

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

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Other modules in the handbook

- [🔗 Module 1: Addressing violence against health care: introduction](#)
- [🔗 Module 2: Generating awareness and communicating to create violence-free environments](#)
- [🔗 Module 3: Assessing the risks of violence and increasing preparedness to better prevent and cope with it](#)
- [🔗 Module 4: Responding to violent incidents](#)
- [🔗 Module 6: Annex 1: Aide-memoire to support the risk assessment and context analysis and Annex 2: Examples of context analyses, risk assessments and contingency plans](#)

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](#)

The aftermath of incidents, and working towards sustainable access to health care

Objectives of this chapter



Groundwork

Develop policies to care for survivors (health service employees, patients and their families), define criteria to ensure that services continue after an incident has occurred, and design a system for documenting incidents of violence against health care.



Action

Provide immediate and long-term care for survivors of incidents; document the incident; implement the needed recovery actions; and ensure that the lessons learned from the experience are used to inform the updating of the security risk management cycle.



Challenges

Striking a balance between ensuring sustainable access to health care and mitigating security risks in the health service; and continuously learning from an experience and adjusting preventive measures accordingly throughout the security risk management cycle.



Groundwork

Reducing negative impacts in the aftermath of a violent incident

Violence against health care is always a tragedy and will have many adverse consequences for staff, the health programme, patients and people's access to health care. The level and extent of this impact does not only depend on the perpetrator/s of acts of violence, but also on the way in which the service responds to an incident and succeeds in restoring the health service's ability to function properly. Better and faster mitigation measures prevent violence against health care from having lasting and serious consequences for health outcomes. Responses in the aftermath of a violent incident are more effective when they are planned and agreed on before a crisis occurs.

Supporting health programme employees who have survived violence

Providing support for health programme employees who have survived violence is a priority. The benefits that survivors are entitled to and how the programme will deliver support to staff need to be specified before a violent incident occurs. Employees who survive violent incidents risk being even more traumatised if they have to struggle to obtain support due to a lack of policies or an adequate response from their employer.

Policies to support survivors who are health service employees:

- Define policies and procedures to provide health care for both mental and physical health needs.
- Carefully consider appropriate language and ways of communication that can be used to contact and speak to survivors and their families in a humane and dignified manner, in particular when communicating sad or disappointing news. If health service personnel have been killed in an incident, ensure that when their families are informed, the lives and work of their loved ones are honoured.
- Clarify entitlements related to the provision of financial support to survivors in order to avoid further distress, particularly when expensive rehabilitation is needed.
- Clarify entitlements related to the provision of financial support to health care workers' dependents if workers have been killed or are unable to work.

Supporting patients and communities

Community members and patients directly affected by violence targeting health care also need support. Identify the health service's responsibilities towards the communities in the aftermath of an incident. Decide on mechanisms to monitor the impact of violence against health care on community members' health-care-seeking behaviour.

Table 7 presents some actions that can be implemented to care for survivors of a violent incident.

Table 7: Caring for survivors of a violent incident

Supportive action	Group who may benefit from the intervention
Immediate psychological first aid and first aid for physical wounds or injuries	<ul style="list-style-type: none">• Staff working in the health facility• Patients and family members• Community members near the incident
Direct access to curative or rehabilitation services according to policy, as needed	<ul style="list-style-type: none">• Staff working in the health facility• Patients
Direct access to mental health support and specialised care, as needed	<ul style="list-style-type: none">• Health care personnel• Patients
Support to families of dead or severely wounded people	<ul style="list-style-type: none">• Health care personnel and their families

Reporting violent incidents

The WHO and ILO state that every health care service should have an **internal mechanism for reporting violent incidents**. The systematic documentation and reporting of incidents will allow health service managers to become aware of the patterns of violence that the service faces, which will in turn allow them to draw up more appropriate contingency plans to deal with such violence and then update these plans in light of any new circumstances that have been reported.

Health programme managers should set up reporting mechanisms and should encourage the reporting of incidents. Health workers should **not normalise incidents of violence** (i.e. they should not be allowed to think that violence is a normal part of their work experience), even if such incidents happen frequently.

