SECURITY RISK MANAGEMENT FOR HEALTH CARE SERVICES

Handbook for Addressing the Risks of Violence against Health Care in Insecure and Conflict-affected Settings

The security risk management for health care (SR4H) cycle

Module
4

Responding to violent incidents

Contents

Other modules in the handbook

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Complete handbook

- Security risk management for health care services: Handbook for Addressing the Risks of Violence against Health Care in Insecure and Conflict-affected Settings

French version of handbook

- Gestion des Risques de Sécurité pour les Services de Santé: Manuel de gestion des risques de violence à l'encontre des soins de santé dans les situations d'insécurité et de conflit

Spanish version of handbook

- Gestión de riesgos de seguridad para los servicios de atención de salud: Manual para afrontar los riesgos de violencia contra la atención de salud en entornos inseguros y afectados por conflictos

Arabic version of handbook

- إدارة المخاطر الأمنية لخدمات الرعاية الصحية : كُتيب للتعامل مع مخاطر العنف ضد الرعاية الصحية في البيئات غير الآمنة والمتأثرة بالنزاعات

Responding to violent incidents

Objectives of this chapter

Groundwork

Develop contingency plans and train health care personnel to respond efficiently and effectively if a violent incident occurs.

Action

Deploy the actions outlined in the contingency plans as needed, apply safe behaviour principles and coordinate with other stakeholders to ensure a rapid resolution of the incident.

Challenges

Respecting and caring for individual emotional reactions to violence; allocating due time for training personnel to implement the contingency plans; asking security forces for help.

Groundwork

Remaining alert and ready to respond when violence remains a risk

Violent incidents may possibly occur even when all preventive measures are in place. Preparedness measures are designed to reduce the likelihood of violent incidents occurring, to reduce the impact of these incidents, and to strengthen the capacity of the health service and its personnel to respond to a violent incident.

Preparedness to respond to an incident depends on its type. For example, the theft of personal items in the health facility requires a different response to one responding to an armed attack. During a violent incident, priorities need to be clear and would usually focus on the safety of health care personnel and patients and the protection of the lives and dignity of all people affected.

All health services should have a **response plan** that indicates what needs to be done if particular incidents occur and who will be responsible for specific actions. These plans need to be specific for each type of violence and realistic for the environment in which they are used. They need to

be disseminated to everyone who might be involved, and training needs to be implemented to ensure that everyone knows what to do in an emergency.

Contingency plans for responding to violence against health care

There is no standard, "ready-made" procedure that can determine what to do in each violent scenario that might happen. In general terms, five elements need to be considered in any plans drawn up to respond to a violent incident:

- **Protecting people's lives and dignity:** Always prioritise actions that ensure the safety of any people who may be affected by a violent incident (health personnel, patients, and others such as family members of patients and community members who might also be present). Only after ensuring that all such people are safe should personnel focus on protecting material goods or keeping infrastructure and assets intact.
- **Ensuring that communication lines are available to ask for support:** A person should be clearly assigned to be responsible for external communications and asking for help, and other personnel should not make similar calls and other communication efforts, and should rather focus on protecting lives, including their own. This will avoid confusion, ensure that calls for assistance are clear and efficient, and keep communication flowing in the best possible way.
- **Coordinating with external stakeholders for support, as planned:** In some cases it might be necessary to ask for the intervention of external stakeholders such as humanitarian organisations or security personnel. This should be done in strict alignment with the context analysis and mitigation measures developed in the preparedness activities, and the external stakeholders who will be contacted should be informed that this might occur during an emergency. The person responsible for contacting external stakeholders should also be identified in the plan.
- **Applying contingency measures to limit the impact of the incident:** It might be necessary to direct people to safe areas or shelters, lock up certain spaces or cupboards, use fire extinguishers, and evacuate some zones of the facility, among other actions to prevent further consequences from the attack. The type of attack covered by the contingency plan should be clearly described in the document, with specific action to be taken, and aligned with connected actions taken in the preparedness activities, e.g. the installation of signage guiding people to emergency exits or designating critical areas. In other words, people should know what to do and how it should be done.
- **Keeping contact numbers and key information about the health service up to date:** Important contact numbers, such as those of security managers and health personnel in the service, should be constantly updated, and should be saved with clear descriptions of the roles each person should play so they can be quickly identified and found when needed. Other documents might also need to be kept up to date and instantly accessible in an emergency, such as a list of staff with their contact numbers, a list of supported sites and other relevant information about the health service. Decide where this information is stored, who needs access to it, and whether it can it be accessed out of normal office/working hours. It should also be stored off-site in case the facility experiencing the emergency is not accessible.

