Third party violence and risk assessment – the EU approach

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The role of social partners in preventing third-party violence and harassment at work
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EUhealthyworkplaces
#StopthePandemic
EU-OSHA – and what we do and don’t do

- Information agency of the European Union
- Governance and operation
  - Tripartite governing board
  - Network of national focal points

What we do:
- Collect, analyse and disseminate (via website)
- Research — identifying new and emerging risks
- Prevention — provide knowledge for prevention of risks – e.g. tools, case studies
- Campaigning — raising awareness
- Share, Exchange and Partnership — with governments, and employers’ and workers’ organisations

What we don’t do:
- Make legislation
- Formulate strategies
- Inspect workplaces
- Enforce the law
Having to deal with difficult clients etc.?

Procedure to deal with possible cases?
Having to deal with difficult customers, patients, pupils etc.? By organisation size

Procedure to deal with possible cases? By organisation size
Having to deal with difficult customers – by sector

- Human health and social work activities
- Education
- Financial and insurance activities
- Real estate activities
- Public administration and defence; compulsory social security
- Accommodation and food service activities
- Other service activities
- Wholesale and retail trade; repair of motor vehicles...
- EU27
- Administrative and support service activities
- Arts, entertainment and recreation
- Professional, scientific and technical activities
- Transportation and storage
- Construction
- Water supply; sewerage, waste management and...
- Information and communication
- Electricity, gas, steam and air conditioning supply
- Mining and quarrying
- Manufacturing
- Agriculture, forestry and fishing

http://osha.europa.eu
Procedure against threat, abuse, assault by sector

- Human health and social work activities
- Education
- Arts, entertainment and recreation
- Other service activities
- Administrative and support service activities
- Financial and insurance activities
- Accommodation and food service activities
- EU27
- Real estate activities
- Public administration and defence; compulsory social security
- Electricity, gas, steam and air conditioning supply
- Transportation and storage
- Wholesale and retail trade; repair of motor vehicles, motorcycles
- Professional, scientific and technical activities
- Agriculture, forestry and fishing
- Information and communication
- Construction
- Water supply; sewerage, waste management and remediation activities
- Manufacturing
- Mining and quarrying
Prevention – OSH Framework directive - Risk assessment – (essential as there is no ‘off the shelf’ solution)

- Find out if there is a problem/Identify the hazards
- Who might be harmed and why
- Evaluate the risks
- Decide what measures to take
- Take action
  - Implement the measures, with clear procedures and training
- Monitor, review, improve
  - Check how well arrangements are working and modify
- Involve workers and their representatives at each stage
  - their experiences, situations they find threatening or think could pose a risk, who they think could be harmed, measures that need improving, ideas for solutions and their development, prioritisation, refining during implementation and feedback during evaluation
  - Active participation more effective than passive consultation
  - Combine direct worker participation and indirect/representatives
  - Surveys, working groups, brain storming meetings, hazard mapping, regular agenda item
Some risks

- Handling of cash or valuable goods
- Lone working/community visits
- ‘Authority functions’
  - Dealing with complaints, enforcing rules, refusing applications for services etc., enforcing decisions e.g. social services
  - Dealing with members of the public, including
    - Those with difficult life circumstances
    - Behaviour altered by drugs, alcohol, medication
    - Working in premises open to all the public, e.g. libraries
- Having a public profile - media and entertainment
- Poorly managed organisations, e.g.
  - Errors in correspondence to clients, inadequate staff, introduction of new procedures for clients that do not function as anticipated
New or increasing issues

- Social media/online abuse, intimidation and threats
  - cases of suicide
  - Health care staff trolled by anti vaxxers
- Domestic violence and the workplace
- Practical solutions for small businesses, online platform delivery workers etc.
Risk assessment and prevention

- **Gather evidence and evaluate the risks – the hazards/who might be harmed and why**
  - **Incidence and near miss reporting system**
  - Review and analyse the occupational safety and health (OSH) illness and injury records
  - Review after any new incident/ near miss and revise risk assessment and measures
  - Absence figures, turnover, injury/illness records, thefts, police records (crime data?),
  - Worker consultation - Hazard mapping exercise of workplace with workers
  - Which staff, which shifts? Young workers/trainees, temporary workers, night shift, lone workers?

