

# Observatory of Aggressions

Spanish General Medical Council

OMC



ORGANIZACIÓN  
MÉDICA COLEGIAL  
DE ESPAÑA

CONSEJO GENERAL  
DE COLEGIOS OFICIALES  
DE MÉDICOS

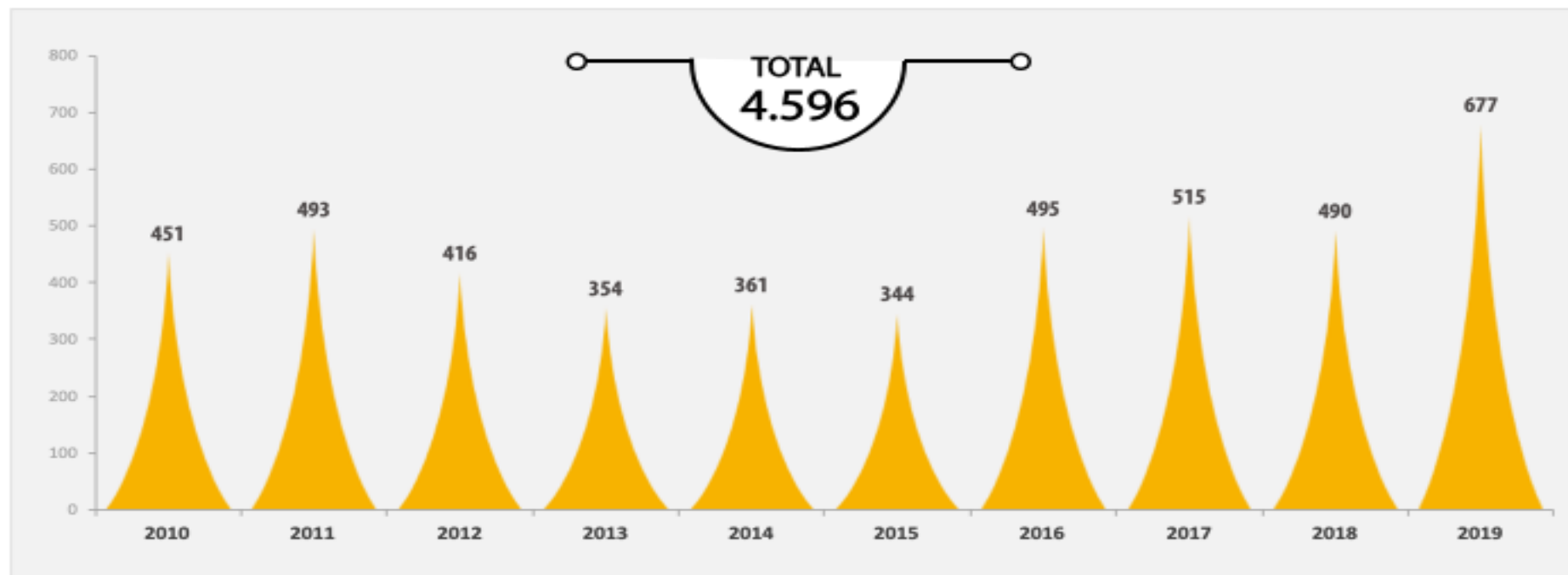


**Dr. Tomás Cobo Casto**  
Vicepresidente 1º OMC  
Vicepresidente UEMS



## Evolución total de agresiones comunicadas a los Colegios de Médicos

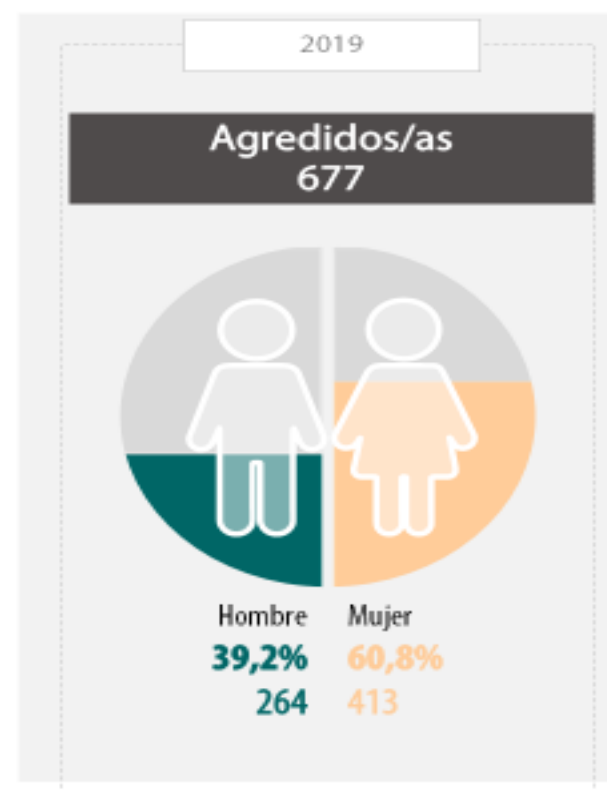
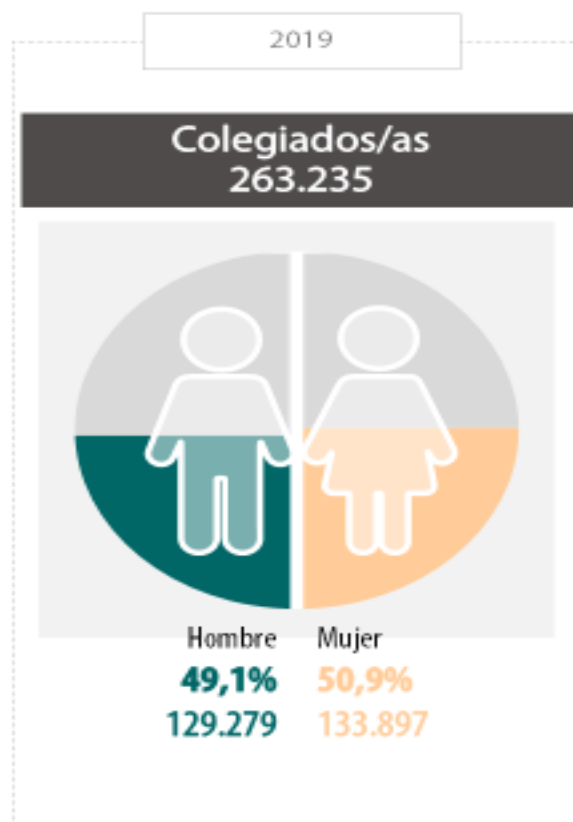
Periodo 2010 - 2019





# AGRESIONES COMUNICADAS A LOS COLEGIOS DE MÉDICOS

## DISTRIBUCIÓN DE AGRESIONES POR SEXO





## Comunicaciones de agresiones por cada mil médicos/as colegiados/as

Media total \*1000  
2019  
**2,57**

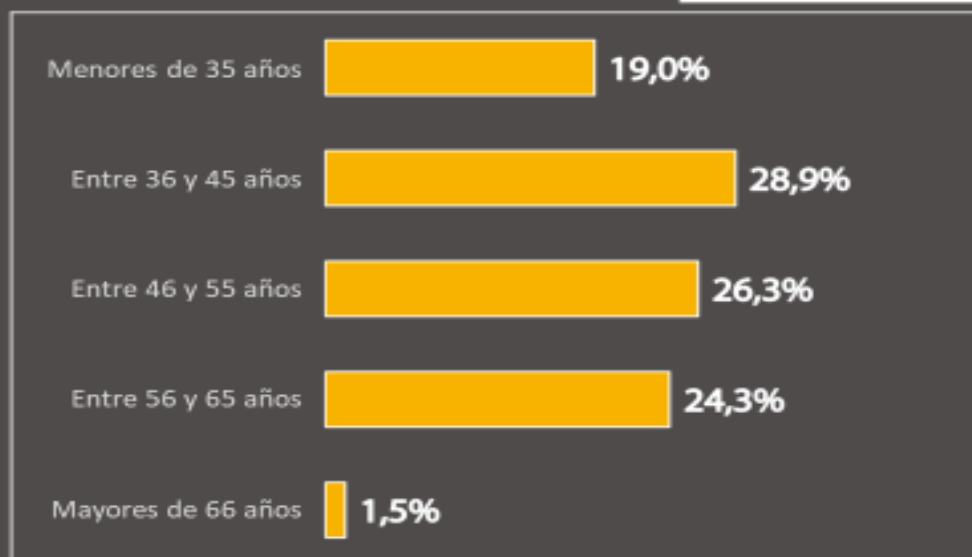


Comunidad Autónoma	Total colegiados/as	Total agresiones	Total agresiones * 1000
Comunidad de Madrid	46.393	81	1,75
Andalucía	41.592	170	4,09
Cataluña	38.282	164	4,28
Comunidad Valenciana	26.534	50	1,88
Castilla y León	15.205	20	1,32
Galicia	14.488	6	0,41
País Vasco	14.333	8	0,56
Islas Canarias	11.351	12	1,06
Castilla-La Mancha	9.414	16	1,70
Aragón	9.203	18	1,96
Región de Murcia	7.715	31	4,02
Principado de Asturias	6.668	17	2,55
Islas Baleares	5.898	20	3,39
Extremadura	5.702	28	4,86
Comunidad Foral de Navarra	4.252	8	1,88
Cantabria	3.750	25	6,67
Comunidad de La Rioja	1.756	0	0
Ceuta (Ciudad Autónoma de)	332	3	9,04
Melilla (Ciudad Autónoma de)	307	0	0
<b>Total</b>	<b>263.235</b>	<b>677</b>	<b>2,57</b>



