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Preventing and managing patient aggression and violence

A brief guide for general practices

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Introduction

This brief guide has been designed to support general practice teams in identifying and managing incidents of patient aggression and violence. It outlines obligations in responding to and preventing these events to keep the practice team and patients safe.

What is patient aggression or violence?

In this guide, patient aggression and violence are defined as incidents where team members, contractors or others in attendance are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, wellbeing or health.

Patient aggression and violence cover a wide spectrum of behaviours and actions, including, but not limited to:

- verbal aggression (including rudeness, yelling, swearing)
- intimidation and threats
- abusive letters, phone calls or emails
- online trolling
- threatening or inappropriate body language
- assault or armed assault
- forcible confinement or false imprisonment
- acts of indecency
- sexual assault
- destruction of property or possessions
- stalking or loitering.

What are the warning signs of escalating aggression and violence?

Violence rarely 'comes out of the blue'. Escalation of aggression can happen over a period of time and may not occur as a single event. Some warning signs of escalating aggression include:

- veiled and overt threats
- violent gestures such as pointing, swearing, verbal abuse and slamming objects
- intense staring or avoiding eye contact
- irritability, restlessness, repetitive movements, pacing, inability to sit still
- refusal to communicate or withdrawal
- past history of violence.

What early intervention strategies can de-escalate violence?

Although many patients express anger, it usually resolves with respectful communication, and very few patients react violently. Patients can sometimes become aggressive because they don't understand the 'system' or why they can't get what they want. Often, understanding this and explaining makes a difference.

If you believe you are not in immediate danger, you may try to de-escalate the situation by:

- appearing calm and remaining respectful, controlled and confident
- using reflective questioning – demonstrate that you are listening by confirming the message is right (eg 'You need to a see a GP as soon as possible, is that correct?')
- being clear and direct in your language, and clearly and simply explaining your intentions – complex questions or concepts may increase anxiety
- monitoring your body language and avoiding acts like crossing your arms and intense eye contact – these can be perceived as threatening
- assuring the patient your actions are in their best interest

- engaging the patient by asking questions that are likely to elicit a 'yes'. The most effective way is to briefly summarise the patient's perceptions and views as you understand them, with questions at the end such as 'Have I got that right?' or 'Is that what you mean?' A sequence of five or six questions where the patient is answering 'yes' is a powerful way to increase the likelihood that an aggressive patient will see you as being on their side, even if they remain angry about the issue
- maintaining a solution focus – ask the patient to solve the problem they are concerned about by identifying as many solutions as they can think of to address the problem. Repeat these back to them rather than arguing about the pros and cons of each option. This may lead to compromise between parties and avoid a 'black and white' or 'us and them' situation.

How can our practice team respond to an act, or threat, of aggression or violence?

We recommend all practices have an agreed policy in place about how to manage incidents of patient aggression and/or violence.

Immediate response

If you are in an unsafe situation, follow your practice's response policy, which may include:

- calmly asking the aggressor to leave
- activating a duress alarm or phone alert system, if installed
- retreating to a safe location and alerting other people on site to the risk
- calling 000 for police.

Follow-up response

Debriefing, reporting and investigating

It is important to debrief the practice team after any violent or threatening event. This will help ensure the wellbeing of those involved and give everyone the opportunity to discuss the event and identify any triggers or possible future safeguards.

This can generally be done as a group exercise with the practice team; however, depending on the circumstances, some team members may require additional individualised support. You should also check in with any patients or visitors who were present at the event.

An incident report should be completed by staff involved in any event and added to your practice's incident or event register.

Your practice should have a process to formally review incidents on a regular and ongoing basis. You could establish a practice committee with the responsibility to review all incidents, not only those relating to patient violence. The benefits of such a committee (or similar) include:

- consistency of approach by the practice in response to events
- clear delegation of responsibilities for initiating incident review and follow-up of identified actions
- the opportunity for all team members to participate and be consulted
- the chance to embed a culture of safety and continuous improvement in the practice team.

The committee (or people delegated to review incidents in your practice) should investigate the event, considering:

- what happened
- factors that may have triggered the event
- the ongoing risks
- if the incident could have been prevented.

Determine if any changes or additional safeguards need to be put in place at the practice as a result of the investigation. If you implement changes, you should monitor their outcome, considering:

- what worked, and why
- what did not work, and why
- if the change is sustainable
- what alternatives can be trialled.

