



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



National Ambulance Service (NAS)

Workforce Support Policy

Managing Violence and Aggression towards staff

Document reference number	NASWS020	Document developed by	Fleet Logistics and Support Manager
Revision number	5	Document approved by	Director of the National Ambulance Service
Approval date	14th December 2012	Responsibility for implementation	Each Area CAO/AOM Manager
Revision date	31st December 2020	Responsibility for review and audit	Fleet Logistics and Support Manager

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1.0 POLICY STATEMENT

- 1.1 In recognising the requirement under Health and Safety legislation to provide, as far as is reasonably practicable, a safe working environment for staff, the National Ambulance Service (NAS) acknowledges that there is a potential risk of violence or abuse to its employees whilst carrying out their duties.
- 1.2 This policy has been reviewed by the NAS Governance Group, who will receive reports on its effectiveness and will monitor the future development of policy in this area.
- 1.3 The NAS recognises that there is a degree of risk and incidence of violence to employees whilst carrying out their duties.
- 1.4 NAS empowers all staff with the ability to decide to withdraw from the scene of an incident, or to terminate a telephone call, if they feel that they are being subjected to a high potential for violence or abuse.
- 1.5 Under Section 13 of the Safety, Health and Welfare at Work Act 2005, all employees have a duty to take reasonable care for the health and safety of themselves and other people with whom they come into contact.
- 1.6 NAS will maintain appropriate records and information on known or possible hazardous situations and addresses.
- 1.7 NAS will ensure that Ambulance Control procedures exist to enable emergency response personnel to summon assistance and that the procedures function effectively.
- 1.8 In line with the HSE Policy – OQR006 - Incident Management Policy and Procedure, members of staff have a duty to report incidents which have resulted in or which may give rise to a violent or abusive incident.
- 1.9 NAS aims to offer staff support and help not only in handling violent or abusive situations but in the aftermath of an event. An example of the supports available are: CISM, the Employee Assistance Service and the Occupational Health Service.
- 1.10 In all cases where assistance is required, employees will be released from duty to attend counselling, seek legal advice, attend court, etc.
- 1.11 NAS will provide, where appropriate, legal support and where possible, advocate for appropriate sanctions through the Courts in relation to those who assault or abuse our staff.

- 1.12 NAS accepts that not all violent incidents are avoidable but that with effective training, e.g. Non Violent Crisis Intervention (NVCi) and the introduction of practical counter-measures, employees can learn to diffuse potentially violent incidents to minimise risk.
- 1.13 Whilst the NAS is committed to providing high quality patient care, it may withhold it's services to individuals where staff may be put at risk in accordance with the procedures set out in Appendix VII.
- 1.14 NAS recognises that the threat of violence can lead to increased levels of stress amongst staff and will do all that it can to reduce this threat.
- 1.15 Employees employed on operational duties may request an urgent Garda presence, via Ambulance Control, in circumstances where there is a reasonably held belief that there is the potential for an act of violence to take place or the need for physical restraint exists.
- 1.16 Where treatment is in progress, or where a patient is in transit and it is not possible to withdraw from an incident, the member of staff will contact Ambulance Control and request urgent Garda assistance stating that the 'STAFF ARE AT RISK'. Ambulance Control will then contact the Gardai immediately and request Emergency assistance.

2.0 PURPOSE

- 2.1 To state NAS's commitment towards any employee, who, in the performance of their duties, is the victim of violence or abuse or whose property is damaged as a result of an assault
- 2.2 To set out how NAS will deal with circumstances where staff may be at risk of violence from patients, clients, members of the public or from other persons or animals. The policy does not specifically cover violence between members of staff where the application of the HSE Dignity at Work or Disciplinary Policies may be appropriate
- 2.3 To outline the preventative measures which can be taken to reduce potentially violent situations and what should happen if they occur

3.0 SCOPE

- 3.1 Applies to all Managers, Supervisor and Staff in the NAS

4.1 LEGISLATION/OTHER RELATED POLICIES

- A. <http://www.hsa.ie>
- B. <http://www.irishstatutebook.ie>
- C. Safety, Health and Welfare at Work Act, 2005
- D. Safety, Health and Welfare at Work (General Application) Regulations, 2007
- E. Policy – NASWS004 – Operation of the CISM System
- F. Procedure – NASWS005 – Garda Statements and Court Issues
- G. Policy – NASWS011 – Protection of Lone Workers

5.1 GLOSSARY OF TERMS AND DEFINITIONS

5.2 Violence or Abuse

- 5.2.1 For the purpose of this policy, violence or abuse is defined 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, wellbeing or health.
- 5.2.2 The action may be carried out by a patient, member of the public or arise from other persons or animals.