When reporting incidents, the following information should be included:

- Who was involved in the incident
- What happened
- Where the incident occurred
- When the incident occurred
- What has been done about the incident and if help is still needed.

The system for reporting can be very simple, using paper forms or basic spreadsheets, or more complex methods can be used involving digital technologies.

Designate a person to be responsible for systematically reporting violent incidents in line with established practice. Ways to protect data must be specified according to good practice and legal requirements, and personally identifiable information should always be kept confidential. Mechanisms need to be in place to ensure that only people who need to know have access to sensitive information.

The sharing of information on incidents through trusted networks can support wider context and risk assessments and build a community of support for health services working in conflict-affected environments. Information about incidents can also be shared with those advocating for the proper protection of health care during conflict. It is important to reflect upon and describe in detail processes for information sharing experiences in dedicated protocols or agreements.

Publicly acknowledging that violent incidents have occurred can be important for transparency, to build trust among communities, and prevent misinformation and disinformation. Humanitarian organisations' communication departments may need guidance on how, when and what to publicly communicate following an incident.

Reporting the consequences of violence

Better awareness of the consequences of violence against health care provides key information needed to design the best mitigation measures and will improve programming and budget allocation for better protection practices.

Reporting the consequences of a violent incident should cover the following points:

- Were health services interrupted or closed because of the incident? If so, which services and for how long?
- Who was affected by the interruption of services?
- What data is available to document the impact of a violent incident?
- How many patients have used the service after the incident, compared to before it occurred.
- How has the incident affected health workers' ability to provide the best possible care?
- Have you lost trained staff? Are there increased staff absences? Is it difficult to recruit staff? Is there a change in who works in the health programme?
- Which utilities, infrastructure and medication were affected?
- Which drugs were lost and what has been the impact?
- Which medical equipment malfunctioned or was lost and what was the impact?

Near misses and best practice

Because the objective is to ensure that the worst impacts of a violent incident can be prevented, it is important to report near misses, and when an incident occurred but was partly dealt with and even worse consequences were avoided. This helps to document best protection practices.

Reporting near misses should seek to answer the following questions:

- Which factors prevent an attack from causing more harm than it did?
- What should be in place to ensure that the lessons learned from this incident are systematically applied?

Deciding whether a health service should continue to operate or not

Difficult decisions have to be taken in the aftermath of a violent incident. One of the most difficult is whether to continue operations or not. Such a decision should not be taken lightly, but the possibility of closure needs to be confronted and prepared for.

Therefore, as part of the contingency plans for dealing with a violent incident, criteria need to be defined that will enable the health service's management to decide whether the health care programme can continue as usual or not.

Such a decision is not taken lightly, and must be taken only after carefully considering the further danger to personnel and the health service that may occur if services are continued, and the threats to community members' health and well-being if operations are closed even for a short time.

Ensuring that services continue after an incident

It is to be hoped that health services will continue to be offered after a violent incident has occurred.

As part of the preparedness phase of the risk management cycle, the manager of the health care service, supervisors, and other health care authorities need to predefine criteria that can be used to assess how critical a health programme is, ways to protect staff and assets, and medical needs. These criteria should be discussed and defined before incidents occur to give managers the confidence to make difficult decisions during a crisis. Sign-off procedures that apply during an emergency need to be clear.

Ensure that mitigation procedures are identified and in place that will in most cases allow the health service to continue its operations. This could include, for example, the following:

- Ensuring that generators and fuel to run them are available or can be replaced
- Designing procedures to replace solar panels
- Designing procedures to replace stolen or lost medication
- Designing options to move or refer patients to other health care providers in the area

In the preparedness phase of the risk management cycle, plan the replacement of items that could be lost in an emergency, including generators, extra beds, and consumable medical items such as gloves, masks and gowns, trays, and diagnostic kits. In the aftermath of an incident, implement these plans if necessary.



Action

Who in the health team takes the lead in the aftermath activities?

