

VISION ZERO

Vision Zero Guide for Preventing and Dealing with Violence in Health Services



Imprint

International Section of the ISSA on Prevention of Occupational Risks in Health Services

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Experiencing Violence in the Workplace is not a Private Matter

Why should you think about violence against employees in the workplace? Because harassment and violence at work are problems that need to be taken seriously. They have a negative impact on the health, well-being, motivation and performance of those affected. This can reduce productivity and impair the working atmosphere.

That is why you must never view violence in the workplace as a private matter. Quite to the contrary: the management of an organisation should actively ensure that employees feel safe and respected at work.

Employees in welfare and health services are at high risk of experiencing harassment and violence in the workplace. You therefore need to demonstrate commitment and take appropriate steps

- to prevent incidents where possible,
- to defuse a dangerous situation and,
- if an incident does occur, to provide help quickly and reliably.

Training, clear policies and open communication are the key initial steps to identify and resolve potential conflicts early on and as a team. The strategic approach of Vision Zero is available to you here as a helpful guide.



Vision Zero – 7 Golden Rules for a Holistic Culture of Prevention in the Workplace

Vision Zero¹ is the joint global prevention initiative launched in 2017 by the International Social Security Association (ISSA) and its 14 International Sections for Prevention. It has already been incorporated into the European Union's strategic framework on health and safety at work², which will guide the 27 Member States until 2027. Vision Zero is based on the message that accidents at work and occupational diseases are not inevitable, but can be avoided through preventive measures.

This however requires a new way of thinking and a cultural shift in the workplace, which must be adopted by and communicated between everyone concerned. Vision Zero is therefore aimed first of all at an organisation's internal stakeholders, in particular managers as well as all employees, works council members, safety representatives and occupational safety experts.

The International Sections of the ISSA on Prevention of Occupational Risks in Health Services under the auspices of the Institution for Statutory Accident Insurance and Prevention in the Health and Welfare Services (BGW) is committed to the Vision Zero campaign. It developed this guide in order to help health services employees around the world with the implementation of lasting, effective preventive measures.

The guide also explains how to implement an emergency concept in case of emergency and how the concept can be adapted to different areas of health services. This is based on the 7 Golden Rules of the Vision Zero strategy. From the hazard assessment to effective leadership and participative models, it presents a broad prevention spectrum. The section "Measures against violence and harassment" takes you through the 7 Golden Rules step-by-step with a focus on practical implementation.

¹ https://visionzero.global/sites/default/files/2017-11/4-Vision_Zero_Guide-Web.pdf
<https://visionzero.global/sites/default/files/2023-11/4-VZ-Labour%20inspection.pdf>

² <https://osha.europa.eu/de/safety-and-health-legislation/eu-strategic-framework-health-and-safety-work-2021-2027>

Vision Zero – the Path to a Higher Level of Prevention

This guide was created within the framework of “Vision Zero”, an international prevention approach that integrates the dimensions of safety, health and well-being at work on all levels.

Get to know Vision Zero and become part of the community: visionzero.global

International Treaty on Violence and Harassment

In 2019, the International Labour Organization (ILO) created the first internationally accepted definition of violence and harassment in the world of work:

“...a range of unacceptable behaviours and practices, or threats thereof..., that aim at, result in, or are likely to result in physical, psychological, sexual or economic harm, and includes gender-based violence and harassment”³

This international treaty is a milestone. It sends a clear signal throughout the world that any behaviour that degrades, humiliates, sexually harasses or physically or mentally attacks people in the work environment is prohibited and ostracised. This marked the first time that everyone in the world of work gained far-reaching protection against violence and harassment.

³ C190 - Violence and Harassment Convention, 2019 (No. 190); see: https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190

The ILO's definition extends to all forms of violence:

- non-verbal, verbal and physical violence and harassment. It also applies to gender-specific, racist and sexualised violence, digital online harassment and the like.
- Violence within an organisation, between colleagues or between supervisors and employees, and by external persons (patients, persons receiving care and their relatives or employees of external companies)

It encompasses all areas where violence can occur. Aside from regular workplaces, this also includes:

- All commuting to and from work
- Break rooms, quiet rooms, sanitary facilities and change rooms
- Official travel and business trips, training and occupational activities, including work-related social events
- Resulting from or during occupational dialogue – including communication via e-mail, text messages, social media and similar communication technologies

Violence and Harassment have Causes

Multiple factors influence a situation's potential for violence. These include work conditions, the design of the work environment, the workplace atmosphere, the workplace culture and the management style. The type of illness or personality traits of a patient also play a significant role. Employee behaviours can also influence whether a situation escalates.

