

RISK ASSESSMENT · UNITED KINGDOM · 2026

A&E; / Emergency Department Violence & Aggression Risk Assessment

UK template for an emergency department violence-and-aggression risk assessment under HSWA 1974, MHSWR 1999 and the NHS Violence Prevention and Reduction Standard.

Emergency departments record the highest rate of work-related violence in the NHS. The risk assessment is required under the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999 and — for NHS providers — the NHS Violence Prevention and Reduction (VPR) Standard, which became mandatory in 2021. The assessment must address the three populations who present a foreseeable risk (intoxicated patients, mental-health-crisis presentations, frustrated relatives during long waits), the environmental controls (sight-lines, lone-working, panic alarms, lockdown), the staff training programme (de-escalation, Promoting Safer and Therapeutic Services / PSTS, breakaway), and the post-incident response (Datix, occupational health, criminal referral under the Assaults on Emergency Workers (Offences) Act 2018).

Document structure a reviewer expects

- 1. Department, lead and standard reference**
ED name, named clinical lead, named security lead, VPR Standard self-assessment score and date.
- 2. Risk-population analysis**
Intoxication, mental-health crisis, long-wait frustration — specific controls and pathways for each.
- 3. Environmental design controls**
Triage security glass, controlled access, CCTV coverage, panic alarm coverage, security staffing model.
- 4. Lone working**
Lone-worker device specification, response protocol, dynamic risk-assessment training, cubicle-entry procedure for unknown patients.
- 5. Mental-health pathway**
Section 136 suite or equivalent, MH liaison cover, restrictive-intervention-trained team, MCA / MHA decision framework.
- 6. Communication during long waits**
Real-time wait-time display, named senior-of-the-day briefings, food / drink provision, escalation route.
- 7. Staff training programme**
PSTS, CRT, breakaway, restrictive intervention — frequency, refresher cycle, training register cross-reference.
- 8. Post-incident response**
Immediate management, Datix / IR1, occupational health, TRiM / peer support, criminal-justice referral via police SPOC.
- 9. Governance and review**
Quarterly review at divisional governance meeting; lessons-learned route into the trust VPR Standard self-assessment update.

Common reasons reviewers reject this document

- Generic 'staff trained in de-escalation' bullet — no named programme, no refresher cycle, no register.
- Lone working not addressed — no device, no protocol.
- Mental-health pathway absent or 'refer to MH team' with no named cover and no MCA / MHA framework.
- Panic alarm coverage incomplete — assessment can't demonstrate every cubicle / triage point is covered.
- No reference to the NHS VPR Standard self-assessment.
- No post-incident criminal-justice route — staff have no clear path to police SPOC referral.

UK regulation reference

Health and Safety at Work etc. Act 1974 1974 c.37

Employer duty under s.2 to staff and s.3 to non-employees affected.

<https://www.legislation.gov.uk/ukpga/1974/37/contents>

Management of Health and Safety at Work Regulations 1999 SI 1999/3242

Regulation 3 — the explicit duty to assess work-related violence as a workplace hazard.

<https://www.legislation.gov.uk/uksi/1999/3242/contents/made>

NHS England — Violence Prevention and Reduction Standard NHS VPR Standard (2021)

Contractually mandated standard for NHS providers via the NHS Standard Contract.

<https://www.england.nhs.uk/publication/violence-prevention-and-reduction-standard/>

Assaults on Emergency Workers (Offences) Act 2018 2018 c.23

Criminal-justice route for assaults on staff in the course of duty.

<https://www.legislation.gov.uk/ukpga/2018/23/contents>

Mental Health Act 1983 (as amended) 1983 c.20

Statutory framework for detention and treatment of patients in mental health crisis; Section 136 covers police-route detention to ED.

<https://www.legislation.gov.uk/ukpga/1983/20/contents>

HSE — Violence at work in the health and care sector HSE sector guidance

Sector-specific guidance on risk assessment, training and reporting.

<https://www.hse.gov.uk/healthservices/violence/index.htm>

Frequently asked questions

Is the NHS VPR Standard mandatory?

Yes for NHS providers — it is mandated through the NHS Standard Contract and is reported on annually.

Independent hospitals are not directly bound but typically adopt it as good practice and to satisfy CQC's well-led domain.

What is a Section 136 suite?

A dedicated room (sometimes in an ED, sometimes co-located with mental health services) used for the assessment of a patient detained by police under s.136 of the Mental Health Act 1983. The risk assessment must name the suite if one is on site, the alternative pathway if not, and the named mental-health practitioner cover.

Who decides when to call the police on a violent patient?

The on-shift senior nurse / consultant in coordination with the security team. The assessment should name the decision-making authority and the trust's SPOC with the local police force. Calling the police does not preclude continuing clinical care — the two run in parallel.

Are body-worn cameras required?

Not legally required, but increasingly part of the VPR Standard self-assessment for high-risk departments. Where deployed, the assessment must cover GDPR / UK Data Protection Act 2018 (footage retention, subject access, sharing with police) and staff training on activation criteria.

How often does this assessment need to be reviewed?

Annually as a minimum, and after any significant incident (a RIDDOR-reportable injury to staff, a serious untoward incident, a coroner's PFD report), or after any change to the physical environment, staffing model or pathway. The VPR Standard self-assessment update is the natural review trigger.

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