- **Caring for people:** Staff members with clinical capacity or first-aid skills lead on providing immediate care to patients and potentially injured colleagues; all staff with appropriate training may provide immediate psychosocial support.
- **Documenting the incident:** The manager leads on documenting the incident and sharing relevant information with key partners, as agreed in the protocols.
- **Balancing access security and access to care:** Managers and supervisors lead decision-making to ensure that the service's work continues and an assessment of current or new risks is updated in light of the events that have occurred.

These activities can be implemented in partnership with other health services or humanitarians. Especially during recovery efforts, the support of local authorities, humanitarians and other funding bodies might be needed.

Caring for people

In the aftermath of an incident, the manager of the incident response should **ensure that everyone affected by the incident has been accounted for and that staff, patients, and their family members are safe and receiving care.**

Focus the response on the **well-being of people affected by an incident**. Ensure that people are not retraumatised by the response to the incident or exposed to judgement and blame.

Ensure that people providing evidence about the incident are protected from retaliation.

Documenting the incident according to the pre-planned procedures

Information about the incident needs to be reported and stored according to the pre-planned procedures. The final incident report should include perspectives from the various people involved before, during and after the incident.

Use the information in the report to learn from the incident and prevent further incidents. Information can be used to:

- generate consolidated data (monthly, quarterly, yearly, etc.)
- carry out trend analysis
- request **accountability-seeking activities** from local security actors, other humanitarian agencies, protection mechanisms, and advocacy organisations
- address structural problems with authorities
- where feasible or possible, engage with perpetrators

Implementing recovery measures needed to ensure that services continue

Implement the service recovery plan as soon as it is safe to do so in order to reopen services and replace lost supplies, equipment and infrastructure. The recovery measures should be adapted to the medical needs of the population and to the capacity to care for patients and ensure the safety and security of patients, health workers and the facility. Any response should support the existing capacities and efforts and not undermine them. Remember that staff absences may make the provision of specific care difficult unless additional staff are recruited. Assess the risks that replacing staff may trigger repeat attacks.

Learning from the incident and improving access to health care

If they are properly responded to, tragedies can help a health service to do better in future. Learning from an incident means understanding its causes and contexts, and should not involve blaming individuals and circumstances. Most tragedies are the result of a particular combination of problems, people, and needs that combine in an unpredictable way in an unpredictable situation. Often small process failures can combine to cause the devastating impact of a particular incident. The objective of the learning review is to identify the small failures within a best practice system and find ways to correct them.

The learning exercise should focus on measures that need to be adjusted or implemented to prevent violence from affecting health care and health workers in tragic ways. The learning exercise should identify what needs to be renewed or reinforced in the health service's awareness and preparedness activities.

Discussions in the aftermath of a violent incident can provide key answers to improve results in the preventive part of the risk management cycle. Leaders need to create and reinforce a culture

that counteracts the blame game and makes people feel both comfortable with and responsible for recovering and learning from the tragedy. As part of this process, it is important to avoid simplistic conclusions like simply advocating for more physical security measures. What is needed may well be steps to strengthen the community's acceptance of the health service and increase community engagement, instead of higher walls around the facility.

Some key questions to consider after an incident of violence against health care:

- What triggered the violence?
- Could the incident have been foreseen or prevented?
- How was the contingency plan implemented?
- What worked well?
- What was missing?
- Have the security policy and measures been reviewed?
- Is a full reassessment of risks needed?
- Is it necessary to change the contingency plan?
- Is there any other preventive or risk-reducing action that should be included in the contingency plan?
- What do affected staff or patients think and feel?
- Have their priorities and needs been addressed?

Reviewing the impact of violence on the health programme:

The purpose of a health programme is to deliver health care, therefore the impact of violent incidents has to be assessed in relation to how this affected the provision of care.

Key questions to ask in the aftermath of an attack:

- Is the health service functioning as it is expected to?
- Are people still coming to the service and seeking health care?
- Are health care workers coming to work normally?
- Are people afraid of something similar happening again?

The security risk management approach demands that the post-incident learning process should be used to reassess and adjust the other steps of the risk management cycle.

