

# Protecting Ambulance Staff from Violence and Aggressions

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## Context

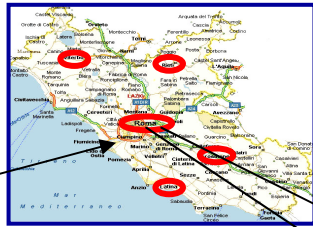
Pre-Hospital Emergency Medical Services (EMS) in Latium (a central region of Italy; about 5.500.000 inhabitants) are regulated by the Regional Authority of Emergency services (ARES118). The 5 operative centres receive about 1.500.000 calls per year, and 139 territorial stations with 184 Ambulances and 3 helicopters manage the emergency interventions. About two thousand people work directly for the ARES 118

## Problem

Many international organizations have appointed the violence against the health workers considered as "any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, well being or health".

Beside the human costs, such as physical and/or psychological pain and increased stress levels, different researches have demonstrated clear links between violence and aggression and staff sickness absence, turnover and lost productivity. The Italian Ministry of Health published in 2007 a dedicated Recommendation to prevent these episodes.

Data from Airespsa estimate that more than 2% of health staff injuries are consequences of aggressions/violence episodes. Nurses and other staff who have direct interaction with the public, like emergency ambulance crews, probably have a higher risk of exposure to violence and aggression.



Injuries related to violence events  
Following UNI 7249:2007

Year	N°	IFA
2005	20	10,08
2006	13	6,55
2007	23	11,59
2008	28	14,11

## Data

Data coming from the injury register shown that more than 7% of them are related to aggressions and violence episodes.



Territorial station San Giovanni  
Territorial Station via Treviso

## Working group

In January 2008, following Ministry of Health Recommendation n°8, a working group (Ceracchi, Biaggi, Moppi, Pera, Cesarini, Moriconi, Natalini, Di Gregorio, Bonifacio, Manfredi, Loiudice, Marsulli) was established, including a psychologist, a quality manager, the safe work unit, a nursing coordinator and health workers with different roles, with the aim to:

- Define the problem relevance in Latium Region prehospital emergency service
- Analyse causes and suggest strategies to prevent accidents

## Analysis

Other findings related to undeclared violence, coming from a pilot questionnaire, were: different definitions, reporting strictly limited to physical injuries, fear that these episodes could be associated to the staff inability to manage the accident, doubt that nothing can be changed, feeling to be left alone: all these factors may produce continued under-reporting, and therefore an underestimation of the phenomenon

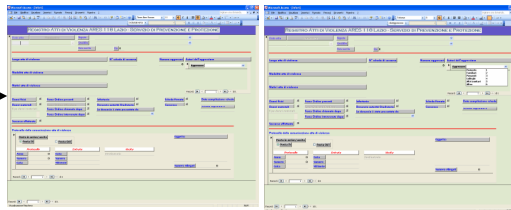
## All Ares 118

## Strategy for change

## Form

- Increasing the awareness of the problem and of the need of reporting all the episodes
- Improve the management of aggressive patients and relatives
- Develop a self reliance attitude

## Electronic Register



Following the strategies, coming from the workgroup in November 2009, a specific report procedure and related register of aggression, violence and threatening behaviors episodes, different from injuries communication, were established in ARES 118 and information/educational activities were held

## Only two places

## Training Course



An experimental dedicated violence-related course addressed to 79 health workers operating in places (via Treviso e S.Giovanni ambulance stations), with evidence of higher prevalence of the phenomenon was planned in order to reduce the risks.

- Topics were:
- How to read the scenarios
  - Indicator of violence risk
  - How to communicate
  - De\_escalation tools
  - self-defense techniques

## Measurement of improvement

### In all ARES 118:

Distinguish and compare different ways to collect data from employees related to violence and injuries

### In the two areas involved in the pilot training course

The participants were tested before (83 questionnaires) and six months after the course (79) and the data from the register before and after the course were compared

## Effects of changes

### In all ARES 118:

- There was a increased number of communicated episodes (also communications of verbal violence from operative central)
- In 2010 40 violence cases were reported but only 4 with related injuries communications
- It was possible to design a regional map of violence risk

### In the two areas involved in the pilot training course

The course participants are more inclined to communicate aggression and violence episodes than other health workers (25 episodes). That is, the register reported more cases with less seriousness (only one with injury – a spit)  
The 'six months after' questionnaire data show more awareness of their ability to manage critical situations

**Collecting data and drawing a risk map about violence, in other words "taking care of the problem from the management" reduces the health worker sense of loneliness in facing this problem.**

## Lessons learnt

In protecting Ambulance Staff from violence and aggressions, procedures established at high level must meet positive attitude and self reliance at operative level

Training is a valid tool to prevent violence escalation.

The course now is open to all the ambulance staff, with priority linked to risk map. The reporting procedure will be simplified.

## Message for others

Collecting data about this phenomenon, using the same methodology, or better participating to the same register, may offer the opportunity to make a benchmarking of different strategies and results



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## Reference

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