5.3 Reasonably Practicable

- 5.3.1 The cost of any further preventative steps would be grossly disproportionate to the further benefit that would accrue from their introduction.

5.4 Risk Assessment

- 5.4.1 Risk assessment is about recognising and predicting the potential for a situation to occur. NAS needs to balance the likelihood of risk occurring against resources put into preventing or controlling it (reasonably practicable).

5.5 Risk Management

- 5.5.1 Risk Management is about taking reasonable steps to avoid risk and to reduce the likelihood of risk occurring.

6.1 ROLES AND RESPONSIBILITIES

6.2 Senior Management Responsibilities

6.2.1 This policy is an integral part of the NAS Health and Safety Statement and therefore the overall responsibility for its effective implementation rests with the relevant Senior Manager.

6.3 Line Manager Responsibilities

6.3.1 Individual Line Managers are responsible for ensuring that the policy is implemented, that it operates effectively and that systems are in place to allow appropriate remedial action to be taken.

6.3.2 They should organize both generic risk assessments covering a group of related activities, as well as individual risk assessments. In practise this will apply particularly to the Quality, Safety and Risk Manager.

6.3.3 Liaise with relevant Managers and if necessary, local Gardai to ensure that they are familiar with procedures for dealing with public order incidents, i.e. ensure that only those staff whom are trained in Public Order Response should be present in the danger zone.

6.3.4 Carry out assessments of the risk of violence associated with particular tasks, locations and patients in liaison with Quality, Safety and Risk Manager and take remedial action, as appropriate

6.3.5 Carry out post incident discussions focusing on how the incident was handled, methods and techniques used and communicate these, as necessary. Where training needs exist these should be communicated to the Education and Competency Assurance Team

6.3.6 Ensure Ambulance Control are alerted to the incident location or address of a violent incident so that a central database on "high risk" geographical cases and individuals can be updated. The responsibility for maintaining the High Risk Register will rest with the relevant Control Manager

6.2.7 Operational Support and Resilience Managers will be responsible for maintaining systems to monitor the effectiveness of the policy in their Area, ensuring the appropriateness of training following consultation with the Education and Competency Assurance Team and ensuring advice on health, safety and welfare matters is available to LineManagers.

6.3 Quality, Safety and Risk Manager

- 6.3.1 A Quality, Safety and Risk Manager will support the Operational Support and Resilience Manager in the implementation of this policy.
- 6.3.2 Investigate reported incidents of violence and aggression at work and consult with the Operational Support and Resilience Manager where actions or sanctions against perpetrators are recommended
- 6.3.3 Collate information and produce reports on violent incidents and initiate, in consultation with the Operational Support and Resilience Manager, a review of procedures as necessary

6.4 Supervisors

- 6.4.1 Supervisors are responsible for implementing the policy and monitoring its effectiveness. Specifically they must:
 - A. Ensure that operational staff within their area of responsibility receive appropriate training, instruction and information
 - B. Ensure that the systems for recording and reporting any incidents involving actual or potential violence or abuse to staff are operating in line with HSE Policy – OQR006 – Incident Management Policy and Procedure
 - C. Pass on to staff, approved procedures for dealing with public order incidents where such staff are trained in Public Order Response.
 - D. Ensure that any information or advice that becomes available is posted on Station notice boards promptly
 - E. Ensure all staff are supported during and after any violent episode

6.5 Ambulance Control

- 6.5.1 Ambulance Control have specific functions in relation to the management of violence. In particular Ambulance Control staff will:
 - A. Advise emergency response personnel on receipt of calls that indicate the possibility of violence or abuse taking place
 - B. Provide information on high risk geographical areas and individuals by completing an Incident Report form as appropriate
 - C. Treat as high risk calls to domestic disputes and ensure that no member of staff will be required to attend these alone