The efforts to learn from the response to an incident and the actions taken in its aftermath do not stop immediately after an incident has been assessed! The findings from this learning process should be used to inform the restarting of the risk management cycle, any adjustments that need to be made to preventive measures, any steps that need to be taken to strengthen certain activities, and efforts to hold dialogues with the community and others. **Remember that the cycle of security risk management requires the constant re-evaluation of what is working and what needs to be reinforced or changed.**



Challenges

Striking a balance between sustaining access to health care and protecting health personnel and patients from risk

After an incident of violence against health care, quickly reopening a service that is still under severe risk of attack may expose health care workers and patients to further risks. Health programme managers need to balance maintaining access to health care (i.e. offering a service to people in need and providing high-quality care to them) and avoiding putting staff and patients in undue danger. Further attacks on the health facility or patients travelling to reach it may occur. The closure of a service (partially or entirely) for a certain period might save lives because it avoids unnecessary exposure to further violence. At the same time, it may cost lives if no alternative health care services are available. The longer the service remains closed, e.g. because it has not been properly prepared to manage the aftermath of an incident, the more people in need of health care will be deprived of their right to it.

For services that operate under a high degree of volatility that may result in violent incidents, such as ambulance services, it might be necessary to constantly reassess risks as they arise, in an almost real-time decision-making process. For fixed health facilities such as hospitals or clinics, the key element might be identifying whether damage to the facility itself or to routes that people use to access it poses danger to the people circulating in the area. Whatever the case, the criteria used to define what is considered to be safe must be relevant to the local context and circumstances, and health authorities should delegate the power to on-site health service managers to quickly gather the necessary information and assess the best course of action in these particular circumstances.

Continuously applying the full security risk management cycle

Addressing violence against health care requires all stakeholders to continuously implement and reassess the full cycle of security risk management discussed in this handbook. Isolated actions do not prevent violence from impacting health care. Good practice requires a continuous cycle of learning, making adjustments, and developing better practice to increase awareness and preparedness and respond to and learn from incidents.

Further resources

Additional guidance on supporting people after a violent incident

Supporting the staff – [Occupational Violence and Aggression Post-incident Support](#) – Victoria State Government Health and Human Services Department, Australia

Supporting the staff – [Creating Safer Work Places](#) – American Hospital Association, page 7

[Psychological First Aid: Guide for Field Workers](#) – WHO

[On-line Training of Trainers in Psychological First Aid](#) – IFRC

Additional guidance on documenting a violent incident

Documenting an incident – [Security Incident Information Management](#) – Insecurity Insight
Data collection, Incident Reporting Form, [Toolkit: Evidence that Protects Health Care](#) – IRC,
Insecurity Insight, PHR, SHCC and JHU

Examples of good practices in aftermath care and documentation

[Prevention and Protection against Attacks on Health Care: Good Practices](#) – WHO (Chapters 2 and 6)
[Using data to improve action to prevent violence inside hospitals](#) – [American Hospital Association](#)

Take-aways:

- ➔ After a violent incident, the first and most important action is to care for the survivors to the extent possible. Other steps can be taken to provide immediate and long-term health care in response to the physical and mental needs of people who were affected by an incident.
- ➔ In the aftermath of a violent incident, the impact on health care delivery should be assessed, including both the impact of the incident itself and the measures that were taken after the incident.
- ➔ The incident must be reported to ensure that the factors affecting the severity of the incident will not go unnoticed and lessons are learned. The proper reporting of incidents allows a systematic approach to the issue, including understanding the incident itself and the trends it might show, and using the information contained in the report to assess accountability and advocate for stronger preventive measures.
- ➔ Any corrective or recovery measures to respond to the consequences of the incident must be taken in parallel with a review of the risks and current realities affecting the health service. Reviews of protocols and measures should not be done to blame people, but to learn from what happened.
- ➔ Lessons should be learned and implemented, and the relevant security risk management policies and procedures should be continuously updated accordingly.



**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.

Insecurity Insight. Rue Fendt 1. 1201 Geneva. Switzerland
www.insecurityinsight.org
info@insecurityinsight.org

