



## POLICY DOCUMENT

### VIOLENCE IN EMERGENCY DEPARTMENTS

#### 1. PURPOSE and SCOPE

- 1.1 This document is a policy of the Australasian College for Emergency Medicine and relates to violence in the emergency department.
- 1.2 The policy is applicable to emergency departments in Australasia.
- 1.3 Emergency departments are high-stress areas where many patients may have conditions that predispose to violence.
- 1.4 The rate of violent incidents in Australasia has been reported to be approximately 3 per 1000 emergency presentations, and under reporting of violent incidents by health care workers is common.

#### 2. POLICY CONTENT

- 2.1 When in an emergency department, all patients, visitors and health care workers have a right to an environment that is safe from acts of violence.
- 2.2 ACEM believes that in addition to acts of physical-contact violence, verbal abuse, threats, and aggressive behaviours are defined as acts of violence.

#### 3. PROCEDURE and ACTIONS

- 3.1 Emergency departments must have organised policies and procedures regarding the management of violent incidents.
- 3.2 All emergency departments must be able to mount an immediate and appropriate response to any violent incident occurring in the emergency department.
- 3.3 Serious incidents of violence should be appropriately investigated and potential criminal acts (such as assault) should be reported to law enforcement authorities.
- 3.4 All emergency departments must have rapid access to appropriately trained security and/or law enforcement personnel at all times.
  - 3.4.1 Based on the risk assessment, hospitals have an obligation to provide trained security personnel on duty in the emergency department when needed.
- 3.5 All emergency departments should carry out a formal risk assessment of workplace violence.
  - 3.5.1 Factors to be considered include, but are not limited to: the demographic profile of the presenting population, the prevalence of illicit drug use, the prevalence of mental illness, the design of the department, the extent of security staffing, and peak times of patient presentation.
  - 3.5.2 Based on the risk assessment, emergency departments should provide an appropriate number of physical barriers, secure locks, surveillance systems and separate patient assessment areas.
- 3.6 Emergency department staff should be trained in the recognition of early predictors of violent behaviour and in immediate management of violent behaviour.
- 3.7 All hospitals should provide appropriate support systems for staff who are victims of violent incidents.

P32

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