- D. Avoid, wherever possible, sending emergency response personnel to standby in known high risk areas
- E. Notify the relevant Control Manager or Control Supervisor when a violent incident occurs or a perceived high potential for violence exists

7.1 PROCEDURE/GUIDELINE

7.2 TRAINING

- 7.2.1 All staff will be provided with information, instruction and supervision on the principles and practice of dealing with violent situations.
- 7.2.2 Staff will be supported in their responsibilities by their Supervisor and the Education and Competency Assurance Team.
- 7.2.3 Training on how to avoid or deal with potentially violent or abusive situations will take place:
 - A. During Paramedic training for all operational staff and prior to the commencement of their first operational shift
 - B. During initial training (induction) for all other staff
- 7.2.4 Training will include theoretical information and appropriate practical elements, including:
 - A. Causes of violence and aggression
 - B. Identifying potentially violent situations
 - C. Skills in dealing with members of the public and other preventative measures
 - D. Reporting violent incidents
 - E. Overview of the contents of this policy
 - F. Breakaway techniques
- 7.2.5 Refresher training where necessary, will include a consolidated version of the above. The types of training provision will be reviewed in the light of experience, changed circumstances or as a result of risk assessment.

7.3 PREVENTATIVE MEASURES

- 7.3.1 Personal and organisational preventative measures should be considered to reduce the risk of violence as set out in Appendices II, III and IV.

7.3.2 These controls should be considered to mitigate effects in the event of violence occurring or following risk assessments which indicate the potential for violence to occur. They should be linked directly to the risk assessment.

7.4 REQUESTING ASSISTANCE

7.4.1 The possibility of having Gardai, Social Services, a G.P. or other relevant specialist back up should be considered if:

- A. There is a known history of violence or serious abuse
- B. Violence or serious abuse has been threatened by a patient or other individual
- C. There are reasonable grounds for believing a patient possesses an offensive weapon (firearm, knife, syringe, etc.)

7.4.2 Such personnel may also be contacted for assistance or advice.

7.4.3 Whilst awaiting Garda assistance emergency response personnel should withdraw to a safe area in the vicinity of the incident and inform Ambulance Control of their whereabouts.

7.5 REPORTING A VIOLENT OR ABUSIVE INCIDENT

7.5.1 All incidents of violence should be recorded to:

- A. Identify risk areas and individuals as well as staff groups particularly at risk
- B. Ensure appropriate measures are chosen to reduce the risks
- C. Check whether those measures are working
- D. Provide evidence to support complaints or claims for compensation
- E. Assist others who may become involved with the patient at a later stage

7.5.2 Incidents of violence or abuse should be reported in line with HSE Policy – OQR006 - Incident Management Policy and Procedure

7.5.3 Advice for dealing with verbal abuse over the telephone is set out in Appendix VI.

7.5.4 In recording incidents, employees must use their discretion to distinguish between verbal abuse and the type of offensive language some people may use as part of their everyday vocabulary.

- 7.5.5 Employees' should not fail to report an incident either because they believe that violence is part of the job or because they fear criticism from peers, Supervisors or Managers.
- 7.5.6 The Operational Support and Resilience Manager will receive reports from the Quality, Safety and Risk Manager
- 7.5.7 Where a patient (or other) has behaved in a violent or abusive manner (as described in the policy document) the affected member of staff will complete an Incident/Near Miss Report form and notify the relevant Operations Resource Manager that the incident has occurred.

7.6 SUPPORT FOR THE VICTIM OF VIOLENCE OR ABUSE

- 7.6.1 The victim of an attack or threat of violence should be offered counselling after any incident through the Employee Assistance Service.
- 7.6.2 The victim of violence will be entitled to be accompanied by a Trade Union representative, friend or other person, not acting in a legal capacity, on any journey, visit or interview connected with the violent incident or its aftermath.
- 7.6.3 A Line Manager will be assigned to liaising with the victim where an assault has occurred to ensure that NAS takes all available measures to offer full support, guidance and advice.