- **Decide what action to take – set priorities**
  - Environment
  - Design of job
  - Staffing levels
  - Communication system – early warnings and if incidents occur - Hospital – information codes on patient charts
  - Procedures for handling incidents – how to respond, who to call, how, involving the police
  - Incident/’near-miss’ reporting system
  - Information and training
  - Support for victims and others following incidents

- **Also cover**
  - Managing telephone abuse
  - Risks related to online harassment
  - Domestic violence and the workplace – some issues/ measures similar

- **Hierarchy of prevention - avoid risks at source**
E.g. risk assessment checklist – education

https://oshwiki.eu/wiki/Prevention_of_work-related_violence_to_staff_in_the_education_sector

Checklist 1: Prevention of work-related third-party violence to staff

Environmental design
- Can visibility and lighting be improved where there is a risk of violence?
- Can access to the workplace be better controlled, and visibility of entrances improved, to allow checks of visitors?
- Can tools, equipment and furniture that could be used as weapons be replaced?
- Can physical security measures be improved (e.g. alarms)?
- Can a positive physical environment be provided (e.g. colours, climate control)?

Administrative controls
- Can the anti-violence policy be improved and better displayed?
- Are staff, parents, and students informed of their rights and responsibilities?
- Is there a safety committee in existence that can consider the issue of violence?
- Are there suitable procedures in place for when an incident occurs? When were they last reviewed?
- Is the record-keeping process adequate, and are records reviewed to identify patterns or risks?
- Can communication on the issue of violence between workers and management be improved?
- Is there suitable coverage of the issue of violence in the risk assessment?
- Have safer work practices been adopted (e.g. escorting co-workers, late-night working, supervision of pupils by two members of staff where possible)?
- Are staffing levels in relation to the number of pupils sufficient to ensure the safety of staff?
- Can staff cooperate to develop their own working methods?
- Are support structures (e.g. counselling services) in place?
- Is there provision of educational psychological services for advice and counselling?
- How are visitors supervised on the school premises?

Behavioural strategies
- Are employees and students trained in non-violent response and conflict resolution?
- Is there training on the recognition of the early signs and potential for acts of violence?
- Are students and parents involved in developing a zero-tolerance policy to violence, discriminatory language and behaviour, and bullying and harassment?
- Is a sense of community and cooperation encouraged to develop?

Awareness-raising and partnerships
- Are the enforcing authorities involved in relevant national awareness-raising programmes?
- Is there cooperation between school staff, governors, parents, students, enforcing authorities, and trade unions?
- Are positive attitudes, tolerance, and respect to others encouraged?
- Is good practice information disseminated?

Checklist 2: Minimising harm after violent incidents

It is important to have well-known procedures to follow in the case of any violent incident with the purpose of preventing further harm to the victim and limiting the damage suffered. In this framework, it is important that:

- the person who has been a victim of violence, or witnessed an act of violence, is not left alone in the hours following the events;
- senior management should become involved, be sympathetic, and support the victim;
- psychological support is provided to the victim both immediately and later on in the event of posttraumatic stress;
- the victim receives support in carrying out the necessary administrative and legal procedures (e.g. how to report the incident);
- other workers are informed;
- risk assessments are reviewed to identify what additional measures are necessary.
Large department store chain

- Meetings for store managers where concerns raised:
  - unsociable travel times,
  - a staff member attacked at home,
  - previous measures not used
- Task group established. Risk assessment, review of measures and staff consultation. Included contract cleaners
- Gathered current good practice from the stores
- Specific budget allocation
Large department store chain