Any changes should be included in an amended practice policy.

Flagging patient records

As a general rule, you should flag the health records of patients who demonstrate aggressive or violent behaviour.

When in use, practices should have an agreed policy in place for file flagging. The policy should include:

- clearly defined criteria for file flagging
- a clearly articulated purpose for use of a flag (eg to protect the health and safety of practice team members and other patients)
- a standard procedure for flagging patient health records that makes the information readily available to those who need it but is discreet in the event the patient's record is accessed by other parties, including the patient (eg via a short, clinically relevant note in the patient health record and a separate, more detailed note kept on file external to the patient record)
- a mechanism to review flagged files to ensure ongoing relevance.

A copy of the incident report should be kept separate from the patient's health record.

Determining ongoing care arrangements

If you believe the behaviour or act warrants it, you may also consider:

- giving the patient a formal warning (refer to sample template, Appendix 1)
- placing the patient on an acceptable behaviour agreement (refer to sample template, Appendix 2)
- discontinuing care for the patient at your practice (refer to sample template, Appendix 3).

We recommend that you seek advice from your medical defence organisation (MDO) when considering these measures.

Can our practice discontinue care when safety concerns exist?

Your practice can discontinue care for a patient when there are genuine safety concerns for your practice team and others who attend the practice. These concerns may prevent you from providing ongoing high-quality care for that patient.

The practice has obligations under:

- work health and safety (WHS) laws (refer to section below)
- the Medical Board of Australia's Good medical practice: A code of conduct for doctors in Australia (section 3.4.5, 'Keeping yourself and your staff safe when caring for patients').

If we discontinue care, what is our ongoing duty of care to the patient?

Your practice must:

- ensure that a patient is not excluded on the grounds of illness (including mental illness) or disability
- ensure that in a medical emergency, the patient receives medical care
- explain to the patient that although care is being discontinued at your practice, getting care for any ongoing or new medical issues is important
- act to reduce imminent harm to the patient (eg by treating them in an emergency and/or calling an ambulance)
- ensure an appropriate and timely clinical handover is available to future care providers.

How do we discontinue care?

You can have the discussion with the patient (and carer if appropriate) in person, if safe to do so. It would be prudent to follow up this conversation with a letter (refer to Appendix 3 for a sample template).

In advising them that you are discontinuing their care, the letter should:

- outline the boundaries you are setting (eg that the patient is not to call or attend the practice)
- make an offer to transfer a copy of the patient's health information to a new practice with the patient's permission.

What else would we need to do?

Your practice should:

- establish whether the patient has a carer, to ensure they are appropriately involved in relevant deliberations and communications
- keep a detailed factual report of the conversation or measures taken in informing the patient about the decision to discontinue care, including a copy of any letter sent to the patient
- flag the patient file so that the entire practice team knows that the patient has been instructed to no longer attend the practice
- agree upon the practice's response to a violation of the boundaries you have set (eg what the practice will do if the patient calls or attends). This should be supported by thorough training, including scripts for reception staff and the opportunity for rehearsal.

There may be situations when a letter to other treatment providers may be necessary. If required, this letter should be factual and simply state that the practice is no longer involved in the patient's care.

If you hold any concerns regarding the process of discontinuing care, speak with your MDO.

Can our practice disclose an act, or threat, of violence by a patient?

If a patient is violent, or threatens violence, and you believe others may be in danger, there are circumstances in which you can make disclosures about the patient.

What do we need to consider?

All general practices must comply with the *Privacy Act 1988* (Commonwealth), the Australian Privacy Principles (APPs), and state and territory privacy laws.

The laws impose restrictions on the way information about patients can be collected, used (within the practice) and shared (outside the practice). 'Health information' has a broad definition under these laws and is likely to include information about an incident of violence or possible future violence.

Under APPs 3.4(b), 6.2(c), 8.2(d) and 9.2(d) you may disclose information without a patient's consent for the purpose of lessening or preventing a serious threat to the life, health or safety of any individual, or to public health or safety.

To rely on this exception, it is necessary that obtaining consent from the patient is impractical or unreasonable, and that you reasonably believe that disclosure is necessary to prevent serious threat to the life, health or safety of any individual, or to public health or safety.

If you hold any concerns regarding whether disclosure is or is not appropriate, speak with your MDO.

What are our work health and safety responsibilities to employees, contractors and visitors?

All practices have a responsibility under WHS laws to provide a safe working environment for staff, contractors and visitors.