7.7 MANAGEMENT RESPONSE TO INCIDENTS OF VIOLENCE OR ABUSE

- 7.7.1 Following an incident of violence it is essential that the responsible Line Manager takes appropriate action to:
 - A. Investigate the incident. The Quality, Safety and Risk Manager may advise on the level of investigation required
 - B. Debrief the member of staff and any other staff members who were present and ensure proper recording of the incident
 - C. Make recommendations on the future provision of service to the patient, as necessary. The NAS Governance Group should be consulted prior to implementation of any withholding of services as outlined in Appendix VII
 - D. Provide support to the member of staff, as required, by referral to the Occupational Health Service or recommending they take up an offer of counselling from the Employee Assistance Service.

7.8 DAMAGE TO PERSONAL PROPERTY

7.8.1 The HSE does not carry insurance covering loss or damage to employees personal possessions even if it is linked to a violent incident. Employees remain responsible for their personal possessions and are advised not to bring valuables to work. However, NAS will reimburse staff for items lost during a violent event to a maximum claim of €100 for personal property and a maximum in cash value of €40.

7.9 LEGAL ACTION

7.9.1 Where an assault has taken place against a member of staff and the Gardai have been called but are not themselves prepared to prosecute, it is for the victim of assault to decide whether or not to take action.

7.9.2 After considering all of the circumstances, a member of staff may wish to take further action. In these circumstances they are advised to seek the advice of their Trade Union or to seek legal advice. NAS will be able to assist in these circumstances. Advice will be offered through a Quality, Safety and Risk Manager.

7.9.3 Employees should note that it is very unusual for a negligence claim or other civil action to be brought against an employee personally, as opposed to being brought against the HSE.

7.9.4 For civil claims brought against an employee, the HSE accepts the principle that it's employees are indemnified against actions brought against them for breach of professional duty by neglect, error or omission committed in good faith whilst carrying out their duties and carries vicarious liability accordingly.

7.9.5 In such circumstances, the employee should immediately notify their Supervisor or Manager as appropriate. Attention is drawn to Appendix V.

7.10 BENEFITS

7.10.1 The employee should be aware that payment may be available under the Serious Physical Assault Scheme in respect of any assault causing harm. If an employee is off work as a result of their injuries, they may be entitled to revised payments in line with normal salaries / wages procedures.

7.11 RISK ASSESSMENT

7.11.1 NAS will ensure that adequate Risk Assessments are undertaken on the potential for violence towards staff which will cover the work environment as well as work activities. Specifically the Service will:

- A. Identify significant hazards in the workplace, working environment and in working practices, which may result in violence towards staff
- B. Evaluate the risk from each hazard and decide whether existing controls are adequate. Where existing controls are not suitable or sufficient, the risk assessment will identify any necessary additional controls to prevent or adequately minimise the risk in each case
- C. Record all findings from the risk assessment informing staff of the results as well as the Education and Competency Assurance Team so that any training needs can be met
- D. Ensure Risk Assessments are reviewed periodically and whenever work practices or the working environment introduces a significant hazard, or if there is a reason to suspect the assessment is no longer valid

7.11.2 The Quality, Safety and Risk Manager and the elected Health and Safety Representative will agree who will carry out each Risk Assessment which will include generic and individual risk factors:

- A. **Generic Assessments** will be carried out where similar activities are carried out in similar workplaces. Such assessments may include transportation of, for example, sectioned patients under the Mental Health Act. Assessments will concentrate on the broad range of risks that might arise in order that detailed planning and employee training can take place to deal with any identified risks.
- B. **Individual Risk Assessments** for specific locations i.e. specific public houses or residential areas or specific properties

7.11.3 Where following Risk Assessment a significant risk of violence to staff is identified, effective counter-measures will be considered aimed at reducing the likelihood of incidents to the lowest possible level. Work design and environmental matters will be considered before the need for personal protective equipment, alarms, etc.

7.11 MONITORING

- 7.11.1 In order to reduce injuries, ill health or loss as a result of violence or abuse, systems will be introduced by the Operational Support and Resilience Managers in consultation with elected Health and Safety Representatives and will cover:
- A. Active systems which monitor the achievement of objectives and the extent of compliance with standards
 - B. Reactive systems which monitor accidents, ill health, incidents and other evidence which may indicate unsatisfactory action to deal with the issue of violence or abuse
- 7.11.2 Regular reports on violence in the workplace will be discussed by any Health and Safety Governance Groups.

