



IN PRACTICE

A103

**BREAKING THE CYCLE: ADDRESSING VIOLENCE AND AGGRESSION IN UK EMERGENCY DEPARTMENTS THROUGH SIMULATION TRAINING**

**Karl Stones**<sup>1</sup>, Saleel Latheef; <sup>1</sup>Homerton University Hospital, LONDON, United Kingdom

**Correspondence:** [karl.stones1@nhs.net](mailto:karl.stones1@nhs.net)  
[10.54531/NEOM7808](#)

**Introduction:** Within the Emergency Department (ED) 67% of healthcare professionals are experiencing violence and aggression (V&A) from patients and relatives [1]. Additionally, 32% of staff in ED feel unsafe on a weekly basis [2]. Conventional training methodologies often fall short

in capturing the nuanced interplay and rapid evolution of circumstances that may precipitate violent confrontations. These outdated methods lack the emotional response element of human behaviour when confronted with V&A. This study employs simulation-based training in a live ED to fortify the readiness of ED personnel in navigating instances of V&A within a controlled and secure setting.

**Methods:** Three actor-based simulations were devised to stimulate interactions among the multidisciplinary team within the ED, including reception staff, non-clinical navigators, nursing staff, doctors, radiographers, and security. This model focuses on a patient's journey throughout their ED encounter, with increasing complexity dependent on participants' experience and skill set. The utilisation of a trained actor to enact lifelike scenarios heightens the immersive quality of the training session for the staff members. Furthermore, collaboration with security personnel and the radiology team enabled cross-departmental working.

**Results:** These simulations unveiled intricate patterns underlying V&A. Feedback from the MDT indicated notable enhancements in situational awareness, communication proficiency, and preparedness to de-escalate volatile situations. Debriefs facilitated discussions which frequently covered the staff's feelings of responsibility to de-escalate the situation, despite their personal safety, and the availability of security team in the department. Additionally, the participants reported that the experience was overall a positive exposure and had no negative impact on their mental health as well as increased team cohesion.

**Discussion:** Debrief sessions proved instrumental in learning, highlighting the underutilisation of early involvement of the security team. Additionally, the security team was enabled to discuss within the MDT the usefulness of their early involvement to be able to monitor and evaluate the V&A scenario in time appropriately their intervention. Furthermore, the participants agreed that the simulations were a positive impact on their feelings of safety in their working environment.

The ability to demonstrate and review de-escalation techniques and review departmental processes for escalation were greatly received. The outcomes underscore the significance of integrating simulation-based training into preparedness initiatives addressing V&A within the ED setting.

**Ethics statement:** Authors confirm that all relevant ethical standards for research conduct and dissemination have been met. The submitting author confirms that relevant ethical approval was granted, if applicable.

## REFERENCES:

1. Donald N, Lindsay T. Incidence and trends in workplace violence within emergency departments in the United Kingdom 2017-2022: an observational time series analysis. *Frontiers in Public Health*. 2023;11. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10336324/>. [Accessed 29 April 2024].
2. RCEM National Survey on Security and Restraint in the Emergency Department [online]. Royal College of Emergency Medicine. London; 2022. Available from: [https://rcem.ac.uk/wp-content/uploads/2022/02/Security\\_and\\_Restraint\\_Survey\\_Report\\_FINAL\\_100321.pdf](https://rcem.ac.uk/wp-content/uploads/2022/02/Security_and_Restraint_Survey_Report_FINAL_100321.pdf). [Accessed 28 April 2024].

