

Violence & Aggression

Risk Assessment Form

GUIDANCE ON COMPLETING THE FORM

WHAT IS VIOLENCE?

The European Commission have defined violence as “*Incidents where (staff) are abused, threatened or assaulted in circumstances related to their work, involving an explicit challenge to their safety, well-being or health*”.

HAZARD = source of potential harm or damage or a situation with potential for harm or damage;

RISK = is a combination of the likelihood and severity of a specified event (accident or incident).

Under the Management of Health and Safety at Work Regulations 1998 there is a statutory requirement to assess the risk of violence and/or aggression. A breach of these Statutory Regulations is a criminal offence.

This form VA-RA is used to determine the likelihood of violence occurring. It takes the assessor and/or manager through a structured process using checklists, risk assessments and culminating in contact names and training records. The objective of risk management is to reduce the **LIKELIHOOD** of incidents occurring that could have significant consequences (**SEVERITY**) for staff, patients or the Trust.

The completed form must be kept in the Directorate Health and Safety file and a copy at the location/base where the work activity is carried out. A copy of the assessment must be available at all times.

ADMINISTRATION DETAILS – Hospital, Directorate, Location and where appropriate base
The location is the area where the risk assessment applies.

DESCRIPTION OF THE ACTIVITY WHERE VIOLENCE ETC. COULD OCCUR

Write down a description of the activity, for which the assessment applies, written protocol or safe system of work may support this. Consider what staff and the number likely to be involved in the work activity, remember to consider staff and students in training and other staff involved e.g. nurses, doctors, radiographers, physiotherapists, porters etc. Consider the frequency of exposure and tick the most appropriate box. The frequency of an activity might identify the need for additional control measures.

CONTROL MEASURES ALREADY TAKEN TO REDUCE RISK

List the controls already in use e.g. safe system of work, provision of mobile phones, pagers, staff training, client/relative information packs, complaints notice, ‘buddy system’, etc.

ADDITIONAL CONTROL MEASURES REQUIRED

This part of the form is used to determine and justify the need for additional controls; there will be occasions when the ‘Additional Control Measures required’ may take some time to implement. The request for these controls should form part of the Directorate Health and Safety Plan, the ‘Residual Risk Rating (RRR)’ indicating how the risk can be reduced.

ACTUAL WORKING RISK REMAINING (WRR)

This must reflect all the sections covered by this form that have been applied, but not the ‘Additional Control Measures’ unless they have been implemented. In this case the Initial Risk Remaining and the Working Risk Remaining will be the same.

ASSESSORS

The risk assessor should be a ‘senior member’ of staff who is competent to conduct risk assessments (e.g. has undertaken the Health Board ‘Working Safely Course’ and the ‘Prevention and Management of Conflict and Violence’ module. The activity should be reviewed whenever there is a change in the process, equipment etc, or following an incident.

CONTINGENCY PLAN FOLLOWING AN ASSAULT

It is important to ensure that following incidents of violence to staff, treatment and post incident support are in place.

PROGRESS REPORT

This box is used to track progress in implementing ‘additional controls’ that have been recommended by the Risk Assessor. When all the ‘Additional Controls have been implemented a new assessment is needed indicating the ‘Working Risk Rating’.

RISK LEVEL ESTIMATOR/WORKING RISK RATING (WRR)

LIKELIHOOD of Adverse Event Occurring X SEVERITY of Outcome = Working Risk Rating

Likelihood (PLR) Severity (PSR)	Almost Certain 5	Likely 4	Possible 3	Unlikely 2	Rare 1
Catastrophic 5	25	20	15	10	5
Major 4	20	16	12	8	4
Moderate 3	15	12	9	6	3
Minor 2	10	8	6	4	2
Insignificant 1	5	4	3	2	1

1 LIKELIHOOD

Taking account of the controls in place and their adequacy, how likely is it that such an incident could occur? Score according to the following scale:

Score	Descriptor	Description
5	Almost Certain	Likely to occur on many occasions
4	Likely	Will probably occur but is not a persistent issue
3	Possible	May occur occasionally
2	Unlikely	Do not expect it to happen but it is possible
1	Rare	Can't believe that this will ever happen

2 CONSEQUENCE

Taking account of the controls in place and their adequacy, how severe would the consequence be of such an incident? Apply a score according to the following scale:

Level	Descriptor	Actual or potential impact on individual	Actual or potential impact on organisation	Number of persons affected	The potential for complaint/litigation
5	Catastrophic	DEATH Toxic offsite release	National adverse publicity Possible investigation	Many e.g. cervical screening disaster, evacuation etc	Litigation expected/certain
4	Major	PERMANENT INJURY Loss of body part(s). Misdiagnosis - poor prognosis. RIDDOR reportable injury	Service closure RIDDOR reportable Long term sickness	Moderate number (e.g. loss of specimens etc)	Litigation expected/certain
3	Moderate	SEMI-PERMANENT INJURY/DAMAGE e.g. injury taking up to 1 year to resolve	Needs careful PR RIDDOR reportable MDA Reportable Short term sickness	Small numbers e.g. 3-10	Litigation possible but not certain High potential for complaint
2	Minor	SHORT TERM INJURY/DAMAGE e.g. injury that has been resolved in 1 month	Minimal risk to organisation	One	Complaint possible Litigation unlikely
1	Insignificant	NO INJURY OR ADVERSE OUTCOME	No risk at all to the organisation	0-1	Unlikely to cause complaint Remote risk of litigation.

1 - 3 = Low Risk	Quick, easy measures implemented immediately and further action planned for when resources permit
4 - 10 = Moderate Risk	Actions implemented as soon as possible but no later than a year
12 - 16 = High Risk	Actions implemented as soon as possible but no later than six months
20 - 25 = Extreme Risk	Requires urgent action. The UHB Board is made aware and it implements immediate corrective action

Please contact the Personal Safety Case Management Team for further advice/assistance

Hospital Directorate Location

Description of activities/tasks which could lead to Violence and Aggression:

List Who May be Harmed:
Staff – list job roles and include Grades, Experience, Permanent

Hazard involved when task/activity is performed please tick
Lone Working Aggressive patient/visitor Moving/treating/providing care for an agitated/aggressive patient
Verbal abuse Physical abuse insufficient skilled staff to carry out task
Other Hazards please state:

Frequency of Activity:
Infrequently – Annually – Monthly – Weekly – Daily – Hourly – Constantly

Control Measures (already) taken to reduce risk:
Example: PPE, Spit Masks, Training, CCTV, Identified Escape Routes, Warning Posters, Staffing Levels/Skill Mix, Room Layout, Safe Havens and Individual Capabilities.

Initial Risk of Violence and/or Aggression has been perceived as: Probable Likelihood Rating X Potential Severity Rating = Working Risk Rating

Additional Control Measures Required:

If the above action is implemented calculate the new risk rating figure

Residual Risk Rating Probable Likelihood Rating X Potential Severity Rating = Risk Rating Number

Actual Working Risk Rating

Working Risk Rating Probable Likelihood Rating X Potential Severity Rating = Working Risk Rating

Assessors

Name	Signature	Position & Contact No.
------	-----------	------------------------

Date of Assessment <input type="text"/>	Review Date <input type="text"/>	Dates of Review <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
---	----------------------------------	--------------------------------------	----------------------	----------------------	----------------------	----------------------

Progress Report

Progress Report	WRR Working Risk Rating	Date & Sign

