

Emergency Medicine Australasia (2019)

## 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.<sup>2</sup> In addition to staff safety, violence can directly and indirectly affect the quality and safety of patient care and disother tress 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.<sup>3</sup> 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.<sup>4</sup> The Brøset violence checklist (BVC)<sup>5</sup> is a sixitem 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.<sup>5</sup> To our knowledge, this tool has not previously been used in the ED setting.

Score of 0 or 1 for b	ehaviour TIME:	_	_	_			_		_				_			_		_	_	_	
CONFUSED																					Γ
Obviously confused or disorientated																					
IRRITABLE																					Г
Easily annoyed or a	ngered, intolerant																				
BOISTEROUS																					
Overtly noisy, shout	s, slams doors																				
PHYSICAL																					
THREATS																					
	nidating stance or gestures			-																	╀
VERBAL THREATS	aldating language		1	1		1				1	1										1
Threatening or intir ATTACKING OBJECT			1	1		-					-										┢
Kicking, hitting, throwing, damaging objects																					1
			1	1		-	-		-	-	-						-		-		+
	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									
	No required interventions				<ul> <li>Consider preventative measures</li> </ul>								<ul> <li>Ensure safety</li> </ul>								
													<ul> <li>Plan for potential deterioration</li> </ul>								
GENERAL	<ul> <li>Continue regular observations</li> </ul>	<ul> <li>Ensure personal safety</li> </ul>								As for moderate PLUS											
	<ul> <li>Search EDIS (and Bossnet) for alerts for behaviours of</li> </ul>				<ul> <li>Call for help if required</li> </ul>								EXALL CODE GREY								
	concern	•Co	<ul> <li>Consider more appropriate location and additional</li> </ul>								<ul> <li>Notify admitting team of clinical risk</li> </ul>										
			staff - security/special •Consider Code Grey if appropriate								<ul> <li>Document incident including triggers and</li> </ul>										
		•Co									management										
			Notify NIC & ED Medical Officer									Attempt verbal de-escalation if safe									
NURSING			,								Offer oral medications if appropriate										
	<ul> <li>Notify NIC if previous alerts for behaviours of c</li> </ul>	:oncer	n			PRN m			be cr	arted	DY ED		•01	erorai	meur	cation	sirap	propria	ite		
	NIC: Notify security				Medical Officer if not already																
	<ul> <li>Consider charting PRN medications for patients at risk of</li> </ul>				Offer oral medications																
MEDICAL (ED)	<ul> <li>Consider charting PRN medications for patient BOC: previous alerts, pre-hospital BOC</li> </ul>	s at ris	sk of	Chart PRN medications for all patients displaying								ng	<ul> <li>Attempt verbal de-escalation if safe</li> </ul>								
	boc, previous alerts, previospital boc				BOC								<ul> <li>Offer oral medications if appropriate</li> </ul>								
					<ul> <li>Assist nursing with preventing escalation</li> </ul>								<ul> <li>Consider IV/IM sedation if unsuccessful</li> </ul>								
		<ul> <li>Assist nursing with preventing escalation</li> </ul>									<ul> <li>Follow Rapid Sedation Guideline</li> </ul>										
SECURITY	<ul> <li>Be aware of all patients with alerts for behavior</li> </ul>	Increase presence     Liaise with beside nurse regularly									<ul> <li>Attend Code Grey &amp; provide assistance as require</li> </ul>										
	concern									<ul> <li>Provide mechanical restraints as requested</li> </ul>											

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 highviolence 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.

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  - doi: 10.1111/1742-6723.13358