## DISTRIBUCIÓN POR EDADES de los médicos/as agredidos

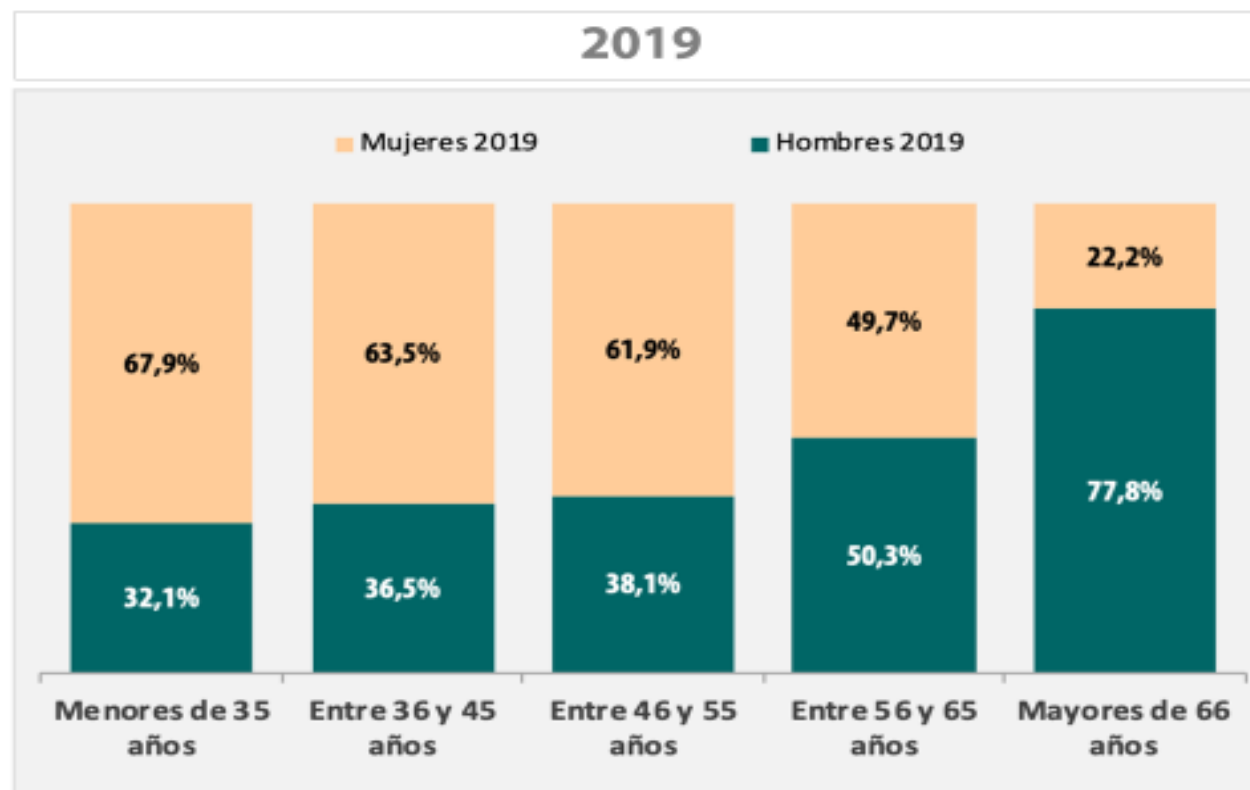
2019





## Distribución por tramos de edad y sexo

Distribución de agresiones por edad y sexo





## TIPOLOGÍA DE LOS AGRESORES

Paciente programado

Paciente no programado

Acompañante

Paciente desplazado

2019

46%

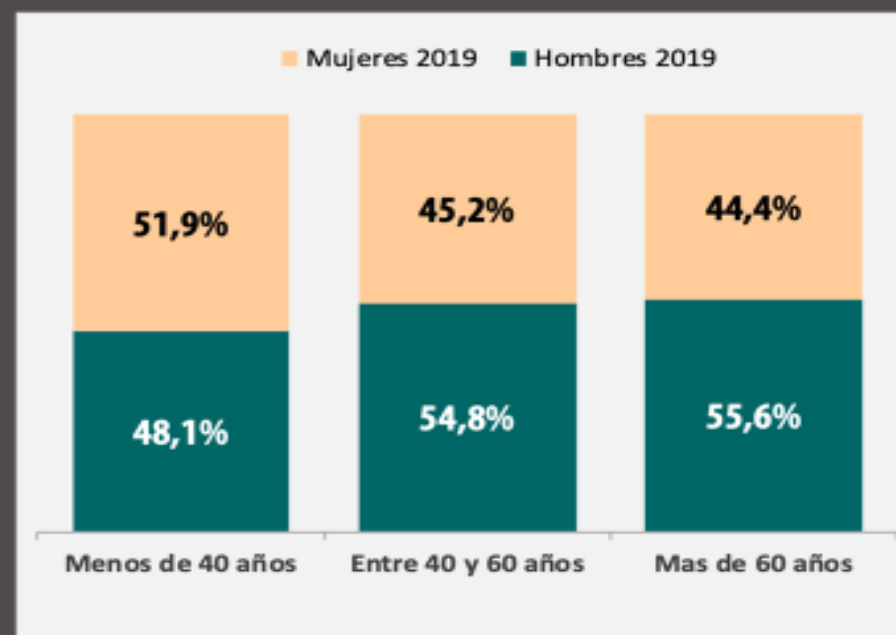
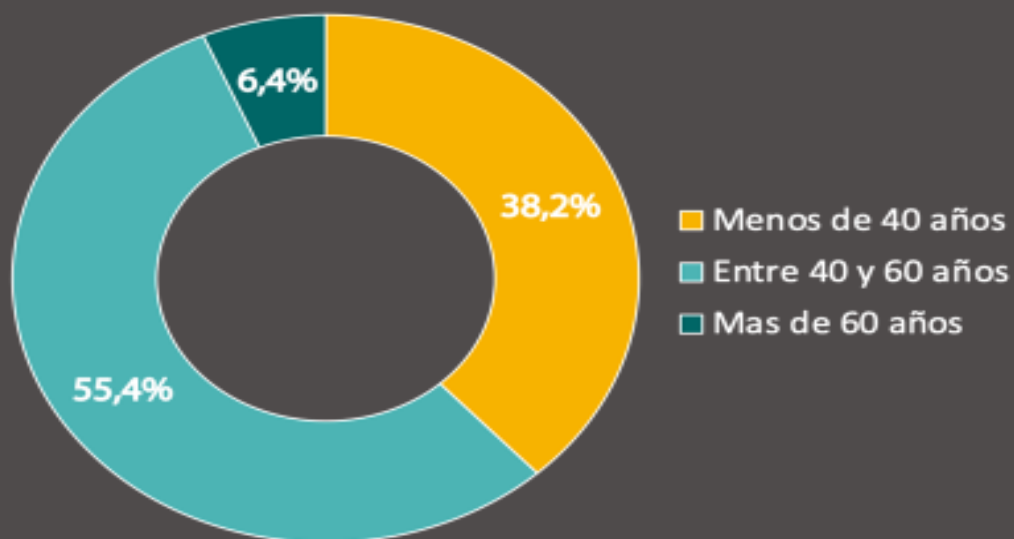
29%

