



POLICY NUMBER: HRA/03/Pol/2005
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SUBJECT: Hospital Violence Policy

RELATED POLICIES & PROCEDURES:

Alerting Security Personnel in the event of Violence in Hospital (St Luke's Hospital ONLY) – HRA/01/Guide/2005

1. Scope

This policy applies to all staff employed by St Luke's (SLH), Sir Paul Boffa (SPBH) and Mater Dei (MDH) Hospitals and forms part of the Hospitals' risk management procedure.

2. Purpose

- 2.1 To establish a Zero Tolerance Standard with respect of violence including acts of intimidation, threats of violence, or act of violence relating to the workplace at SLH/SPBH/MDH.
- 2.2 To ensure that the need to protect staff working at SLH/SPBH/MDH is properly balanced with the need to provide health care to individuals.
- 2.3 To make staff aware that inappropriate or inadequate systems and processes may provoke adverse and violent behaviour.
- 2.4 To make staff aware of potentially violent situations at an early stage and act proactively to manage the situation from becoming uncontrollable.
- 2.5 To act as a guide in the management of staff, patients and visitors in the face of violent or disruptive behaviour.

3. Information

- 3.1 Violence is a significant problem afflicting a wide range of occupations in the health care sector. Certain categories of staff may be more at risk than others to violence such as ambulance staff, doctors and nurses, staff in the accident and emergency department and those caring for psychologically disturbed individuals.
- 3.2 Violence has implications for both the Hospitals as organisations and also for the individual at risk. For the organisations it is disruptive, impairs organisational effectiveness and may be costly not only in terms of staff morale and efficiency, but also in lost time through sickness absence. For the individual at risk there is the worry and anxiety caused by the possibility of repeated assault as well as the undesirable consequences of actual physical attack.
- 3.3 SLH/SPBH/MDH are committed to the prevention of all forms of workplace violence and the maintenance of a respectful working environment. The Hospitals reaffirm the basic rights of employees to a safe and humane working environment. Every employee will be treated at all times with dignity, respect, and fairness.

4. Definition of Terms

- 4.1 **Workplace** – SLH, SPBH and MDH’s premises including the Out-Patient Department, all clinical areas, administration and support working facilities. In the case of services performed outside the Hospitals such as ambulance services or home care, any place where such services are performed will be considered a workplace.
- 4.2 **General definition of workplace violence** - Incidents where staff on duty are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well being or health.
- 4.3 **Physical Violence** - The use of physical force against another person or group, that results in physical, sexual or psychological harm. It includes amongst others, beating, kicking, slapping, pushing, biting and pinching.

- 4.4 Psychological Violence** - Intentional use of power, including threat of physical force, against another person or group, that can result in harm to physical, mental, spiritual, morale, or social well being. It includes verbal abuse, bullying/mobbing, harassment and threats.
- 4.5 Assault/attack** - Intentional behaviour that harms another person including sexual assault.
- 4.6 Abuse** - Behaviour that humiliates, degrades or otherwise indicates a lack of respect to the dignity and worth of an individual.
- 4.7 Bullying/mobbing** - Repeated offensive behaviour through vindictive, cruel or malicious attempts to humiliate or undermine an individual or groups of employees.
- 4.8 Harassment** - Any conduct based on age, disability, health status, domestic circumstances, sex, sexual orientation, gender reassignment, race, colour, language, religion, political, trade union, or other opinion or belief, national or social origin, association with a minority, birth or other status that is unreciprocated or unwanted and which affects the dignity of men and women at work.
- 4.9 Sexual Harassment** - Any unwelcome and unreciprocated behaviour of a sexual nature that is offensive to the person involved, and causes that person to feel threatened, humiliated or embarrassed.
- 4.10 Racial Harassment** - Any threatening conduct that is based on race, colour, language, national origin, religion, association with a minority, birth or other status that is unreciprocated or unwanted and which affects the dignity of women and men at work.
- 4.11 Threat** - Promised use of physical force or power (i.e. psychological force) resulting in fear of physical, sexual, psychological harm or other negative consequences to the targeted individuals or groups.
- 4.12 Complainant** – Any person who lodges a formal or informal complaint of violent behaviour(s) before the act of violence is proved.
- 4.13 Victim** - Any person who is proved to be the object of act(s) of violent behaviour(s).

