

LETTER TO THE EDITOR

Introducing routine risk assessment for occupational violence and aggression in the emergency department

Dear Editor,

Violence in the ED is a significant problem worldwide. Emergency settings are considered as high-risk areas with the number of incidents of staff exposure to violence ranging from 60% to 90%.¹ Worksafe Victoria has recently reported that up to 95% of healthcare workers have experienced verbal or physical assault.² In addition to staff safety, violence can directly and indirectly affect the quality and safety of patient care and distress other patients and relatives/visitors who witness or become involved in an event.

Most research around violence in EDs relates to management of behavioural crises and impact on staff.³ Early identification of violence risk and proactive intervention has the potential to reduce the incidence of crises, reduce the use of restrictive practices, improve overall quality of care and improve safety for staff, patients and visitors. That said, early identification is hampered by the absence of a validated risk assessment in ED.

One approach to this issue is the use of structured clinical tools to identify patients with higher risk for violence or aggression.⁴ The Brøset violence checklist (BVC)⁵ is a six-item instrument designed for use in inpatient settings (mainly psychiatric) that uses the presence or absence of six behaviours to predict the potential for violence within the subsequent 24 h. A patient scoring 0 is at very low risk for violence, whereas a score between 3 and 6 (the maximum) indicates immediate need for preventive measures or intervention. The BVC has been shown to be more reliable in predicting violence than clinical judgement in inpatient populations.⁵ To our knowledge, this tool has not previously been used in the ED setting.

BEHAVIOURS OF CONCERN OBSERVATIONS (On arrival, half-hourly until MO, then hourly as for other observations)												
Score of 0 or 1 for behaviour												TIME
CONFUSED												
Obviously confused or disorientated												
IRRITABLE												
Easily annoyed or angered, intolerant												
BOISTEROUS												
Overly noisy, shouts, slams doors												
PHYSICAL THREATS												
Threatening or intimidating stance or gestures												
VERBAL THREATS												
Threatening or intimidating language												
ATTACKING OBJECTS												
Kicking, hitting, throwing, damaging objects												
TOTAL SCORE (Maximum of 6)												

MANAGEMENT MATRIX	SCORE = 0	SCORE = 1-2	SCORE >2
	Risk of Violence: SMALL	Risk of Violence: MODERATE	Risk of Violence: VERY HIGH
GENERAL	SECURITY		

Figure 1. The behaviours of concern chart, incorporating the Brøset violence checklist and management matrix.

The BVC was integrated into the ED nursing observation chart alongside other routine observations and co-located with a matrix of management strategies for various staff disciplines. Together this is locally known as the behaviours of concern (BOC) chart (Fig. 1). The BOC chart was implemented in December 2017 after a programme of intensive education for nursing and medical staff, supported by clinical champions. As the risk of violence and aggression is not limited to any particular patient group, all patients have this chart commenced on arrival and completed at the same time as all other observations. In this ED, this is half-hourly until the patient has been assessed by a doctor and hourly thereafter. Risk is classified as low (score of 0), moderate (1–2) or high (>2). The score is linked to an escalation and intervention plan, including de-escalation techniques and, if required, pharmacological interventions or physical restraint.


In pre- and post-implementation point prevalence surveys, the documented risk of violence assessment increased from 30% to 82% ($P < 0.0001$). Overall, 1% of patients were assessed as high-violence risk, 4% as moderate risk and 95% as low risk. Once an extreme-risk area, the organisational occupational health and safety risk assessment tool now classifies Footscray ED as medium risk, and research to evaluate the impact of the BOC chart and associated processes on the rate of security response episodes and the use of mechanical restraint is underway.

Competing interests

AMK is a member of the editorial board of *Emergency Medicine Australasia*.

References

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- emergency department. *J. Clin. Nurs.* 2010; 20: 1072–85.
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