSF	National Health and Safety Function
NICE	National Institute for Clinical Effectiveness
NIMS	National Incident Management System
NIRF	National Incident Report Form
OSH	Occupational Safety and Health
PSI	Public Services International
RAND	Research and Development
TNA	Training Needs Assessment
WHO	World Health Organisation

Appendix 4 Membership of Policy Development Group

Membership of the Prevention and Management of Work-Related Aggression and Violence Policy Development Group	
Name	Role and Position
Stephanie Lynch	Head of Quality Safety and Service Improvement (Quality Safety and Service Improvement nominee)
Margaret Sorohan	National Human Resources Lead, Mental Health (Community Operations nominee)
Des Wade	Ambulance Officer, Education and Competency Assurance (National Ambulance Service nominee)
Catherine Croke	Health and Safety Officer, CHO 7 (Health and Safety Officers nominee)
Dr Simone Carton	Principal Clinical Neuropsychologist and Head of Department of Psychology at National Rehabilitation Hospital (VHARMF nominee)
Áine Lynch	Interim Chief Director of Nursing and Midwifery Dublin Midland Hospital Group (Acute Operations nominee)
Helena O'Reilly	Clinical Lead for Quality, Risk and Training (Social Care nominee)
Eugene Meehan	Area DON, Louth/ Meath Mental Health (Mental Health nominee)
Brid Cooney	National Health and Safety Advisor, Policy Team
Laura Regan	National Health and Safety Advisor, Policy Team
Elaine Sheridan	Office Manager, National Health and Safety Function, Policy Team
Chairperson: Margo Leddy	Health and Safety Manager, Policy Team, National Health and Safety Function

Appendix 5 Membership of Approval Governance Group

Membership of Approval Governance Group	
Name	Role and position
Anne Marie Hoey	Chief People Officer
Katrina Dempsey	Head of National Health and Safety Function

Sign-off by Chair of Approval Governance Group

Name: (print)	Anne Marie Hoey
Title:	Chief People Officer
Signature:	