22%

3%



## DISTRIBUCIÓN POR EDADES DEL AGRESOR





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Observatorio de  
Agresiones



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## ÁMBITOS EN LAS QUE SE PRODUCE LA AGRESIÓN

Atención  
primaria

Hospital

Urgencias AP

Urgencias  
Hospitalarias

Domicilio  
/ in itinere

Otros ámbitos

2019

43%

19%

14%

11%

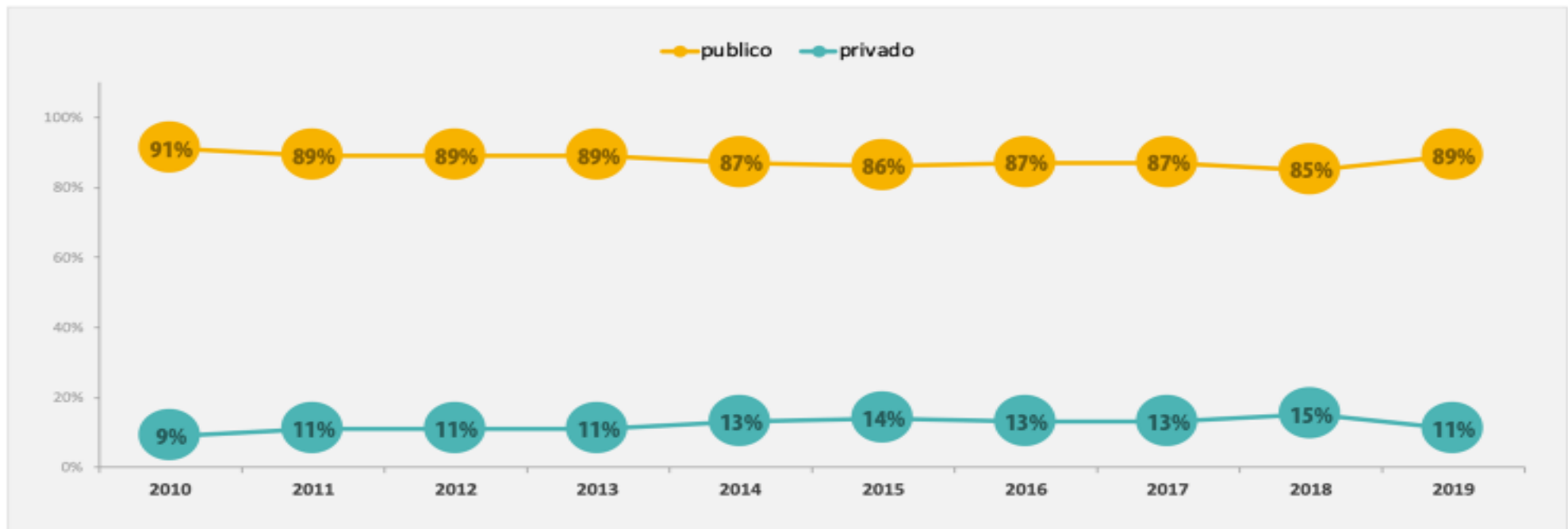
2%

11%



## Tipo de ejercicio

Evolución 2010-2019 del ejercicio del agredido





## Tramo en el que se produjeron los hechos

		LABORAL	DESCANSO	DESPLAZAMIENTO	NO LABORAL
Porcentaje de agresiones en cada tramo		91,3%	0,7%	3,9%	4,1%
Distribución de cada tramo horario por sexo					
	Hombres	39,2%	75,0%	40,9%	56,5%
	Mujeres	60,8%	25,0%	59,1%	43,5%



## TIPO DE AGRESIÓN TOTAL Y POR SEXO DEL PROFESIONAL AGREDIDO

2019

AMENAZAS

50%

Hombres

39%



Mujeres

61%



INSULTOS

38%

Hombres

36%



Mujeres

64%



LESIONES

12%

Hombres

47%



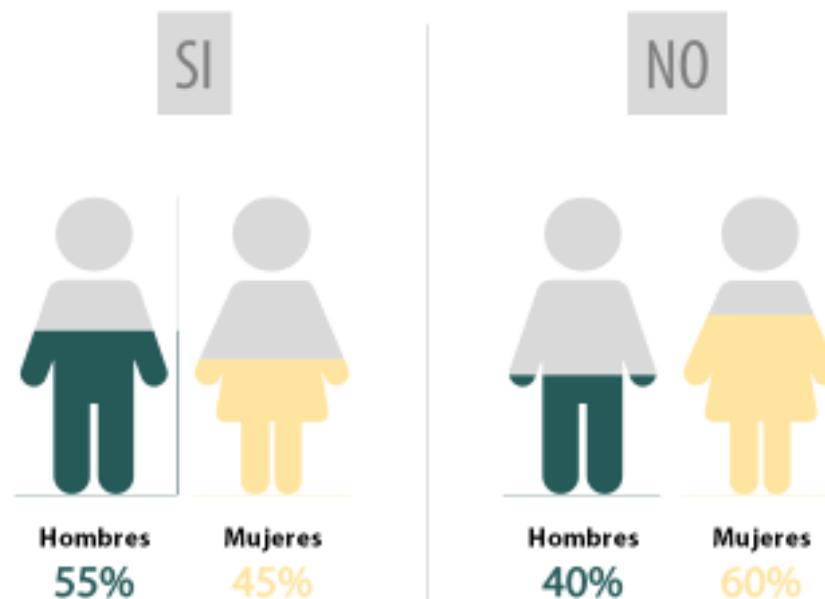
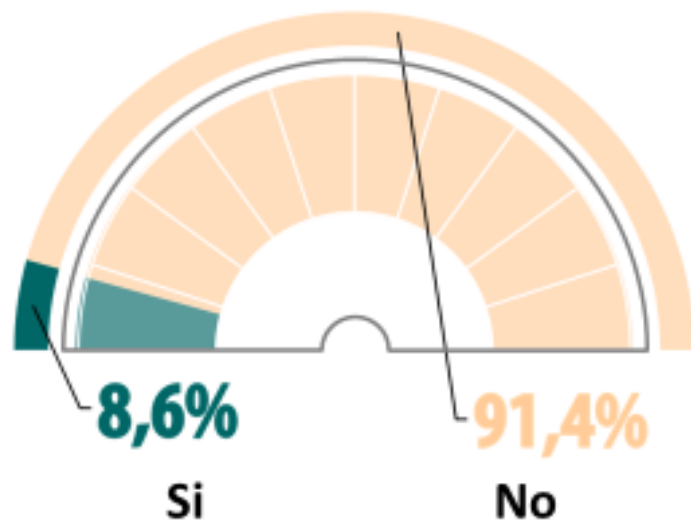
Mujeres