Consider what factors in your organisation may promote the occurrence of violence. Use these risk factors as starting points to prevent or at least curtail violence and harassment.⁴

⁴ cf. EU-OSHA 2010:62 / Walter, Nau, Oud. Practical manual for aggression in social and health services



Here are some examples of factors that can have a negative impact:

Work Conditions

- Working alone and at night
- Time and deadline pressure or rigid ward procedures that cause stress for persons providing and receiving care

Work Environment

- The facility is located in a social flashpoint or party district
- The occupancy of the facility is (too) high
- The noise level or temperature in patient areas is very high
- Too little space due to labyrinthine buildings or overcrowded waiting areas
- Insufficient room to manoeuvre or escape routes in the building

Atmosphere, Organisational Culture and Management Style

- Conflicts with supervisors and between colleagues
- Employees who feel abandoned with their tasks
- Violations that are trivialised and not processed for various reasons

Patient Characteristics

- Fear, side effects of medications, alcohol or drug intoxication
- Past (early) experiences of violence
- Cognitive impairments – for example, in persons with dementia
- Limited ability to communicate

Employee Characteristics

- High stress level
- Limited ability to reflect
- Authoritative manner



Examples from the Daily Lives of Doctors and Nurses

These examples of violent situations in the daily lives of doctors and nurses may be familiar to you:

In the Emergency Ward: A father is sitting in the waiting area with his injured child. He doesn't understand that other emergencies are being treated first and aggressively threatens the employee at reception: "If my child isn't seen immediately, I'm going to smash this whole place up!"

In the Hospital: A doctor is attempting to insert an IV for the treatment of a woman with mental illness. As she is about to begin, the patient starts up, scratches the doctor's face and flails about.

In Senior Care: While showering, a resident with dementia grabs the nurse's thumb and twists it. A resident with dementia walks around at night, searching for the exit. As the nurse attempts to stop her, she insults and spits at the nurse.

In Outpatient Care: An employee began her training in long-term care four months ago. Several times, a male patient makes insinuating remarks during care. While she finds this unpleasant, she says nothing. She hopes that ignoring the remarks will make the behaviour stop. However, this is not the case and words turn to actions: the next time she washes the patient, he touches her in an intimate area.



Violence and Harassment have Consequences

What happens to a person who is exposed to harassment or violence if management does not protect them? Their reactions can vary widely. However, one thing is for sure: harassment and violence always cause mental harm as well. Often, this only manifests days, weeks or even months after the incident.

Therefore, you need to take the situation seriously – regardless of the severity of the incident or the frequency of harassment. Only the subjective condition of the person concerned is decisive, not how the other person views the incident.

Typical reactions include:

- Avoiding the harasser as far as possible. This has a direct influence on the quality of care.
- Colleagues have to take up the slack for tasks that are not completed by the person concerned. That causes conflicts in the team.
- The performance of the person concerned is impaired. This is criticised by the management of the facility.
- Harassment, threats and violence lead to mental and physical symptoms for the person concerned. They feel emotionally exhausted, and experience headaches and sleep disturbances. They suffer from post-traumatic stress disorder.
- The person concerned doubts their competence. They decide to leave the organisation, or even their occupation, and give notice.

Thus violence in the world of work not only harms the person concerned. It harms the entire organisation because it affects the quality of work, working atmosphere and economics.



Steps can be taken against Violence and Harassment

The Vision Zero strategy has defined the 7 Golden Rules for work without incidents. The following spheres of activity are based on them and take you through the rules step by step, with a practical focus and in reference to the prevention of violence. This helps you reduce the risk of violence and harassment in your organisation.

The 7 Golden Rules for Vision Zero

1. Take Leadership – Demonstrate Commitment
2. Identify Hazards – Control Risks
3. Define Targets – Develop Programmes
4. Ensure a Safe and Healthy System – be Well-Organised
5. Ensure Safety and Health in Machines, Equipment and Workplaces
6. Improve Qualifications – Develop Competence
7. Invest in People – Motivate by Participation



1 Take Leadership – Demonstrate Commitment

Take Leadership – Demonstrate Commitment! Protect your Employees. Create a Culture that does not Tolerate Violence and Harassment in the Workplace.