Your practice must ensure, so far as is 'reasonably practicable', that people are not put at risk by work carried out as part of the business.

Your practice is therefore obliged to identify, and eliminate or control, risks associated with patient aggression and violence, as far as is reasonably practicable.

How can we create a safe practice environment and team?

A robust **practice policy** and **training** are key to a well-managed, consistent response when preventing and managing patient aggression and violence. Some strategies to create a safe practice may include:

- having a zero-tolerance policy towards violence and abusive or threatening behaviour
- displaying signs in the practice that inform everyone of your zero-tolerance policy
- building a safety culture within the practice team
- consulting with the team on safety concerns and initiatives
- assessing, and regularly reassessing, your practice's risks, considering your patient cohort and the physical environment
- clearly defining what acts and behaviours require a response, particularly in relation to a zero-tolerance policy
- setting out clear steps for your team to take when dealing with aggressive or violent patients
- appropriately managing access to, and requests for, drugs of dependence (refer to the RACGP guide to *Drugs of dependence: Responding to requests*)
- considering the design and layout of your practice and consulting rooms
  - ideally there should be two exit points from each room (this may not be practical in many consulting rooms)
  - ideally the GP or team member should be positioned closest to an exit, avoiding having patients positioned between them and the exit (this may not be practical in many situations)
- installing a duress alarm or phone alert system that the practice team can use if a patient is threatening or violent, and establishing a response plan for when the alarm is triggered
- considering the appropriateness of closed-circuit television (CCTV) – patient privacy and workplace surveillance laws must be considered if CCTV is used, and you should display a notice in the waiting room and on the front door informing people that CCTV monitoring is in progress
- ensuring no team member is alone on the premises at any time
- ensuring (as far as possible) that outside areas such as walkways to car parks are well lit
- conducting thorough team member induction and regular training on the practice's incident response procedures.

All strategies should be documented in your practice's policies and procedures manual.

Appendices

Appendix 1: Warning letter (sample template)

[Insert practice address]

[Date]

[Dear Mr/Ms,]

Staff at [insert practice name] have reported an incident on [insert date or approximate date when the incident occurred] when you [insert a phrase that objectively and briefly describes the patient's violent behaviour]. Staff were threatened by your behaviour.

We must protect the safety of our patients and staff. We cannot tolerate threatening behaviour.

We will keep treating you at this practice if you change your behaviour. We will ask you to sign a form agreeing to this.

If you agree, please ring the practice to discuss this letter.

If you do not agree, we will transfer a copy of your health record to your new practice. You will need to send us a request to transfer records. Your new general practice should be able to assist you in this process.

Yours sincerely,

[Practice manager]

Appendix 2: Acceptable behaviour agreement (sample template)

I, [individual], agree to enter into an agreement with [practice name] ('the practice') based on the following conditions.

As a condition of the practice agreeing to continue my treatment, I will not while I am in the practice or in contact with the practice:

- swear at staff or in the presence of other patients
- shout or make offensive remarks
- make verbal or physical threats
- attend when intoxicated with alcohol and/or drugs
- damage or steal property
- act in a manner that is likely to cause harassment, alarm or distress to others in the general practice
- [other].

If I breach this agreement, I understand that:

- I may be asked to leave the practice
- police attendance may be requested by practice staff
- my future attendance at this practice may be discontinued and I may have to seek healthcare elsewhere.

DECLARATION

I confirm that I understand and agree to the conditions outlined above.

I also acknowledge that the consequences of breaching these conditions have been explained to me.

Signed:

Date:

Witness (GP, nurse or practice manager):

Date:

Appendix 3. Letter to discontinue care (sample template)

[Insert practice address]

[Date]

[Dear Mr/Ms],

Staff at [insert practice name] have recently reported an incident on [insert date or approximate date] when you [insert a phrase that objectively describes the patient's violent behaviour. It is important to avoid emotive language]. They were threatened by your behaviour.

We must protect the safety of our patients and staff. We cannot tolerate threatening behaviour.

We have therefore decided that we will no longer treat you at [insert practice name].

You cannot come to this practice for medical care. **Do not** contact the practice or come to the practice. Please find another practice at which to receive your healthcare.

We will transfer a copy of your health record to your new practice. The new practice must send us a written request with their contact details.

Included with this letter is information on how our practice transfers patient records.

Yours sincerely,

[Practice manager]

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