53%





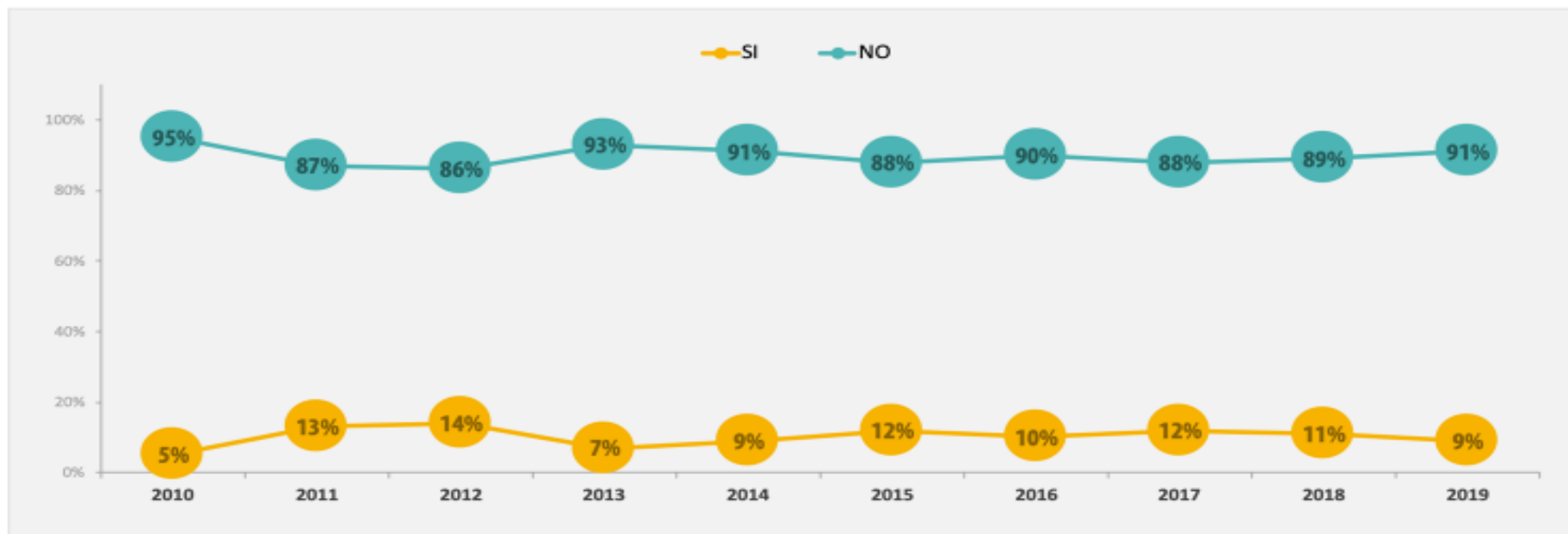
## Daños materiales





## Daños materiales

Evolución 2010-2019





## CAUSA DE LA AGRESIÓN

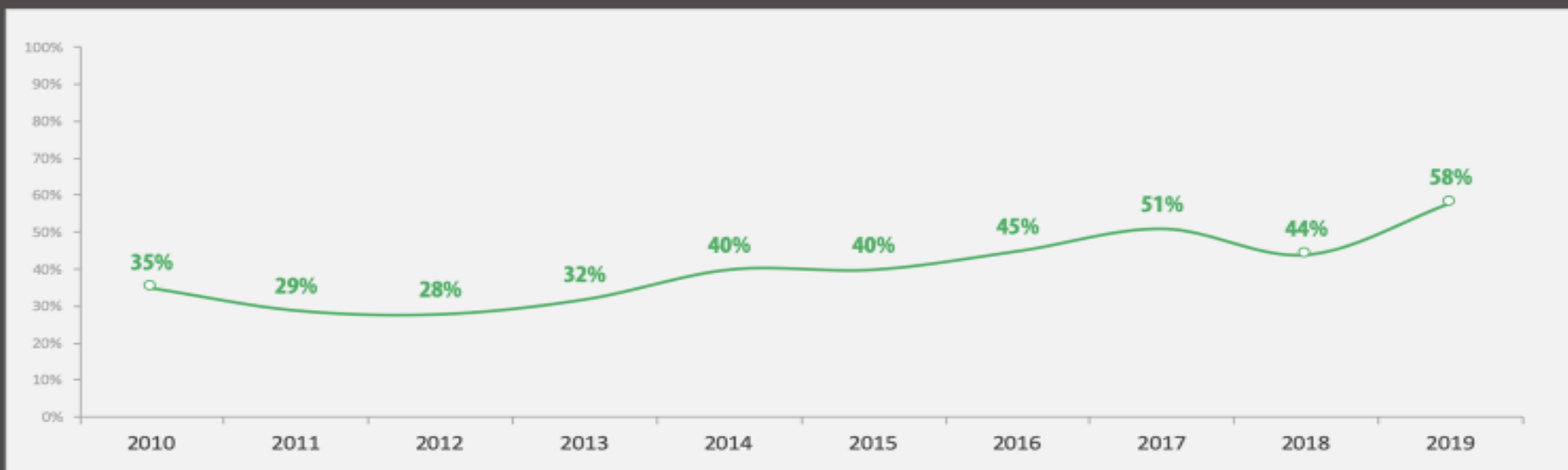
2019





## ¿HA RECIBIDO APOYO O ASESORAMIENTO POR PARTE DEL CENTRO DE TRABAJO?

EVOLUTIVO SÍ APOYO 2010 - 2019

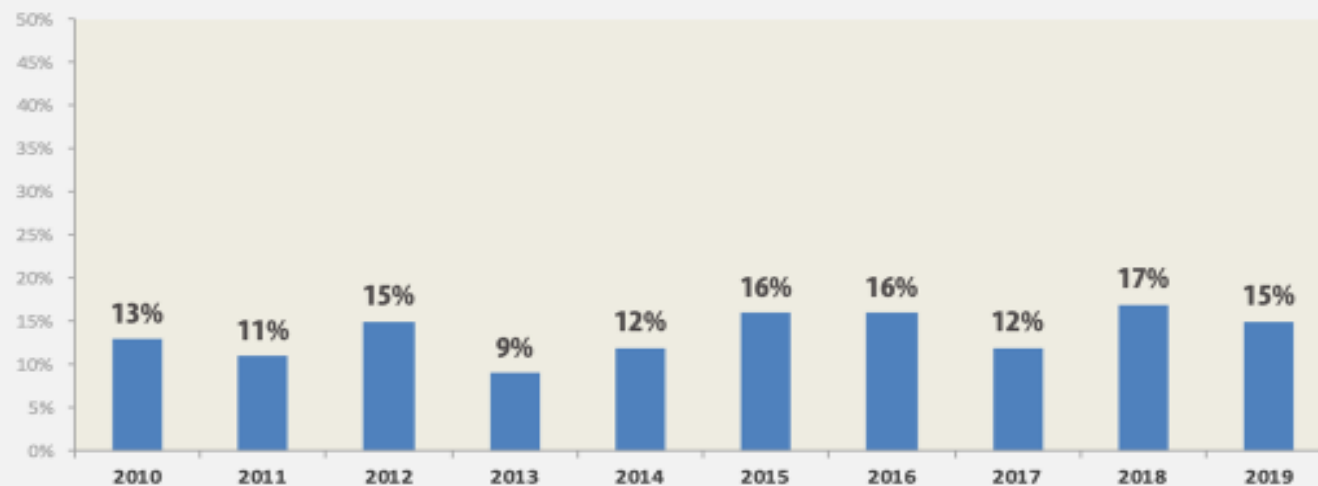






## BAJA LABORAL

EVOLUTIVO 2010 - 2019





## AGRESIONES COMUNICADAS A LOS COLEGIOS DE MÉDICOS 2019

### DENUNCIAS

AGRESIONES

677



EMPRESA	POLICÍA NACIONAL / GUARDIA CIVIL	COLEGIO	JUZGADO
31,8%	31,6%	26,3%	10,3%

## Conclusions



- In 2019 there have been 677 assaults on medical staff reported to the Colleges of Physicians, being the highest figure in the last 10 years.
- Those attacked are mainly women (60%) between 36 and 45 years old, and it is a trend that has been increasing over the last few years.
- The incidence of attacks in Spain in 2019 was 2.57 for every thousand registered physicians. Andalusia is the region with the highest number of cases (170 assaults). The autonomous communities with the highest incidence are Ceuta, Cantabria, Extremadura, Catalonia and Andalusia.
- The type of aggressor is a patient with a scheduled appointment (46%), between 40 and 60 years old, and mainly men (54.8%).
- The sphere where the greatest number of attacks occur in Primary Care (43%), mainly with threats (59%).
- Injuries produced by assaults are more physical (57%) than psychic (43%). Assaults occur significantly in public practice (89%), and during working hours (91.3%).
- The main reason for the assault is discrepancies with the medical care received. The support from working places increased by 14% in 2019, reaching 58%.

# Thank you

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DE COLEGIOS OFICIALES  
DE MÉDICOS

[presidencia@cgcom.es](mailto:presidencia@cgcom.es)

# Law 14 August 2020, n. 113

***“Safety provisions for health and socio-health professionals in the exercise of their functions”***



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GLI OPERATORI SANITARI  
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Organizzazione di Volontariato

# ENTRY INTO FORCE

On September 9, 2020, the Italian Official Journal n. 224 published the Law 14 August 2020, n. 113, **“Safety provisions for health and socio-health professionals in the exercise of their functions”**.

The piece of legislation entered into force on **September 24, 2020**.



# Law n. 113 Executive Summary

- The law text starts «from the need to identify measures of prevention and contrast for acts of violence against health professionals, a constant phenomenon that seriously jeopardizes the physical and professional safety of the aforementioned category».
- During their work, health professionals may be subjected to acts of violence, with a higher frequency than in other work sectors.
- The risk factors are numerous, but the peculiar and recurring element is represented by the highly interactive and personal relationship that is established between the patient and the healthcare professional during the provision of healthcare services and which often involves subjects, such as the patient himself or family members, who are in a state of vulnerability, frustration or loss of control, especially when under the influence of alcohol or drugs.

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# THE LAW STRUCTURE

- **Article 1** regulates the scope:
  - ü Health professions; and
  - ü Socio-Health professions.