8.0 IMPLEMENTATION PLAN

- 8.1 This Policy will be circulated electronically to all Managers, all Supervisors and Staff
- 8.2 This Policy will be available electronically in each Ambulance Station and Ambulance Control for ease of retrieval and reference
- 8.3 Each Operational Support and Resilience Manager will ensure that the Manager/Supervisor responsible for updating Policies and Procedures will return the Confirmation Form to NAS Headquarters to confirm document circulation to all staff

9.0 REVISION AND AUDIT

- 9.1 This policy will be reviewed whenever necessary following changes in procedures and/or legislation and/or a relevant event.
- 9.2 The Fleet, Logistics and Support Manager has the responsibility for ensuring the maintenance, regular review and updating of this policy.
- 9.3 Revisions, amendments or alterations to the policy can only be implemented after consideration and approval by the NAS Leadership Team, following consultation with the Quality and Patient Safety Directorate.
- 9.4 This policy must be adhered to at all times to ensure maximum safety for NAS employees.

9.5 Operational Support and Resilience Managers and any Health and Safety Governance Groups will monitor compliance with this Policy through regular reviews of equipment maintenance and Incident/Near Miss reports.

10.0 REFERENCES

NoneApplicable

11.1 APPENDICES

Appendix I – Policy Acknowledgement Form

Appendix II - Managing Potentially Violent Situations, Carrying out a Domiciliary Visit, not associated with delivering Pre Hospital Care

Appendix III - Reducing the risk of Violence

Appendix IV - Managing Potentially Violent Situations

Appendix V - The Law and Assault

Appendix VI – Procedure – NASCC012 - Dealing with Aggressive, Offensive or Abusive Calls on the Telephone

Appendix VII - Procedure – NASCC013 - With-Holding Care for Individuals who are Violent or Abusive

APPENDIX II

MANAGING POTENTIALLY VIOLENT SITUATIONS, CARRYING OUT A DOMICILIARY VISIT, NOT ASSOCIATED WITH DELIVERING PRE HOSPITAL CARE (e.g. COMPLAINTS INVESTIGATION)

Prepare yourself by asking some basic questions:

- Do you feel reasonably sure that the individual is generally non-violent?
- Is a member of the household known to be potentially violent?
- Will the individual be violent **today** because of some unusual circumstances?
- Do you **feel** safe visiting the individual?

Consider precautions to take:

- Notify your colleague(s) where you are. Always leave a name, address and telephone number so you can be contacted. Say how long you expect to be away and ring colleagues if you change your schedule
- If you are at all nervous about a visit (and possibly even if you are not), work out a checking system with your colleagues. For example, agree that if you have not telephoned in by a set time then your colleague(s) will take some specified action to ensure your safety
- Be prepared to take a colleague with you on a visit
- Be prepared to cut short a visit if you anticipate the situation may become difficult to control

Invite the potentially violent client to the workplace. In such circumstances:

- Leave the interview room ajar
- Consider having another person present
- Arrange the furniture so that you have easy access to a door or other escape route
- Arrange for a personal interruption by a colleague
- Remove any heavy objects from the interview room

In meeting a client, be alert to:

- Reasons for aggression, see Appendix III
- Non-verbal signs, for example, changes in mood, the challenge of eye-contact, angle and posture when sitting and standing, see Appendix III
- The use of language. Ask questions to regain control. Avoid provocation
- Acting on what is agreed to avoid a future act of violence

APPENDIX III

REDUCING THE RISK OF VIOLENCE

Introduction

Staff and managers should be mindful of preventative measures to reduce the risk of violence. Such measures include identifying areas of risk, reviewing systems of working, considering the layout of areas such as waiting rooms and offices which are open to public access, ensuring that appropriate training is taken up, understanding the causes of violence and indicators for its potential etc.

Reasons for Aggression

NAS staff who may have to deal with certain patients on a regular basis in particular should, where possible, gain a knowledge and understanding of the patients and circumstances which might lead to a potentially violent situation.

