



**STOP!**

**ATTACKS  
ON HEALTH WORKERS**



**FP  
CGIL**



# Foreword

Violence in the workplace has been recognised as a major public health problem worldwide since 2002 (World Health Organisation, 2002).

The National Institute of Occupational Safety and Health (NIOSH) defines workplace violence as **'any physical aggression or threatening behaviour, verbal abuse that occurs in the workplace'**. Acts of violence in most cases consist of events with a non fatal outcome, i.e. aggression or attempted aggression, whether physical or verbal, such as that carried out with the use of offensive language.

In the last five years, in the health and social care sector, there have been almost 11 thousand cases at work verified by INAIL (National Institute Insurance and Accidents at work) and coded as violence, aggression, threats, etc. . This is an average of more than 2 thousand cases per year, 75% of which involve women.

At the top of the list of places most affected by violence are emergency rooms with 456 assaults per year, followed by in-patient wards with 400, out-patient clinics with 320, Services for Psychiatric Diagnosis and cure with 72 acts of violence, intensive care units with 62, 41 assaults at the emergency service 118, 37 in home care, 20 in rest homes and, finally, 11 in prisons.

Speaking of the type of violence: 60% are threats, 20% beatings, 10% armed violence and the remaining 10% vandalism. But who commits violence? 49% are patients, 30% family members, 11% relatives and 8% are users in general. The times of day most at risk are evenings and nights;



according to 72% of doctors that violence has increased and according to 8% is on the rise.

There is, however, a difficulty in finding actual data representing the current situation due to the fact that complaints are often only made when an aggression against staff causes an injury. Very often, in fact, in the case of verbal aggression, the worker just waives the complaint.

This is confirmed by the fact that some notoriously 'not aggressive' geographical situations report high numbers of physical and verbal assaults, while other situations, known for their numerous assaults and/or news stories, report insignificant numbers.

This disparity may suggest that there is certainly less inclination to record aggression, but also - more seriously - that a kind of habit of violence is becoming stable and tolerated.

Recently, the Minister of Health identified 12 March as the national day of education and prevention against violence on health and social workers, also following the approval of Law 113/2020 on safety for health and social professionals when they perform their duties.

Any health worker can be a victim of violence, doctors, nurses and Health Operators are those at highest risk because they are in direct contact with the patient and have to manage a condition in which the emotional component is very vulnerable both for the patient and the relatives, much more so if under the influence of alcohol and drugs.

What contributes to the increase in acts of violence:

- the increase of patients with acute and chronic psychiatric disorders discharged from hospital and residential facilities;
- the spread of alcohol and drug abuse;
- unrestricted access for visitors to hospitals and outpatient facilities;
- long waits in emergency or clinical areas, which can lead to patients or carers becoming frustrated at not being able to obtain the required services immediately;
- reduced number of staff during some of the busiest times (patient transport, examinations, diagnostic examinations);
- the presence of a single operator in contact with the patient during visits, examinations, treatments or care management in dislocated and isolated places, such as territorial emergency or domiciliary care centres, in the absence of a telephone or other means to call for alert;
- lack of staff training in the recognition and control of hostile and aggressive behaviour;
- poor lighting of parking areas and facilities.

Risk factors vary from facility to facility, depending on the type of users, services provided, location, size.

Violent behaviour often occurs according to a progression from the use of aggressive verbal expressions to extreme gestures such as murder. Knowledge of this progression can enable staff to understand what is happening and interrupt the course of events.



## What workers **MUST DO** in case of probable aggression

Codifying a set of behaviours to be implemented in a situation of potential risk of aggression by healthcare workers is one of the simplest and most cost-free procedures that **MUST** be implemented in all facilities.

The indications below do not solve the problem but every worker has a duty to implement them in order to protect himself and his colleagues. The aim is to implement ministerial recommendations in all workplaces by checking and reporting where this is not happening.

**If YOU are the victim of a threatening episode, you must maintain a conduct that promotes de-escalation of the aggressive behaviour:**

- present yourself with name and professional title;
- adopt a calm firm expression with a low tone of voice, addressing the user directly by name, if possible show interest in understanding what their problem is;
- look the patient in the eyes but without staring, alternating the look;
- use simple and easily understandable language;

- try to respond to the immediate need proposed by the patient, without shifting the discussion to other issues;
- negotiate with the patient by confronting him/her with alternative choices;
- correspond to the patient's preferred code (geographical, political, sporting, food, etc.);
- try to make the patient sit down by also sitting down, so that there is less impact of physical presence in the circumstance and thus a probable reduction of aggressive behaviour, if he does not want to sit down you also stand;
- stand beside the patient with an axis of about 30°: the surface area exposed to blows is less; more dialogue attitude is also communicated;
- modulate your distance from the patient, always keep a safe distance;
- avoid closed posture attitudes that could be interpreted as defensive or aggressive, (such as standing with folded arms, moving quickly or getting too close, pointing the index finger);
- do not smile, the patient may interpret it as a mockery;
- do not touch the patient, in agitated people it easily leads to misinterpreting physical contact as hostile or threatening so do not invade their space;
- do not keep your hands in your pockets, keep them free and ready to protect yourself;
- do not respond to threats with other threats;
- do not give orders;