PROFESSIONI SANITARIE	
Professione	Principali rif. normativi
Farmacista	D. Lgs. 08.08.1991, n. 258 (G.U. 16.08.1991, n. 191)
Medico chirurgo	D. Lgs. 17.08.1999, n. 368 (G.U. 23.10.1999, n. 250, S.O.)
Odontoiatra	L. 24.07.1985, n. 409 (G.U. 13.08.1985, n. 190, S.O.)
Veterinario	L. 08.11.1984, n. 750 (G.U. 10.11.1984, n. 310)
Biologo	L. 24.05.1967, n. 396 L. 11.01.2018, n. 3, art. 9 - (G.U. 31.01.2018, n. 25) Decreto 23/03/2018, Ordinamento della professione di biologo (G.U. 06/06/2018, n. 129)
Fisico	L. 11.01.2018, n. 3, art. 8 - (G.U. 31.01.2018, n. 25) Decreto 23/03/2018, Ordinamento delle professioni di chimico e fisico (G.U. 05/06/2018, n. 128)
Chimico	R.D. 1.03.1928, n. 842 L. 11.01.2018, n. 3, art. 8 - (G.U. 31.01.2018, n. 25) Decreto 23/03/2018, Ordinamento delle professioni di chimico e fisico (G.U. 05/06/2018, n. 128)
Psicologo	L. 18.02.1989, n. 56 - (G.U. 24.02.1989, n. 46) L. 11.01.2018, n. 3, art. 9 - (G.U. 31.01.2018, n. 25) Decreto 23/03/2018, Ordinamento della professione di psicologo (G.U. 4/06/2018, n. 127)
PROFESSIONI SANITARIE INFERMIERISTICHE	
Professione	Principali rif. normativi
Infermiere	D.M. 14.09.1994, n. 739 (G.U. 09.01.1995, n. 6) L. 18.12.1980, n. 905 (G.U. 31.12.1980, n. 356)
Infermiere Pediatrico	D.M. 17.01.1997, n. 70 (G.U. 27.03.1997, n. 72)
PROFESSIONE SANITARIA OSTETRICA	
Professione	Principali rif. normativi
Ostetrica /o	D.M. 14.09.1994, n. 740 (G.U. 09.01.1995, n. 6) L. 13.06.1985, n. 296 (G.U. 22.06.1985, n. 146)

PROFESSIONI TECNICO SANITARIE	
Professione	Principali rif. normativi
Tecnico Audioprotesista	D.M. 14.09.1994, n. 668 (G.U. 03.12.1994, n. 283)
Tecnico della Fisiopatologia Cardiocircolatoria e Perfusioni Cardiovascolari	D.M. 27.07.1998, n. 316 (G.U. 01.09.1998, n. 203)
Tecnista dentale	D.M. 15.03.1999, n. 137 (G.U. 18.05.1999, n. 114)
Tecnista	D.M. 14.09.1994, n. 744 (G.U. 09.01.1995, n. 6)
PROFESSIONI SANITARIE DELLA RIABILITAZIONE	
Professione	Principali rif. normativi
Podologo	D.M. 14.09.1994, n. 666 (G.U. 03.12.1994, n. 283)
Fisioterapista	D.M. 14.09.1994, n. 741 (G.U. 09.01.1995, n. 6)
Logopedista	D.M. 14.09.1994, n. 742 (G.U. 09.01.1995, n. 6)
Ortottista - Assistente di Oftalmologia	D.M. 14.09.1994, n. 743 (G.U. 09.01.1995, n. 6)
Terapista della Neuro e Psicomotricità dell'Età Evolutiva	D.M. 17.01.1997, n. 56 (G.U. 14.03.1997, n. 61)
Tecnico Riabilitazione Psichiatrica	D.M. 29.03.2001, n. 182 (G.U. 19.05.2001, n. 115)
Terapista Occupazionale	D.M. 17.01.1997, n. 136 (G.U. 25.05.1997, n. 119)
Educatore Professionale	D.M. 08.10.1998, n. 520 (G.U. 28.04.1999, n. 98)
PROFESSIONI SANITARIE DELLA PREVENZIONE	
Professione	Principali rif. normativi
Tecnico della Prevenzione nell'Ambiente e nei luoghi di lavoro	D.M. 17.01.1997, n. 58 (G.U. 14.03.1997, n. 61)
Assistente Sanitario	D.M. 17.01.1997, n. 69 (G.U. 27.03.1997, n. 72)

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# THE LAW STRUCTURE

- **Article 2** regulates the **National observatory on the safety of health and socio-health professions**

- ü It is established, through a Ministry of Health decree, within three months of the entry into force of the law

- ü It is composed of the following representatives and in any case 50% of the members shall be women:

- § Trade Unions
- § Regions
- § National Agency for the Regional Health Services
- § Ministries of Internal Affairs, Defence, Justice, Labour and Social Policies
- § Professional Orders
- § Sector Associations
- § Patient Associations
- § National Institute for Insurance against Accidents at Work

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Organizzazione di Volontariato

# THE LAW STRUCTURE

- **The National Observatory on the safety of health and socio-health professions' tasks includes:**
  - ü Monitoring events
  - ü Promotion of studies and analysis to identify mitigating measures
  - ü Monitoring the implementation of preventing and protection measures, as well as training courses

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# THE LAW STRUCTURE

- **Article 3** concerns the promotion of information initiatives on the importance of respecting the work of health care personnel.



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# THE LAW STRUCTURE

- **Article 8** establishes the “**National day of education and prevention against violence against health and social health workers**”, aimed at raising awareness among citizens of a culture that condemns all forms of violence.



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# THE LAW STRUCTURE

- **Articles 4, 5, 6 and 9** concern the aggravation of penalties and sanctions
  - ü art. 583-*quater* Criminal Code
  - ü art. 61 Criminal Code
  - ü artt. 581 e 582 Criminal Code



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# The ITALIAN RED CROSS OBSERVATORY on AGGRESSIONS against VOLUNTEERS



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# THE CAMPAIGN

*December 10, 2018*

**HEALTH IT'S A  
CARE MATTER  
IN OF LIFE  
DANGER & DEATH**



**NON SONO  
UN BERSAGLIO**

LA VIOLENZA CONTRO  
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# THE OBSERVATORY

- Context
  - Year
  - Gender
  - Activity
  - Time



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# THE OBSERVATORY

- The event
  - Kind of aggression → verbal vs. physical
  - Damages → people, vehicle or other objects
  - Place → home, outside, ambulance, emergency room
  - The aggressor → man, woman, or group
  - The aggressor 2 → the rescued, a relative or a friend, other people not directly involved

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# THE OBSERVATORY

- Mitigation measures
  - Police à yes/no
  - Debriefing or defusing
  - Managing stress in the field and psycho-social support

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# THE OBSERVATORY

*New elements in 2020*

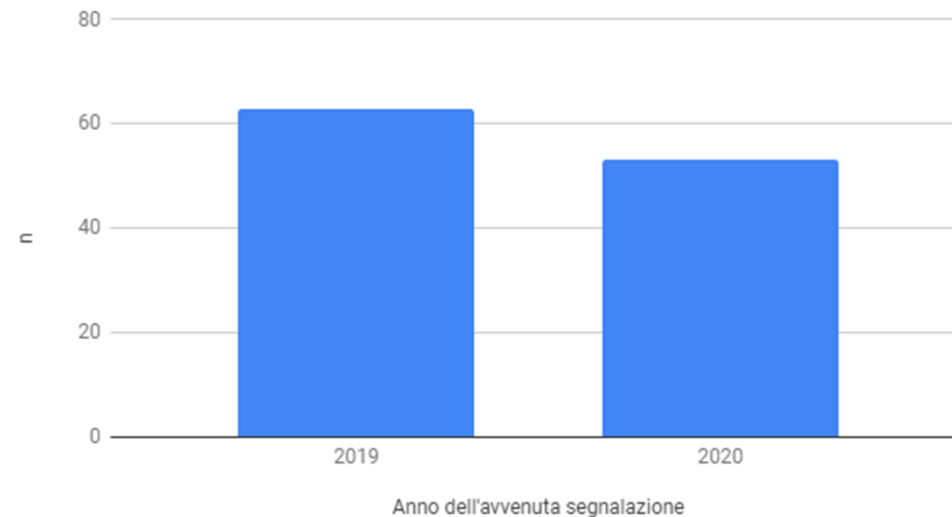
- On the basis of the reports received during the COVID-19 emergency, cases of attacks related to the health emergency were collected, highlighting cases of stigma against the Volunteers engaged in emergency response activities;
- With the aim of providing as much information as possible, from 23/02/2020 the Observatory also mapped the local Branch of the Volunteer from which the report of aggression comes. 49 reports were collected, identifying the Chapter to which the reporting Volunteer belongs.