Aggression can occur for a number of reasons and might include:

- Mental illness
- Certain medical states e.g. hypoglycaemia, epilepsy, head injury etc
- Reaction to uniformed personnel / authority
- Environmental factors
- Alcohol, drug and / or solvent misuse
- Stress, frustration, feelings of inadequacy
- Effects of injury
- Anxiety and fear by relatives and / or friends
- Pain caused by staff in order to treat the patient
- Unsympathetic attitudes by emergency response personnel at a time when re-assurance and sympathy are needed
- Bias, discrimination or indifference on the part of the emergency response personnel to the patient and / or relatives
- Reluctance by individuals to receive treatment at hospital. In most circumstances staff do not have the right to treat or convey patients without their consent

Indicators of the Potential for Violence

It is important for staff to recognise early warning signs of those patients etc., who might be potentially violent. Sometimes a threat can be made quite openly e.g. threatening language, pointing aggressively etc., but other action may be less obvious.

The patient may:

- Be tense and agitated
- Reply to questions abruptly
- Increase voice pitch and volume
- Bring their fist into the palm of their hand or into a nearby object
- Exhibit unusual or inconsistent behaviour e.g. the noisy person who becomes quiet and withdrawn
- Invade your personal space
- Increase their activity e.g. pacing

This list is neither exclusive nor exhaustive.

Personal Precautions in Reducing Risk

Operational Staff

With respect to environmental precautions, risk can be minimised by the following:

- Understanding the causes of violence and indicators for its potential
- Keeping in close contact in potentially dangerous situations, including suspect and isolated geographical areas. All emergency response personnel should carry their personal radio (where available) or mobile phone when leaving the vehicle. If confronted with a violent situation and assistance is thought necessary, you should alert Ambulance Control immediately and retreat from the scene. Ambulance Control should then seek assistance from the Gardai
- Maximum illumination of the scene by effective use of vehicle lighting
- Ensuring security of the vehicle when unattended, which will include the closing of vehicles and locking of the vehicle at all times when unattended
- Asking visitors to Stations to formally identify themselves and the purpose of the visit
- Securing vehicle equipment e.g. medical cylinders, rescue equipment and IV needles and cannulae to prevent their use as a weapon
- Carrying personal equipment securely and safely e.g. torches and scissors
- Request assistance if you have doubts about your safety

Non-Operational Staff

Careful consideration should be given to avoiding non-operational staff working alone or if they do, make arrangements to secure the premises where appropriate.

Where an interview with a potentially violent person is to take place consider the advice set out in Appendix II.

High Risk Workplaces

Staff should be aware of the types of locations that may give rise to a violent incident.

Public Houses / Night Clubs

Calls to incidents at these locations will often be as a result of alcohol, drugs or other toxic substances and patients can be in a confused or potentially aggressive state.

Relatives or friends may be hostile and aggressive as a direct result of stress or from the debilitating effects of alcohol or drugs. NAS staff should enter premises together, clearly indicating who they are. They should always have a personal radio (where available) or mobile phone to call for assistance. If the emergency response personnel consider that it may be dangerous to enter, Garda assistance must be called and the emergency response personnel should wait for their arrival before entering the premises. They should not remain immediately outside the premises to avoid being confronted and pressurised to enter by occupants.

Isolated Locations

NAS staff called to locations, or to attend isolated, outlying areas, may be exposed to greater risks due to the isolation. Staff should always carry a radio (where available) or mobile phone to summon assistance.

Night Duty

Staff should take extra care during hours of darkness as there are fewer people locally to assist with aggressive situations.

Entering Domestic / Private Premises

Often, staff are called to incidents of an unknown nature to domestic or private premises. Staff should not enter these premises unaccompanied and should always enter together. In the event of a forced entry needing to be made, Garda assistance **should always** be summoned, though you should not await their arrival if immediate care is needed and you feel it safe to enter.