Action

Who should be in charge of the response to a violent incident?

- The incident contingency plan should clearly indicate who is responsible for each step of the response.
- All communication and coordination responsibilities should have been previously established and communicated, and the relevant personnel properly trained. These responsibilities should be carried out according to the plan.
- The potential support of humanitarians, security agents or representatives of other health services should also be planned for.

Table 6: Good practices when responding to an emergency

De-escalation and safe behaviour	Violent incidents often trigger fear and a sense of being out of control. Proper training before any incident occurs will allow personnel to make sound decisions when they are responding to an incident. **Key questions to ask:** Are you injured? Is there an exit? Are people in the vicinity? Can you call for support? Who could harm you? Where are they? **If a person is behaving violently:** • Keep as much distance as possible from the person, try to remain close to an exit point, and don't raise your voice. • Check the environment to see if the person is alone and who else is around. • Ask questions **as calmly as possible**: What does the person want? Who would the person like to speak to? What could you do to help? • Invite the person to go to an isolated area for a conversation, and try to prevent others from being exposed to danger. • Invite the person to sit down, because it is more difficult to be aggressive when seated. • Use mirror techniques[1] to check if you understand the person's needs and demands correctly.

[1] These are ways of showing that you are listening to and understand what the person is saying. You could say "I understand" when they make demands to show that you are listening to them, or repeat their demands to show that you understand what they are saying, e.g. "So you want your wife/child/brother/friend to be treated immediately".

	If a person is armed: • Lift your hands to demonstrate you are not armed and that you want to cooperate, but do not make sudden moves. • Try to remain calm and move towards an exit, but avoid exposing others to danger. **If there is shelling outside:** • Stay away from windows, doors or any other structure through which shells, glass or debris could come. • Hide behind masonry or concrete walls, but if this is not possible, lie flat on the floor. • Close and/or reinforce doors and, if possible, close and cover windows. • Do not expose yourself immediately after the shelling seems to have stopped. Wait a little longer before leaving the place where you have sheltered and try to contact someone outside the facility to confirm it has stopped. **If there is an arrest or abduction:** • Do not try to escape or fight back, because cooperation usually leads to less physical harm and establishes a better rapport with the captors. • Remain observant and gather as much information as it is safe to do.
Response actions	• Check on people: Is everyone accounted for? Are people behaving in a safe way? (if not, guide them). • Help people to find shelter by following the plans made in the preparedness phase: are people present who would find it difficult to move to a shelter? (elderly or people with reduced mobility). Are unaccompanied children present? • Check if critical areas are isolated and out of harm's way. • Lock up or barricade doors and windows that may increase the facility's exposure to violence, or take steps to control how people enter or leave the facility (whichever is more appropriate at the time). • Isolate areas that can shelter people. • Take steps to control fires and prevent electricity cuts or short circuits.

Coordination procedures	• Call for help as soon as it is safe to do so – the contact person and the flow of support should have been previously defined in the preparedness phase. • Remember to focus on essential information in order to explain the emergency as quickly and clearly as possible. Provide information that answers the following questions: What is happening? Where is it happening? How many people are involved in the situation? Are the perpetrators still there? Is there any further immediate risk (fire, electrical cuts or short circuits, damage to the facility's structure)? Is it possible to communicate information about what is happening or needed, and if so, when? (Think of the key questions: What? Where? Who (health personnel/ perpetrators)? What next? When?) • Call for medical evacuations if injured people need to be transferred. How many injured people need to be transferred? • If needed and possible, ask for people to be evacuated and essential materials/equipment to be relocated to safer places. Find out whether other health care facilities can take over some or all of the people and material/equipment.

Adapting contingency plans to a wide range of possible scenarios

Perpetrators of incidents of violence against health care may not always use weapons. For example, the contingency plan for incidents where ambulances are stopped at checkpoints may prioritise rapid and effective communication and coordination actions to ensure that passage is granted to the ambulance team.

Response plans may also need to take into account the impact of an incident on health workers or patients. For example, some types of incidents may leave health workers or patients in a highly emotional and distressed state, and contingency plans need to include appropriate procedures to deal with this.