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# THE OBSERVATORY

Segnalazioni rispetto ad anno dell'avvenuta segnalazione



- 53 reports were processed in 2020 (-15% compared to 2019)
- 26% (14) occurred during services strictly related to the COVID-19 emergency

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# RESULTS

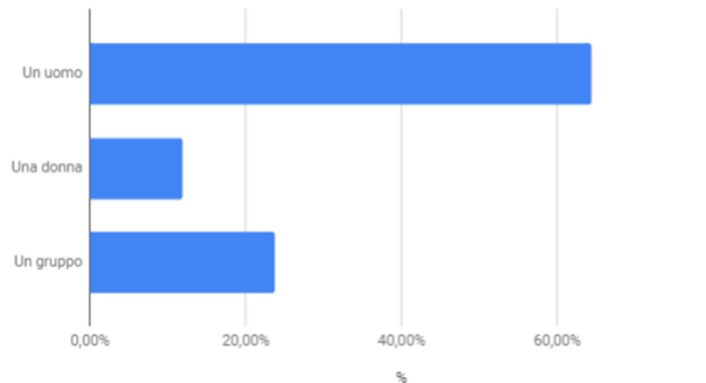
- Two years after its creation, the Observatory received an average of just over **four reports per month**. Most of the reported attacks occurred during the Health Transport and Ambulance Rescue activities, equal to 65.3% (71.21% in 2019).
- Victim and aggressor in most cases were men (78 and 64%) and in 45% of reported cases, the attack was physical. Furthermore, in 76% of the cases analyzed the physical assault resulted in damage to people, and in 14% of cases to service vehicles.

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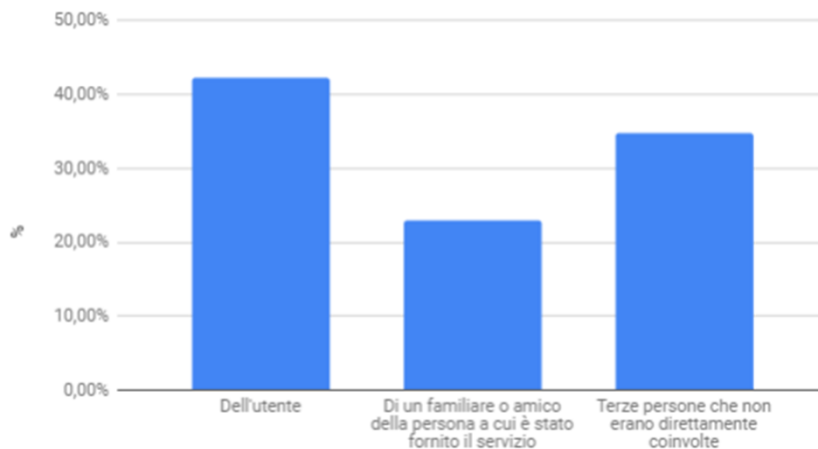


# RESULTS

L'aggressione è avvenuta da parte di



L'aggressione è avvenuta da parte

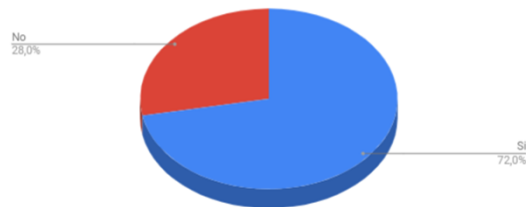


- Particularly concerning are the data relating to the type of aggressor. In fact, in 23.73% of cases the aggression was carried out by a group and, in over a third of cases (34.75%), the aggressor was not directly involved in the event, since it was not the patient or a family member or friend of the assisted person.

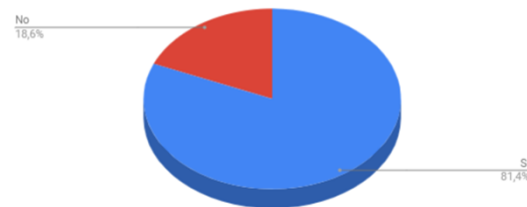
[www.cri.it](http://www.cri.it)

# RESULTS

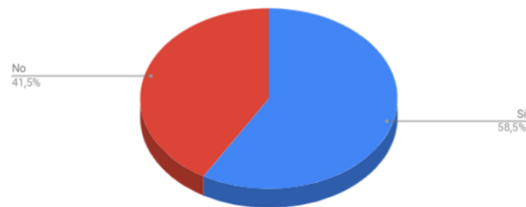
A fine servizio l'aggressione è stata oggetto di discussione durante le attività di debriefing o defusing?



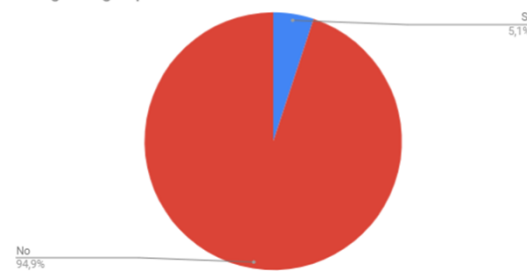
Sei a conoscenza del supporto psicosociale fornito da CRI attraverso i suoi operatori SeP?



Conosci il servizio SeP del Comitato Nazionale "Gestire lo stress sul campo"?



A seguito dell'aggressione subita hai ritenuto opportuno rivolgerti agli operatori SeP?



- In 72% of cases, the attack was subject to debriefing and defusing by the working team. Although most of the Volunteers are aware of the tools and services provided by the Italian Red Cross in the psycho-social field, only 5.1% (7.6% in 2019) considered it appropriate to access to these services after the aggression.

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# RECOMMENDATIONS AND FUTURE IMPLEMENTATIONS

- Volunteers shall be more informed about the existence of the Observatory and be invited to fill out the reporting form when they are victims of aggression through the use of new materials;
- Structuring training sessions with the aim of increasing the number of IHL Instructors specialized in HCiD, with particular attention to regions with fewer trainers;
- Sharing the experience and results of the Observatory with stakeholders interested in identifying similar tools and methodologies to analyze the phenomenon within the legislative framework offered by the Law 113/2020;
- Identifying the essential data for a correct interpretation of the phenomenon, so that the data processed at all levels are homogeneous and can constitute a broader picture of a phenomenon that is not only of interest to the Italian Red Cross.

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***Thank you!***

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 *@rosariovalastro*



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# Eurasia Regional HClD

## Session 3

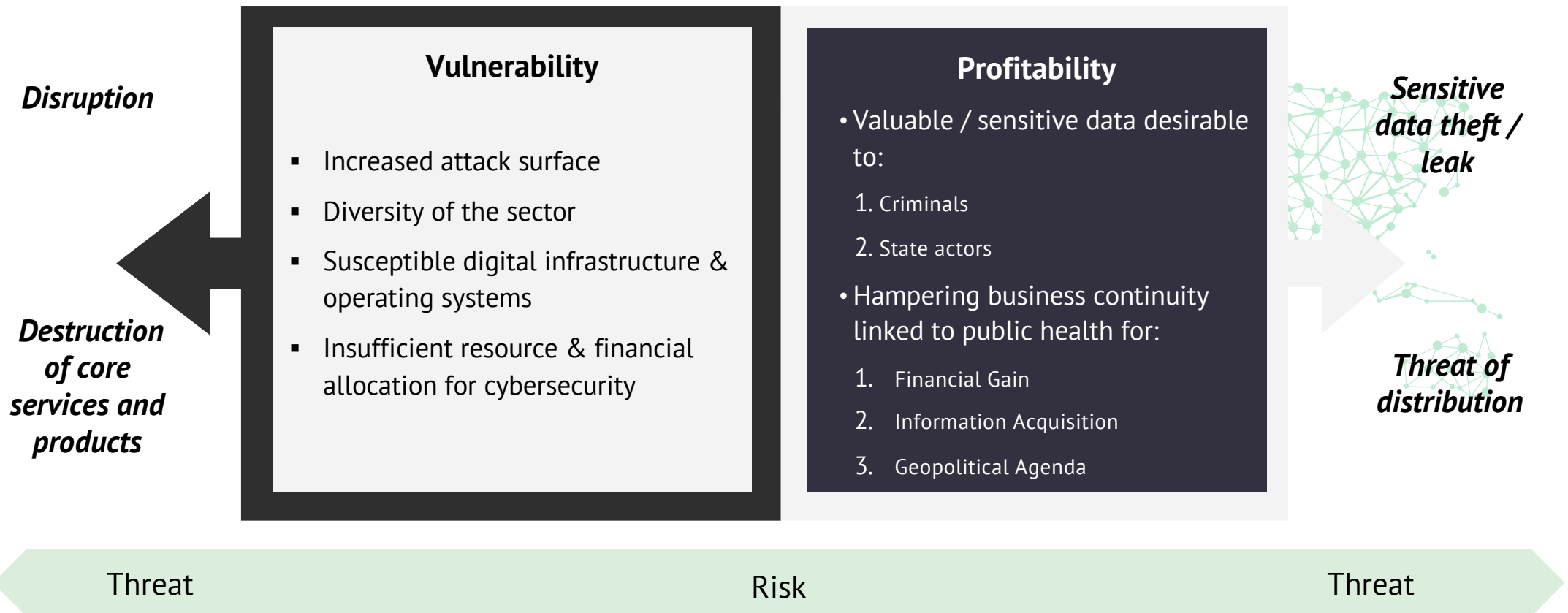
*Threats, Preparation and Responses to the Protection of Health Care*