Preventing violence is part of occupational health and safety, and therefore a management responsibility. Create a culture in your organisation that positions itself against violence and harassment. Communicate the policies: “No tolerance for violence. Violence is unacceptable.” Establish awareness of this at all levels and in all areas of the organisation. Make it clear to managers and employees alike: violence that originates from people receiving care or their relatives is a problem of the organisation, not a personal matter.



2 Identify Hazards – Control Risks

Conduct a Hazard Assessment to Determine the Risk of Violence and Harassment.

The hazard assessment is the central tool to identify hazards and to implement countermeasures. It helps you identify the factors contributing to violence and harassment in the workplace. You evaluate the risk and are able to plan measures to prevent incidents. Measures that counteract escalation should be at the very top of your agenda. Link technical, organisational and personal protective measures with each other where possible.



3 Define Targets – Develop Programmes

Express Support for 'Zero Tolerance' and Design a Programme in which all Phases are well Thought Out.

Issue a policy statement, positioning yourself against violence and harassment in your facility. It should state that:

- Harassment and violence are not tolerated and protective measures are implemented
- Employees are supported in case of a violation
- Critical incidents are consistently documented and punished

In your concept, define what constitutes harassment and violence in your organisation and what to do about it. Consider all three phases of a violent incident: before, during and after.

Your concept should describe a process that prevents violent incidents as far as possible. It should include measures for the acute incident to immediately support the person concerned. Furthermore, it should describe follow-up support for the person concerned and the measures required to prevent a recurrence of the incident.

Your violence prevention concept also needs to include measures for the acute situation. The measures should prevent an escalation of aggression as far as possible and ensure prudent, rapid and constructive action in emergency situations. Therefore, the concept has to encompass risk management, emergency management and an emergency plan, and the reporting channels in case of an incident:

- Risk management includes working out potential hazardous situations and scenarios. This prepares you to respond quickly in case of emergencies.
- Emergency management includes an approach for psychosocial front-line assistance or medical first aid by colleagues, social services or medical personnel.
- The emergency plan describes established procedures for the rescue chain and contains emergency telephone numbers and names for first responders. It answers the following questions: Who provides front-line assistance? Who is informed by whom, when and how? It is important for everyone in the facility to be familiar with the emergency plan and to know where it is posted.

Also regulate follow-up support for affected employees and develop measures to reliably catch and support the persons concerned. This helps to alleviate effects on health and to restore motivation.



4 Ensure a Safe and Healthy System – be Well-Organised

Plan Organisational Measures such as a Shift Schedule that avoids Working Alone, or Handover Reports.

Evaluate the work organisation, procedures and times in your facility and consider what changes could make the work environment safer.

Examples:

- Care for especially aggressive patients is provided exclusively by a team.
- Conspicuous behaviour is documented and, during a shift change, colleagues are informed of this during the handover, e.g. using a checklist.⁵
- A person's potential violent and aggressive tendencies are examined for new admissions, e.g. using their biography.
- House rules are defined for patients, their relatives and all other guests. How the organisation handles aggressive behaviour is documented there. These house rules help enforce domestic authority.

⁵ E.g. to assess the risk of violence, the Brøset Violence Checklist according to P. Woods and R. Almvik



5 Ensure Safety and Health in Machines, Equipment and Workplaces

Use Technical Measures such as Alarm Buttons, Personal Emergency Signals or Access Systems to Improve Safety.

Technical protective measures make the work environment safer. Consider what structural measures or equipment are right for your facility. Examples:

- Access control for the facility, building and emergency ward to prevent unauthorised access from going unnoticed.
- Shatter-proof glass to provide a safe view of entrances.
- Camera systems to monitor entrances and corridors in critical areas.
- Electric door systems so that employees can control access to the building or rooms without having to leave the building or room.
- Glass doors to provide a view of treatment areas.
- Secure treatment rooms where potentially aggressive persons can be isolated.
- Emergency buttons and personal emergency signals to request help quickly.



6 Improve Qualifications – Develop Competence

Consider Personnel-Oriented Measures such as Instruction on Risks and Training on Dealing with Violent Situations.