4.14 Perpetrator - Any person who commit act/s of violence or engages in a violent behaviour(s) as described above. For the purpose of this policy perpetrator may refer to a member of staff, patient, and any other member of the general public.

5. POLICY

The hospitals aim to safeguard the safety of all staff, patients and visitors.

The hospitals will not tolerate any type of workplace physical and/or psychological violence/harassment committed by or against employees, patients and visitors.

When a violent incident occurs it can be dealt with either internally and/or externally, depending on the gravity of the incident. The latter may include referral to the Police.

6. Management Responsibilities

- 6.1 All SLH/SPBH/MDH managers, head of sections and supervisors are required to: - show exemplary behaviour in order to be seen as role models;
 - 6.1.1 ensure that those they manage are aware of and accountable for adhering to this policy;
 - 6.1.2 reduce the potential for employee workplace violence through training, appropriate and consistent use of sound leadership skills, developing appropriate channels of communication, and applying timely corrective action when necessary;
 - 6.1.3 reduce the incidence of violence by ensuring efficient work practices;
 - 6.1.4 identify and act upon, with the available resources, risk factors in the working environment which contribute to the incidence of violence amongst staff, patients and visitors;
 - 6.1.5 document performance problems faced by employees in such an incident;
 - 6.1.6 identify early warning signs of workplace violence;

- 6.1.7 inform their immediate superior of any acts of workplace violence (as per definition) that come or are brought to their notice so that any action deemed necessary is taken;
- 6.1.8 endorse and forward completed reports to the DHRA when applicable;
- 6.1.9 make sure that the procedure used to alert Security Personnel (Appendix 1 – HRA/01/Guide/2005) is known and that the relevant pager number is available and placed in a prominent position available to all members of the staff.
- 6.1.10 assist and advise the complainant in the write-up of the report as necessary; and
- 6.1.11 keep records of all incidents that occur.

7. Employees' Responsibilities

- 7.1 It is the responsibility of every Hospital employee to assist and cooperate in making the work place as safe and secure as possible. Employees are to: -
 - 7.1.1 communicate responsibly with respect and dignity towards colleagues, patients and visitors;
 - 7.1.2 immediately report any perceived violation of this Policy to their next-in-line superior who is not a party to the violation;
 - 7.1.3 document violent incidents on appropriate hospital forms in order to help management identify and manage the risks accordingly;
 - 7.1.4 participate in training initiatives organised by the hospital.
- 7.2 Hospital Security Officials have the responsibility to:
 - 7.2.1 respond promptly when called in such a case of violence;
 - 7.2.2 protect staff, patients and visitors from harm;
 - 7.2.3 protect hospital property;
 - 7.2.4 command and escort the perpetrator out of the patients' area and/or out of hospital premises (as required) to protect staff, patients and visitors from further disturbance;

7.2.5 alert the police when and as deemed necessary.

8. Management of Incidents

8.1 Some incidents can be managed and resolved at the place where they occur, whilst others are initially dealt with at the place where they occur, and then further managed at higher levels. Though hospital employees are encouraged to report every single incident, it is understood that day-to-day minor incidents may not be reported on the Violence/Harassment Incident Report Form. However, it is highly recommended that a record of all incidents irrespective of their extent, be kept by the line manager for further reference, should the need arise. Such incidents may involve staff losing their temper with one another or circumstances where misunderstandings may be exacerbated by work pressure or similar. In these instances, the officer in charge may as part of good management practice, resolve such issues at unit level informally. However, should the incident include one or more of the following instances, a report should be lodged to the DHRA, irrespective of the extent of the incident:

8.1.1 Incidents where physical violence is manifested.

8.1.2 Incidents where staff, patient and/or visitors are disrupted.

8.1.3 Incidents where the safety of staff, patients and/or visitors is put at risk.

8.1.4 Incidents where security personnel and/or police officers are called to the scenes.

8.1.5 Any other incident, which in the opinion of the officer in charge or of the complainant at the time of incident merits reporting. If in doubt seek advice from a senior member of staff.