February 3-4, 2021

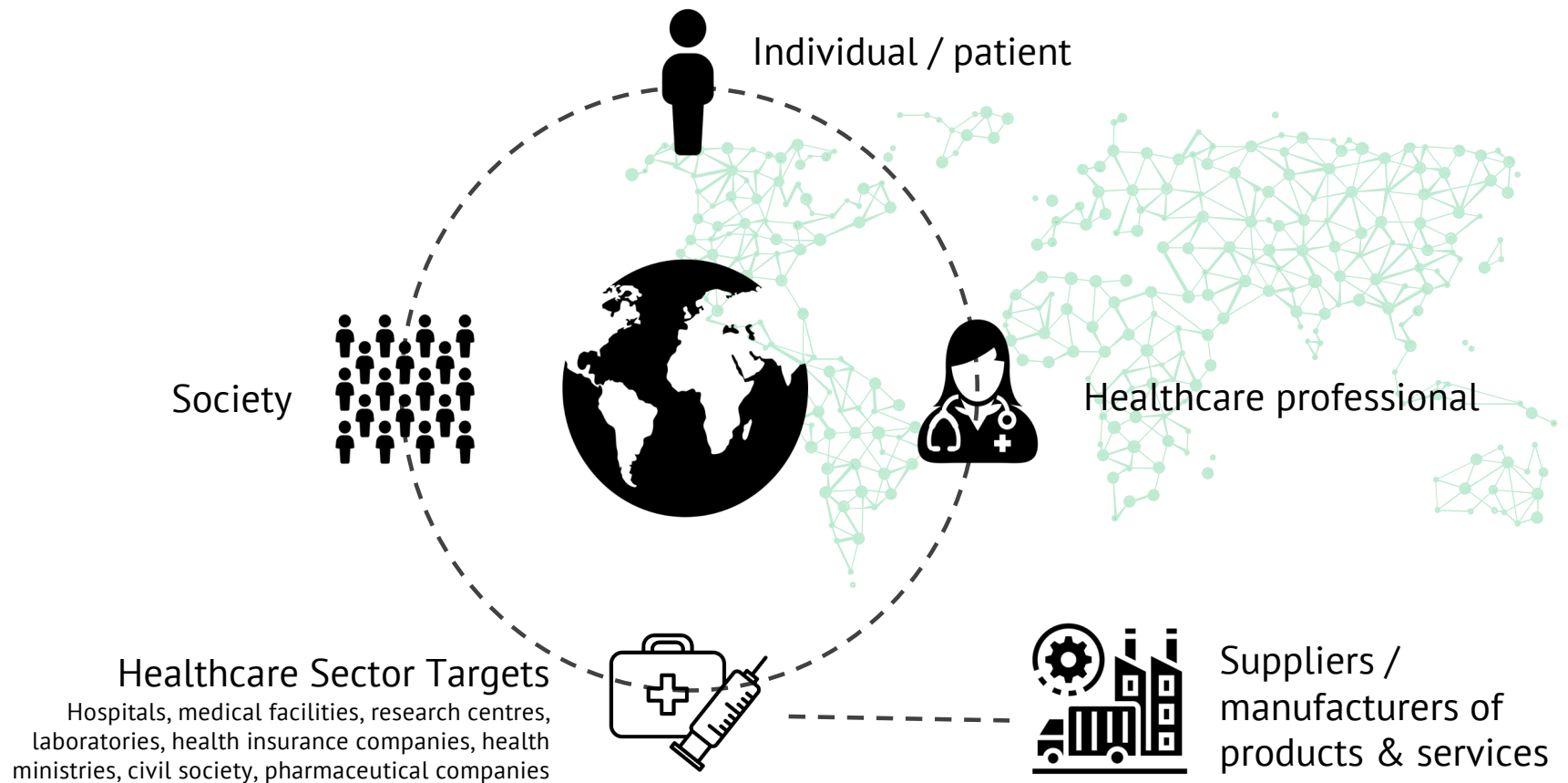


# 01 – CONTEXT

## WHY IS THE HEALTHCARE SECTOR UNDER ATTACK?



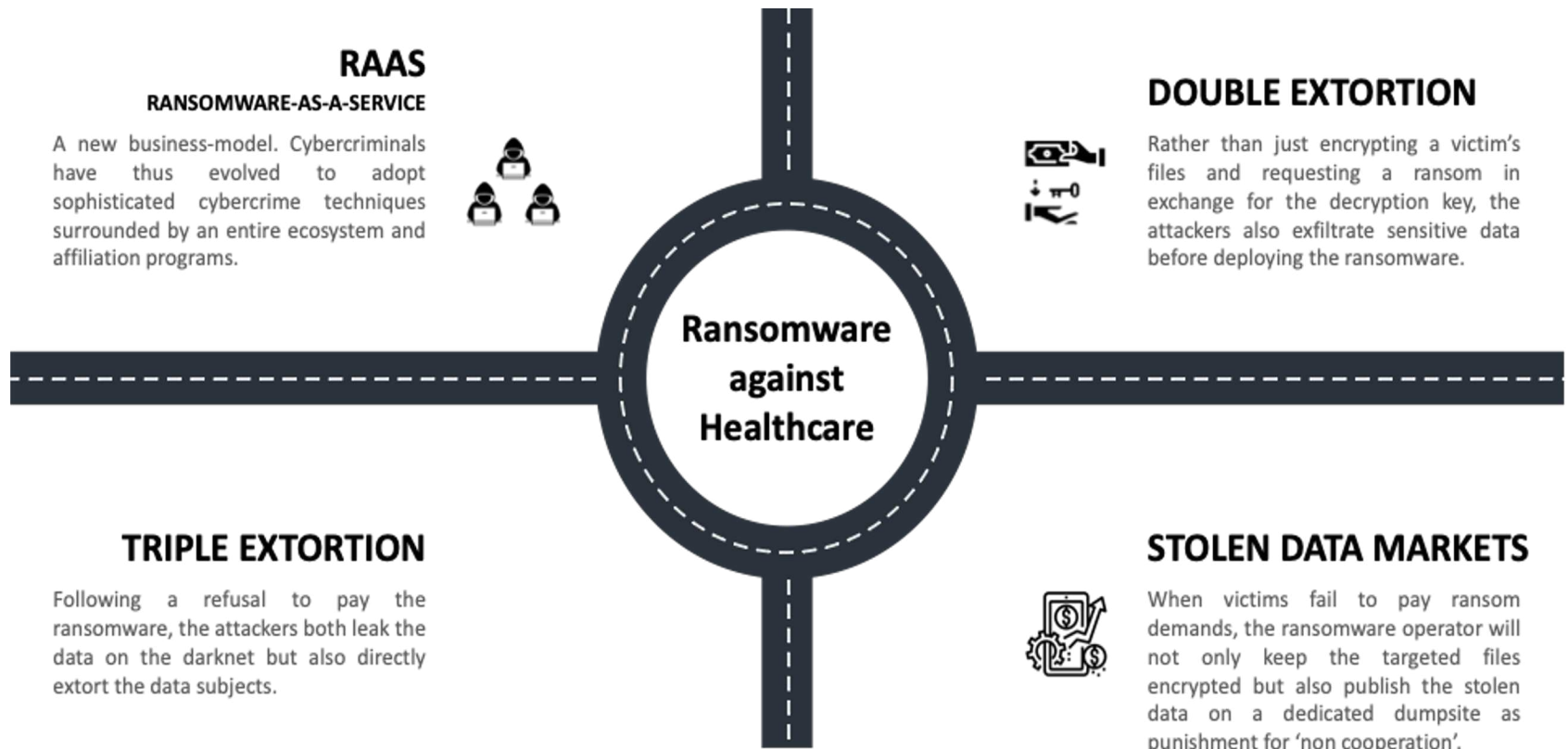
## 02 – VICTIMS WHO IS FALLING PREY TO ATTACKS?