APPENDIX IV

MANAGING POTENTIALLY VIOLENT SITUATIONS

Self Rescue Action

- Try to be calm, confident, objective
- Answer questions firmly yet politely
- Do not be domineering
- Be non-critical
- Remain objective and do not over-react to the patient's emotions
- Your first approach should be to listen and to talk using jargon free language
- Take care not to appear threatening by voice projection, gesture or behaviour
- Avoid being drawn into heated debate. If the situation appears to be getting out of control you should consider withdrawal and summoning help
- Use relaxed tones
- Ask questions to gain control and clarify. Do not assume, let the individual suggest the solutions
- Try not to touch a person who is arguing with you as this could constitute an assault in law or trigger a violent reaction, see Appendix V
- Consider non verbal behaviour
- Communicate at a safe distance
- Stand sideways to reduce yourself as a target and allow extra mobility if it becomes necessary to retreat
- Maintain eye contact without staring
- Use open and fluid hand movements
- Show concern and understanding
- Ensure ambulance equipment is not accessible to aggressor
- If you are threatened with assault or, during conversation, you believe there is potential for violence, inform Ambulance Control immediately. Your Supervisor should also be informed at a convenient point.

In protecting yourself from assault, any form of retaliation other than the minimum necessary for self defence, could lead to legal action being taken against you. It could also affect any claims that you may make in the future, see Appendix V.

Once an assault has started, you may intervene to the minimum necessary to give immediate protection to a colleague or patient.

If someone is injured or there is serious damage to property, Ambulance Control should inform the Gardai. Medical assistance should be sought as soon as possible.

Find witnesses and try to get their statements signed and dated as soon as possible.

Record the incident on an Incident/Near Miss Report form, providing as much detail as possible.

If the Gardai have been called, do not interfere with the evidence unless there is a safety hazard. This includes damage to property.

Ideally, objects used in the attack should be left as they are but this will depend on the circumstances.

If you do have to remove evidence, label it clearly.

REMEMBER:

ACT QUICKLY

SAFETY FIRST

SEEK HELP

ADVISE AMBULANCE CONTROL / SUPERVISOR

COLLATE DETAILS OF WITNESSES WHERE POSSIBLE

LEAVE OR LABEL EVIDENCE

TAKE A RECORD OF EVENTS

If body fluid is spilt as a result of a wound, TAKE STANDARD PRECAUTIONS

Consider your emotional needs and whether you should contact the Employee Assistance Service

THE LAW AND ASSAULT

General

In law a member of staff may restrain a patient / client who may be a danger to the emergency response personnel, only with such force as deemed necessary and reasonable in the circumstances. Reasonable means that amount of force which is sufficient to stop the attacker or to prevent the employee being injured (**see Section 20, Non Fatal Offence against the Person Act, 1997**).

If a member of staff is assaulted and / or injured as a result of a violent incident you should inform the attending Garda whether you are willing to support a prosecution.

To assist the Gardai in acquiring facts which may help them in bringing a prosecution, you should not interfere with any evidence unless it is a safety hazard or it is clearly impractical to care for the patient with the item in place. If you do have to remove evidence, label it clearly.

Assaults (see Sections 2-10, *Non Fatal Offence against the Person Act, 1997*)

In law there are two main types of assault:

Assault causing harm

Serious assault charges are usually brought where there is evidence of significant injury. In such cases the Gardai will normally always prosecute. Where emergency response personnel are assaulted, there will normally be a requirement to provide a statement and unless an assailant pleads guilty, give evidence in a court of law.

Assault

In cases of assault there is infrequently physical evidence of injury. Gardai may not be able to bring a prosecution in such cases and the onus may be on the individual or the NAS (with agreement from the affected member of staff) to initiate legal proceedings.

In these circumstances staff are advised to seek the advice of their Trade Union or take legal advice. The Quality and Patient Safety Directorate may also provide advice and assistance.

If assaulted, or found in a situation where you fear for your own safety, attempt to summon help via Ambulance Control.

If you are unable to contact Ambulance Control, or whilst awaiting assistance you need to defend yourself, do so. However, you should always defend yourself using the minimum of force necessary.

Retaliation

In law, any retaliation could be considered an assault. When defending yourself from a violent person you should consider that:

A person in a state of excitement, or who is struggling violently, will have a rapid heart rate and be breathing rapidly. These changes in cardio-respiratory function reflect the persons need for increased oxygen. It is therefore dangerous to impede respiration in any way such as:

- **Sitting on a person's chest**
- **Putting an arm around the throat from behind**

Remember:

The law only allows you to put up such a defence as to protect yourself. (see Section 20, Non-Fatal Offences against the Person Act, 1997)