Contingency plans can identify responses to warning signals such as shootings in the neighbourhood or agitated behaviour among weapons bearers in the area.

Personnel need to know about and be trained to implement all contingency plans. Key elements require regular practice, such as evacuation, lockdown or communication procedures.

Contingency plans need to include plans to communicate with people who will not have received training, such as patients and their family members.

Challenges

Reactions of survivors to violent incidents

Violent incidents of any kind might trigger strong emotional reactions in some people. This can include crying, shouting, laughing, trying to escape in dangerous ways and/or freezing. These are all normal reactions, even in response to non-critical incidents. Reactions should not be judged, mocked, or stigmatised, and people should not be blamed for reacting in the way that they do.

Preparedness, including training, team discussions to identify fears, and well-developed supportive strategies, helps to reduce stress and limit behaviour that may put individuals at greater risk during an incident.

Some people may require specialised mental health support if signs of distress are persistent over time. A specialist should assess this.

Contingency plans also need to be designed to support people who were not trained to respond to violent incidents, such as patients or their family members.

Training

Training personnel and regularly practising the key actions laid down in the contingency plan are essential to ensure that it can be implemented when required.

Asking security forces for help

In many contexts, security forces might be associated with or directly implicated in violent incidents affecting health care. Asking for their support in such circumstances may expose health services to greater risks, and humanitarian organisations may be better able to provide support during a crisis.

Some health services may decide to rely on private security personnel when they are operating in areas where heavy criminality is present. These private security personnel are usually tasked with protecting entry/exit points and managing low-level interpersonal violence, so they are not expected to confront people who are carrying weapons.

Ensure that the need for contacting security forces and asking for their support is evaluated in the risk and vulnerabilities assessment phase of the risk management cycle, and that the contingency plans specify the scenarios when support will be asked for and the specific individuals or security forces units that will be contacted to ask for help.

Further resources

Additional guidance on safe behaviour and response actions

Poster with reminders on techniques for de-escalating violent behaviour – Defusing Violent Behaviour in Health-care Settings

SAFE: Security and Safety Manual for Humanitarian Personnel – ICRC (especially Chapter 11)

Safe behaviour and passive security – Staying Alive (especially Chapters 4, 7 and 8)

General security guidance for safe behaviour and security of premises – Stay Safe: The International Federation's Guide to a Safer Mission – IFRC (especially Chapters 2, 4 and 5)

Closing an office – https://www.gisf.ngo/resource/office-closure/

Managing sexual violence – https://www.gisf.ngo/resource/managing-sexual-violence-against-aid-workers/

Managing an abduction – https://www.gisf.ngo/resource/abduction-and-kidnap-risk-management-guide/

Example of good practices in managing violent incidents

Prevention and protection against attacks on healthcare: good practices– WHO (Chapter 5)

Coordination and evacuation practices – MSF report of attack (see page 7)

Dialogue with community to unblock access – Frontline Negotiations (pages 10-12)

Take-aways:

- The impact of an incident can be greatly reduced when contingency plans have been prepared and effectively disseminated, and personnel are properly trained to implement them in an emergency.
- When responding to an incident of violence against health care, the priority is to save the lives and ensure the dignity of people affected by the incident.
- Several types of safe behaviour and response actions may be used to de-escalate or mitigate the impact of a violent incident.
- All staff working in the health facility should be trained to respond to violent incidents and take appropriate action. They need to know their roles and expected behaviour should an incident occur.

Insecurity Insight

Data on People in Danger

The SR4H handbook provides guidance on how to implement a range of actions intended to promote respectful and violence-free environments and prepare individuals or organisations to face and respond appropriately to violent incidents, also dealing with the aftermath of such events. It was developed to assist health services in middle- and low-income contexts affected by situations of insecurity or war. This handbook brings together some of the best practices on security risk management and proposes a framework adapted for health care providers working with limited resources. The objective of this handbook is to promote an approach that considers the safety and security of health professionals while ensuring patients' access to care.

Insecurity Insight is a humanitarian to humanitarian (h2h) organisation which delivers data products and services to humanitarian and aid organisations, advocacy groups and researchers. By offering innovation ideas, tools, data and methodologies, Insecurity Insight enables other organisations to assist and protect people affected by disaster and conflict. Insecurity Insight is committed to the humanitarian principles.

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