- Overall policy to replace local ad hoc initiatives. Regional support scheme to assist local managers and share best practice.
- Cooperation with police, and local crime prevention schemes
- Improved security measures, CCTV, alarms etc. Can include home installation.
- Procedures established
- Information and training specific to job, part of new employee induction
- Post-incident support
- On-going staff feed-back

http://osha.europa.eu/publications/reports/104
Safe care plan: prevention of violence in hospitals - Netherlands

- Cooperation between hospital, regional police and Public Prosecutors Department
- Cooperation between the management board and works council
- Survey – most incidents in reception, accident and emergency, psychiatry, evenings, nights and weekends
- Working party from staff in at risk departments draw up risk inventory
- On hospital room plan colour risk level - red – high, yellow – medium, green – low
- Measures based on discussion of risk inventory
- Links to tripartite hospital safety agreement
Safe Care Plan (2): No tolerance system

- All incidents reported
- Card system for serious aggression
- Yellow card for serious threats, reported to police
- Red card for physical violence – reported to police and brought before public prosecutor
- Posters about policy in public places and media to inform public
- Police provide information/advance notice
- Staff carry alarms, to alert security staff
- Cameras linked to alarms
Safe Care Plan (3) supporting measures based on risk analysis:

- Patient environment measures – e.g. information about waiting times
- Staff training about all aspects
- On agenda of monthly management-staff consulting meetings, police invited
- After incident counselling
Urban public transport – violence - France

- Violence to staff, physical damage to buses
- Formal agreement
- Participation in local crime prevention scheme and activities
- Discussion with local community of ‘stone throwing’ districts. Prevention officer with outreach responsibilities, e.g. schools
- Post-incident legal support and counselling. Positive support of the judiciary
- Intervention officers. Assistants working with ticket inspectors
- Protective coatings on side windows, drivers cabs separated from passengers
- CCTV, tracking systems, radio links for rapid intervention
Violence Risk Assessment Tools

Risk assessment tools provide a standard against which to evaluate individuals for potential violence, enabling all healthcare providers to share a common frame of reference and understanding. This minimizes the possibility that communications regarding a person’s potential for violence will be misinterpreted.

Check with your own healthcare organization to see what tools they have in place. The following are examples of assessment tools that have been developed for this purpose. Click each link for details:

- **Triage Tool**: to assess a patient’s potential danger from others or to him/herself, which may spill over to become an issue in the healthcare setting.
- **Indicator for Violent Behavior**: a quick list of five observable behaviors that indicate danger to others.
- **Danger Assessment Tool**: to assess the risk to nurses and other healthcare personnel of an individual who is exhibiting signs of potentially dangerous behavior. Learn more ...
Small businesses in the retail sector

- Scheme involving the police
- Small retailers in an area could join the scheme
- Signs in door ways indicating that they are part of scheme
- Sweden
- Other areas for similar cooperation?
Success factors in prevention initiatives

- Adequate risk analysis
- Thorough planning and a stepwise approach
- Combination of measures covering:
  - anticipation, prevention, intervention, support and evaluation
  - with main focus on collective prevention measures
- Context-specific solutions
- Experienced practitioners and evidence-based solutions
- Social dialogue, partnership and workers’ involvement.
  - Continuing staff feedback
- Liaison with external bodies
  - police, judiciary, local community
- Sustained prevention and top management support and resources
Resources – a few examples

- Copenhagen Psychosocial Questionnaire – includes cyber bullying [https://www.copsoq-network.org/](https://www.copsoq-network.org/)
- Canada

Factsheet workplace violence

Good practice awards examples on psychosocial risks:

OSHwiki domestic violence
https://oshwiki.eu/wiki/Domestic_violence_and_the_workplace

OSHwiki Workplace violence
https://oshwiki.eu/wiki/Workplace_violence

OSHwiki Preventing violence in the education sector
https://oshwiki.eu/wiki/Prevention_of_work-related_violence_to_staff_in_the_education_sector

THANK YOU FOR LISTENING!
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