**When you are with a patient or relative, during a visit or interview, you have always to consider the possibility that an act of aggression may occur, so it is prudent:**

- do not leave blunt, sharp and potentially dangerous objects on the desk;
- do not stay alone with a person who may be violent; always keep an escape route;
- listen to the patient or difficult companion, in a dedicated place, in order to avoid the public effect which, besides triggering mechanisms of theatrics, often produces the spread of discontent;
- modulate your distance from the patient, maintain a minimum safety distance of 1.5 m, which can be doubled if necessary;
- keep an escape route to a door by avoiding standing with your back to the wall or in a corner;
- listen to the patient and confront him/her with alternative choices
- do not wear necklaces and glasses, open shoes, belts, remove pens, pencils, sharp or pointed objects from your pockets;
- you must always have Personal Protective Equipment available;
- avoid being alone with the patient, if he wants to talk to a specific operator you can accept but do not leave him alone;
- if normality is not restored, activate internal surveillance if there is to deter the aggressor;
- if the situation is at serious risk of escalation, alert the police.



## In the case of aggression

**1** If you are grabbed by a wrist, in order to induce him to release his grip, bend your arms at the elbow and quickly twist them against the attacker's thumb

**2** If you are grabbed by the hair, establish control over the grasping hand, to limit the damage, and lower yourself as far as possible by trying to get behind the patient, then come back up, forcing the aggressor to release his grip for lack of sufficient balance

**3** If you are grabbed by the neck in an attempt to strangle, lower the chin towards the sternum to protect the critical area. If you protect the throat you don't lose consciousness and gain time while you are trying to free yourself

**4** In the case of a bite, push the bitten part thoroughly towards the patient's mouth, exerting strong compression with the whole body. If you manage to close the nostrils of the aggressor he will have difficulty breathing and will release his grip



# What we ask companies to do to protect you:

The prevention of acts of violence against health workers requires that the health company identifies the risk factors for staff safety and implements the strategies deemed most appropriate.

To this end, the health and social-health facilities, also following the approval of law 113/2020, must commit to implementing violence prevention measures that include, first and foremost, the following actions.

- Monitoring incidents of violence committed against health professions in the exercise of their functions.
- Monitoring sentinel events that may give rise to acts committed with violence or threats against health professionals.
- Promoting the organisational wellbeing and psychophysical health of health workers, psychological support to professional teams who are victims of aggression.
- Promoting studies and analyses for the formulation of suitable proposals and measures to reduce risk factors in the most exposed environments.
- Monitor the implementation of prevention and protection measures to guarantee safety levels in the workplace also by promoting video surveillance tools.

- Promoting the dissemination of good safety practices by health and social professions, also creating working groups.
- Promote the holding of training courses for healthcare personnel aimed at preventing and managing conflict situations and improving the quality of communication with users.
- Stipulate operational protocols with the police forces
- Set up a register dedicated to not happened accidents;
- Constitute as civil party following violent accidents and after having formally report them to the judicial authorities;
- Compensate the days of absence due to illness or injury of attacked personnel;
- Review the Document of Risk Evaluation (DVR) according to the risk of exposure to aggression, both in hospitals and on the territory.

Interventions for the promotion of safety and the prevention of violent behaviour and acts must be defined within the corporate risk management programme plan.

Undoubtedly, the denigrating campaigns that have been carried out in recent years at various levels against health personnel and the continuous defunding of the national health system, which leads to the cutting of services and the decrease in their quality also through the continuous cuts in personnel, are putting all workers in increasingly difficult conditions.

In this context, it is essential to ensure that individual companies im-

plement all the necessary actions to prevent aggression and at the same time work on public awareness campaigns explaining that aggression against health personnel is not the solution to citizens' health problems.

In the contexts where staff are most exposed to the risk of aggression, such as the Emergency Room, in addition to supporting regional and national initiatives that over time will lead to a decrease in processing cases identified as "white and green" codes (less serious cases), it is essential to put in place strategies to filter particularly explosive situations, including through the use of appropriately trained workers identified, e.g. , among those who because of physical limitations can't be relocated in direct care sectors.

Assaults on healthcare personnel must not become a routine in the workplace, and consequently must not be experienced as such. We call on all workers to report all incidents, both verbal and physical, to our trade union representatives in the workplace asking for support.





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