Personnel-oriented measures help employees develop the ability to recognise a hazardous situation and to de-escalate it as quickly as possible or to defuse the situation. Examples:

- Instruction to inform personnel of risks and hazards associated with their tasks. Instruction to communicate behaviours and techniques to minimise risks, along with the current state of safety practices.
- De-escalation training to make all nursing and medical personnel familiar with non-verbal, verbal and physical de-escalation techniques.
- Wearing personal protective equipment, such as personal emergency signalling devices, puncture-proof safety vests or functional work clothing.



7 Invest in People – Motivate by Participation

Establish the Goal that Everyone is there for Each Other.

Raise awareness among your managers regarding an honest and appreciative approach to the topic. Make it clear that talking about violence and harassment of any kind is okay, with no taboo. This allows the prevention of violence to become part of occupational health and safety and the workplace culture. An open communication and error culture and empathetic interaction are prerequisites for this.

If you also actively involve all employees in decision-making, their willingness to consistently comply with safety and health rules also improves as a rule. Recognise prudent behaviour, solicit valuable ideas from your employees, demonstrate your willingness to provide support and address uncertainties promptly. This approach encourages employees to be open and to perform their work deliberately.



Ensuring Rapid and Circumspect Action by Everyone in an Emergency

Even the most comprehensive prevention concept cannot exclude the occurrence of a violent incident. It does however enable a rapid response to an acute situation:

- Immediately alert all persons who need to be informed about the incident.
- Provide front-line support for the person concerned on site. The person concerned must not be left alone under any circumstances.
- After the violation, the personal safety of the person concerned takes priority. Immediately shield the person concerned from the offender. Provide a calm atmosphere, ideally a quiet room. Enable the person concerned to leave the workplace quickly – ideally with a companion.
- Through your behaviour, ensure that the person concerned feels they are taken seriously. Also demand this from the supervisor of the person concerned.
- Make sure that the person concerned is accompanied home by a qualified person or provided with medical and/or psychosocial care.
- Report the incident to the competent authorities.

Be sure to complete the following steps: Document the incident. Analyse what happened. Attempt to identify the causes and triggers. Adapt your measures as needed. This includes considering how to continue caring for patients that were the source of harassment or violence without exposing employees to hazards. Also consider whether the person can generally remain in the facility.



Take Preventive Action and Plan for Follow-Up Support

After a violent incident, do not simply return to the daily routine. Make sure that someone is providing follow-up support for the person concerned. Ask what can be done to help: needs and requests can vary widely. They can also change over time or only arise later. Therefore, remain vigilant and continue to offer conversation. Signal your willingness to help and offer information regarding available professional support, such as psychotherapy consultations or treatment.

People process their confrontation with violence in very different ways. Possible consequences include uncertainty, fear and stress, or even questioning their own competence. Often, the after-effects only emerge later. Therefore, make sure that management enquires about the condition of the person concerned again after about ten days. Perceived social support from supervisors and colleagues helps the person concerned process the incident.

If you notice that the condition of the person concerned has not improved after a few days, arrange for professional support, for example, a psychotherapy consultation. This can help prevent or at least alleviate subsequent mental health issues.

Consider what form the future care of the person perpetrating the harassment or violence may take: What would have to happen in order to better protect employees? Can the person affected by the violence be expected to come into contact with the perpetrator again? Examine whether staffing changes or teamwork are options.

Protective Measures in Different Work Areas

The potential for violent situations can differ widely between work areas. The following examples of protective measures are provided as suggestions for further deliberation. Naturally, the fundamental measures described above for prevention, acute situations and follow-up support apply in all areas.

In the Hospital

Most hospitals are larger facilities in urban areas with numerous buildings and extensive grounds. Access rights, physical access controls and personal emergency signalling systems are particularly effective here to improve safety. Examples of protective measures:

- Easy to understand guidance systems and explanations
- Manageable areas with good visibility, clearly laid out corridors without alcoves
- Protected areas that can be locked or partitioning elements at reception
- Break rooms for undisturbed rest
- Retreats for clients with particular needs for peace and quiet
- At night: no working alone on the ward
- If possible: a note in the patient file when incidents occur
- Provide access to the documentation of violent incidents, where applicable also for external personnel

In the Emergency Ward

Special technical and organisational measures protect employees in the emergency ward. Long wait times, full waiting rooms and patient fear and pain increase the potential for outbreaks of violence.