8.2 There may instances where the complainant is embarrassed or afraid to approach the alleged perpetrator to reach informal settlement. In such an instance the former may ask someone of his/her trust such as the line manager or colleague to raise the issue with the person concerned.

8.3 The line manager or the entrusted colleague may approach the alleged perpetrator concerned and attempt to resolve the issue at unit level, using local resources and

expertise. This is done, primarily, by making it clear to the alleged perpetrator that the behaviour is unacceptable and must stop. This is intended to avoid seeking redress through formal procedures that may include the setting up of a Board of Investigation and/or disciplinary procedures depending on the severity of the alleged offence.

8.4 Alleged victim/s should note that, whilst informal settlement may be appropriate in some instances, it remains within their rights to seek redress through the formal procedure of the hospital.

9. Management of Reportable Incidents including Physical Violence and/or Verbal Abuse

9.1 All reportable incidents have to be reported on hospital form HRA/1026/01.0

9.2 All incidents as per paragraphs 8.1.1 – 8.1.5 (but not limited to), are to be reported.

9.3 In the event of such incidents the officer in charge is to attend to the scene immediately and take charge of the situation. It is in the discretion of the officer in charge to delegate the responsibility to a member of his/her staff who demonstrates the competence and confidence in dealing with such situations.

9.4 The officer dealing with such situations is to be accompanied by another member of staff who can act as a witness in the eventual need to do so, unless there is no other member of staff present at the time.

9.5 The officer taking charge of the situation is to: -

- ensure safety to other patients, staff and visitors
- call Hospital Security Staff on pager number **356 2948 (St Luke's ONLY)**, and
- take appropriate measures to re-establish order in the respective ward/unit/department/section.

- 9.6 After establishing safety of all concerned, the alleged perpetrator will be given the opportunity to explain his/her/their concerns and actions/reactions to the most senior member of staff on duty at the respective ward/unit/section/department.
- 9.7 The senior member of the staff gives a verbal explanation of what is unacceptable behaviour. In cases where perpetrator/s' behaviour cannot be controlled by hospital staff or goes beyond the remit of security staff, the case will be reported to the Police for any action as deemed necessary.
- 9.8 In the event of such an incident, a formal report is to be lodged by the senior member of staff present at the time. This report has to be completed with or without the consent of the alleged victim and/or perpetrator, as per section 10.

10. **Reporting of Incidents**

- 10.1 Incidents are to be reported on Hospital Form HRA/1026/01.0 (which is available on hospital intranet) and forwarded to the DHRA within twenty-four hours from the time of occurrence.
- 10.2 The reporting of incidents aim to:
- Establish the severity of incidents and determining the cause
 - Maintain a record of each reported violent incident
 - Consider the need for investigation and root cause analysis
 - Analyse trends and review practices accordingly
 - Respond to incident in accordance to the agreed policy
 - Capture incidents of violence to staff, patients and visitors
 - Learn lesson and influence change
- 10.3 Three Copies of the incident report are required to be used as follows:
- C1. Forwarded to the DHRA for the purpose of actions.
 - C2. Kept by the victim/complainant.
 - C3. Kept by the officer in charge of the ward/unit/section/department.
- 10.4 All sections of the form should be completed legibly.

- 10.5 In the case where formal action is required, the DHRA may request a detailed report of the incident from those involved in the incident, and/or set up a Board of Investigation and/or refer for disciplinary action.
- 10.6 The Board of Investigation will be responsible to classify each incident into the appropriate category, investigate the case and forward recommendations.
- 10.7 Reports of any incident will be held in confidence and information will be disclosed to others only on a need-to-know basis and after obtaining the consent of the victim.
- 10.8 Violation of workplace violence policy by hospital employees will be met with appropriate disciplinary action, up to and including dismissal from the Hospital and reporting to the Police.
- 10.9 Non-hospital employees engaged in violent acts on Hospital property will be reported to the Police for any action/s as deemed necessary.
- 10.10 Any employee who believes he/she has been the victim of retaliation for reporting workplace violence or cooperating in an investigation should immediately contact the DHRA and appropriate measures will be taken as necessary.