Examples of protective measures:

- Initial assessment of emergency patients⁶
- Large, air-conditioned waiting areas with sufficient seating
- Water dispensers and smartphone charging stations in the waiting areas
- Well-organised security service

⁶ For example, for the initial assessment in the emergency ward, the Manchester Triage System according to Kevin Mackway-Jones, Janet Marsden and Jill Windle.



- Structural partitions at the reception desk and alerting systems – including a silent alarm
- Secured crisis areas and rooms with a camera or viewing window
- Bolted-down furnishings without sharp corners or edges
- Access restrictions, especially at night: visitors are not free to enter, they are let in after ringing the bell.
- De-escalation training for all employees

In the Psychiatric Ward

Technical, organisational and personal protective measures are especially important here since patients often stay for a long time. All personnel – including cleaning staff or nursing staff who “only” bring food – should be familiar with challenging behaviour and de-escalation.

Examples of protective measures:

- Well-lit rooms that create a pleasant atmosphere
- Central door controls that secure areas and control escape routes
- Person-specific access restrictions
- Protected areas that can be locked or partitioning elements at reception
- Secured crisis areas and rooms with a camera or viewing window
- Shelving, drawers and cabinets that can be locked in kitchens and storage rooms, so that items that can be used as weapons are not readily accessible
- Removal of potential “projectiles” from common rooms and therapy areas

- Offer team and individual supervision, discuss incidents
- Checklist-based handover during shift change⁷
- Ensure employees know how to professionally deal with violence: through modern therapy methods and continuing education on psychiatric disorders and dementia
- Conduct regular de-escalation training (every two to three years) – for everyone who works in the facility
- Offer training on dealing with stress, relaxation seminars

In Outpatient Care

Working alone is the rule because care is provided directly in the person's home environment. Organisational measures can improve safety.

Examples of protective measures:

- Initial assessment of new patients regarding their potential for aggression⁸: Is there any history of violent situations?
- Admission criteria that indicate whether employees are adequately safe in the home of the person requiring care. For example, are there any known occurrences of aggressive behaviour towards nursing staff by the person in need of care or their relatives?
- Emergency apps and route monitoring systems

In Inpatient Care

Dealing professionally with challenging behaviour is a key to de-escalation in long-term care for old and sick people. Personal measures contribute to safety.

Examples of protective measures:

- Use of contemporary care concepts⁹
- Train all employees in dealing professionally and respectfully with psychiatric patients and persons with dementia, and in de-escalation strategies
- Offer regular supervision
- If a resident is known to be “difficult”, enable rotating care to reduce strain on employees

⁷ E.g. to assess the risk of violence, the Brøset Violence Checklist according to P. Woods and R. Almvik

⁸ E.g. using their biography

⁹ For example, the validation concept according to Naomi Feil in dealing with persons with dementia

In the Pharmacy

Pharmacies are at potential risk of robberies since they are always accessible during opening hours. Technical measures in particular can reduce the risk.

Examples of protective measures:

- Surveillance cameras and alarm systems, e.g. triggering a silent alarm
- A pass-through partition for working at night or emergency service on Sundays and holidays
- Ensure entryways are well lit with good visibility; if necessary, remove shrubbery that impairs visibility
- Be sure to prepare the team for incidents through training
- Prepare emergency plans and reporting chains (including police)
- Ban persons known to be prone to violence

Prevention Pays Off for Everyone

A consistent approach against violence in the workplace helps everyone in the organisation. Systematically promoting violence prevention creates a safe work environment where employees feel secure. The 7 Golden Rules of the Vision Zero strategy provide you with optimal support in the first steps on the way to an effective prevention strategy.

As a positive side effect, this can also boost motivation and satisfaction, reduce time missed and decrease employee turnover. With personal support, training, clear safety concepts and an open communication culture, you can minimise risks and prevent escalations. Proactively dealing with violence also strengthens trust in your organisation and improves patient care.

Investments in effective preventive measures pay off over the long term – for your employees, your facility’s reputation and the quality of care.

Join the Vision Zero campaign today!

www.visionzero.global
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The Vision Zero Guide has been prepared by the International Social Security Association (ISSA) and its Special Commission on Prevention in consultation with a wide range of enterprises and experts.

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