11. Additional Measures

The following additional measures are to be borne in mind in the following circumstances:-

11.1 When a patient is the perpetrator

- 11.1.1 The nurse in charge of the ward/unit is responsible to call the medical doctor on duty. Once safety is established, the doctor will assess the patient's physical and psychological needs and to exclude any medical problem/s related to the incident.

11.1.2 Should a medical problem be identified, the medical doctor should take the necessary actions to prevent any deterioration and further consequences.

11.1.3 Should *NO* medical problem be identified, the case will be dealt with as elucidated in paragraphs 9.6, 9.7, and 9.8 respectively.

11.2 When a member of staff is the perpetrator

The officer in charge of the respective ward/unit/section/department is obliged to report the incident to his/her superiors for disciplinary actions and any other action or intervention that may be necessary in the circumstances.

11.3 When a visitor is the perpetrator

Officers in charge will have the right to decide whether visitors who have committed acts of violence, are to be allowed or not allowed to enter the premises again, or may decide to restrict entrance only to specific times and, if necessary, under escort by security personnel.

11.4 When a patient or a visitor is the complainant

Should the complainant be a patient or visitor, he/she/they has/have the right to put forward a formal complaint through the Officer in Charge of the ward/unit or directly through the Hospital Customer Care Department.

12. Post Incident Advice & Support

12.1 SLH/SPBH/MDH is committed to provide post incident advice and support to members of staff who have been subject to violence and/or aggression.

12.2 In order to reduce the adverse effect on a member of staff who has been subjected to violence and/or aggression the employee will, together with the DHRA or nominated representative, discuss the incident and decide whether counselling services are required. Opportunity will be given to employees to raise their feelings,

concerns and fears and in conjunction with their line Officer in charge to consider if changes in working practices are appropriate and feasible.

13. Violation of the Policy

13.1 Deliberate false accusations of workplace violence are violations of this policy. In such instances, the complainant will be subject to disciplinary action. However, failure to prove a claim of workplace violence does not constitute proof of a false and/or malicious accusation.

13.2 Employees who, in good faith, report what they perceive to be workplace violence or who cooperate in any investigation will not be subjected to criticism, reprisal, retaliation or disciplinary action.

14. Auditing of Incident Reports

14.1 The DHRA shall regularly monitor all incidents that occur involving violence to staff, patients and visitors.

14.2 The DHRA shall carry out, on a regular basis, an audit of the policy and procedures, report the findings and put forward recommendations to the CEO for action or otherwise.



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SUBJECT: Alerting Security Personnel in the event of violence at St Luke's Hospital

RELATED POLICIES & PROCEDURES: Hospital Violence Policy – HRA/03/Pol/2005

1. Purpose

To ensure timely and efficient response from Hospital Security Personnel in the event of violent incidents at St Luke's Hospital.

2. Procedure

- 2.1 In the event of violence or potential violence, ward/unit staff is to page the Principal Security Officer (PSO) on duty on Pager Number 356 2948.
- 2.2 The ward/unit's staff answering to the PSO's reply give the PSO the following information:
 - Exact hospital location
 - Number of people involved
 - The gravity of the situation
- 2.3 The PSO communicates by radio with the Security Personnel instructing him/her/them to attend to the scene immediately.
- 2.4 The PSO monitors closely the incident, ensures that the situation is under control and takes the necessary actions required in the specific situation, and according to hospital policy.
- 2.5 The PSO is responsible for the record keeping of violent incidents in hospital. The documentation should include:

- Date
- Time
- Place
- Name of security officer dispatched
- Gravity of incident
- People involved whether patients, staff or relatives
- Police involvement
- Outcome of the incident