# 03 – THREATS & TECHNIQUES

## HOW ARE ATTACKS UNFOLDING AND EVOLVING?

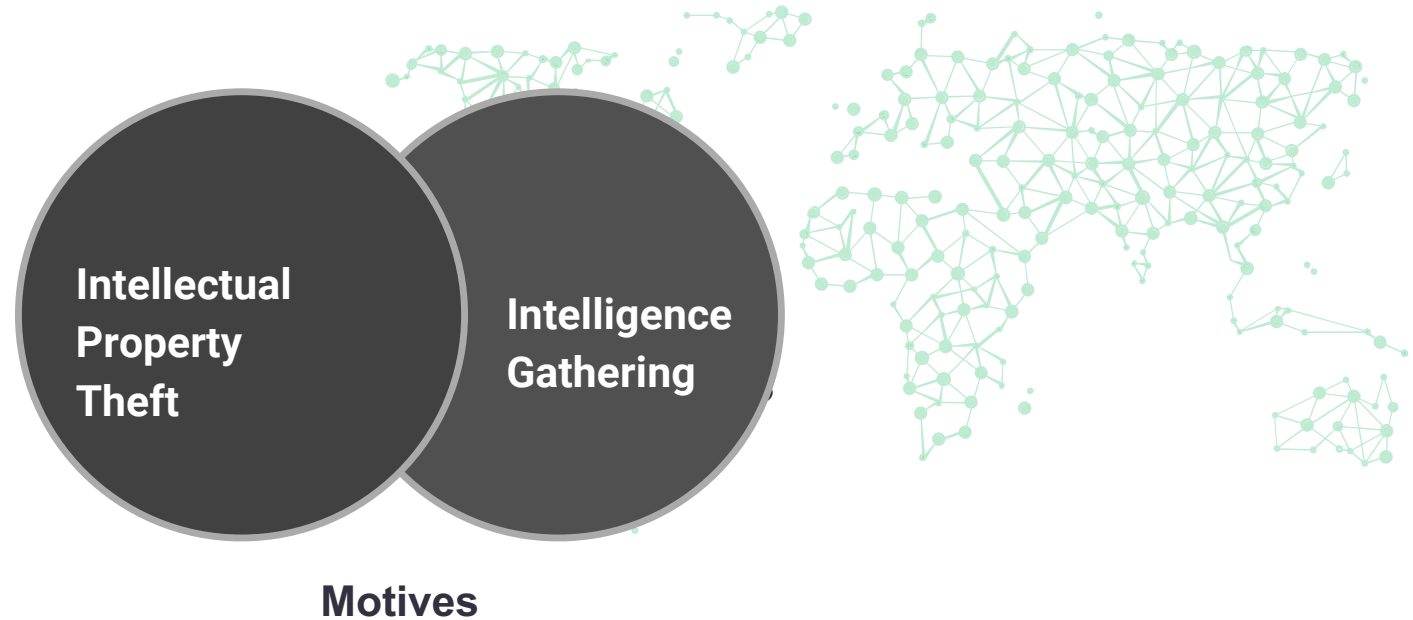
### RANSOMWARE – Most prominent and a continuously evolving threat



# 03 – THREATS & TECHNIQUES

HOW ARE ATTACKS UNFOLDING AND EVOLVING?

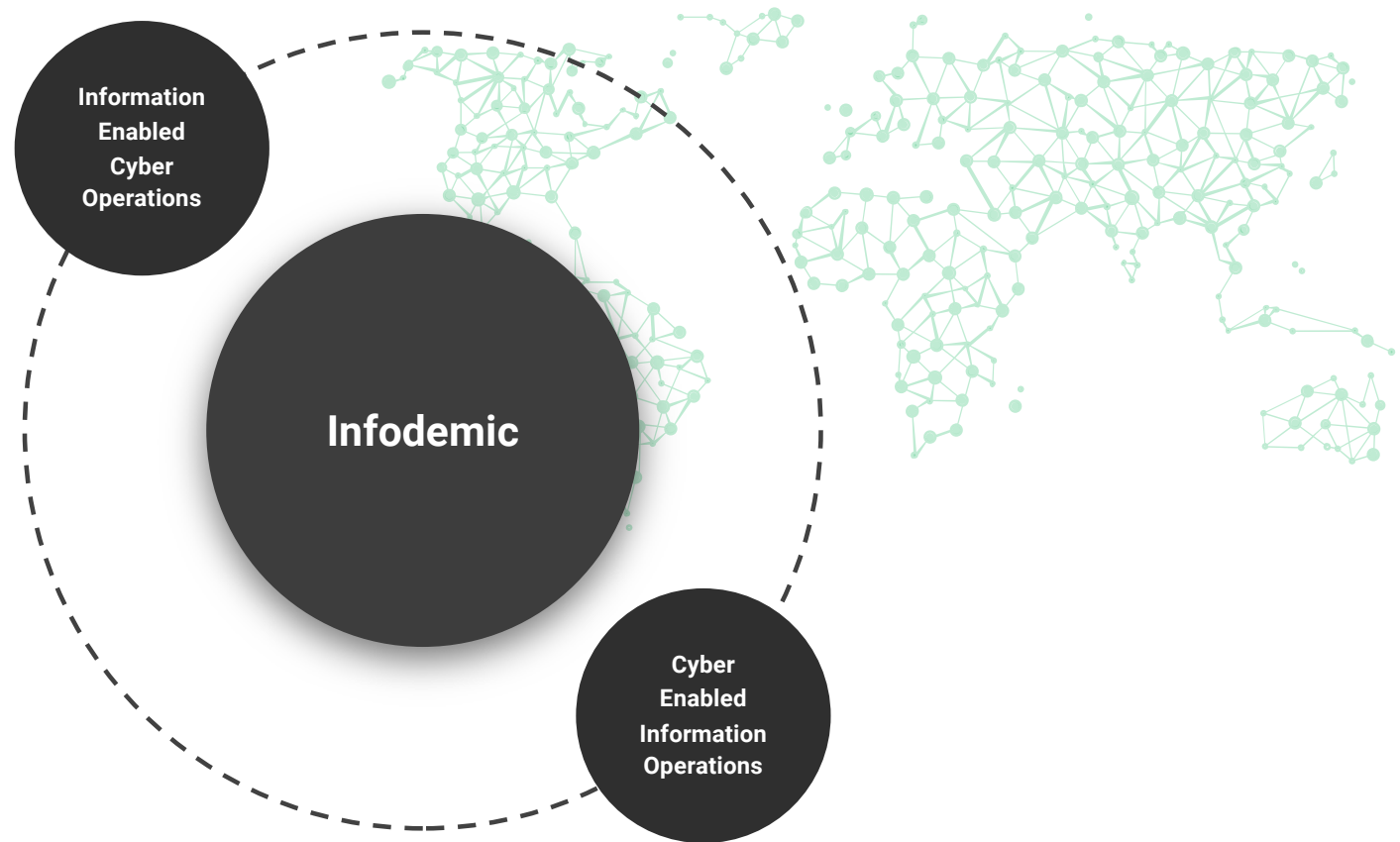
## CYBERESPIONAGE - A covert threat



# 03 – THREATS & TECHNIQUES

HOW ARE ATTACKS UNFOLDING AND EVOLVING?

## DISINFORMATION AND INFODEMIC – An underestimated threat



# 05 – THREAT ACTORS

## WHO IS POSING A THREAT TO THE HEALTHCARE SECTOR?

### Motivation / Method / Risk

Cybercriminals  
&  
Organised  
Criminal Groups

#### Financial gain

**Theft** of sensitive data, money, and personal information or the **threat of distributing** such information in exchange for payment by the victim

**High Impact** and **High Frequency**

State Sponsored  
Actors

#### Geopolitical motive

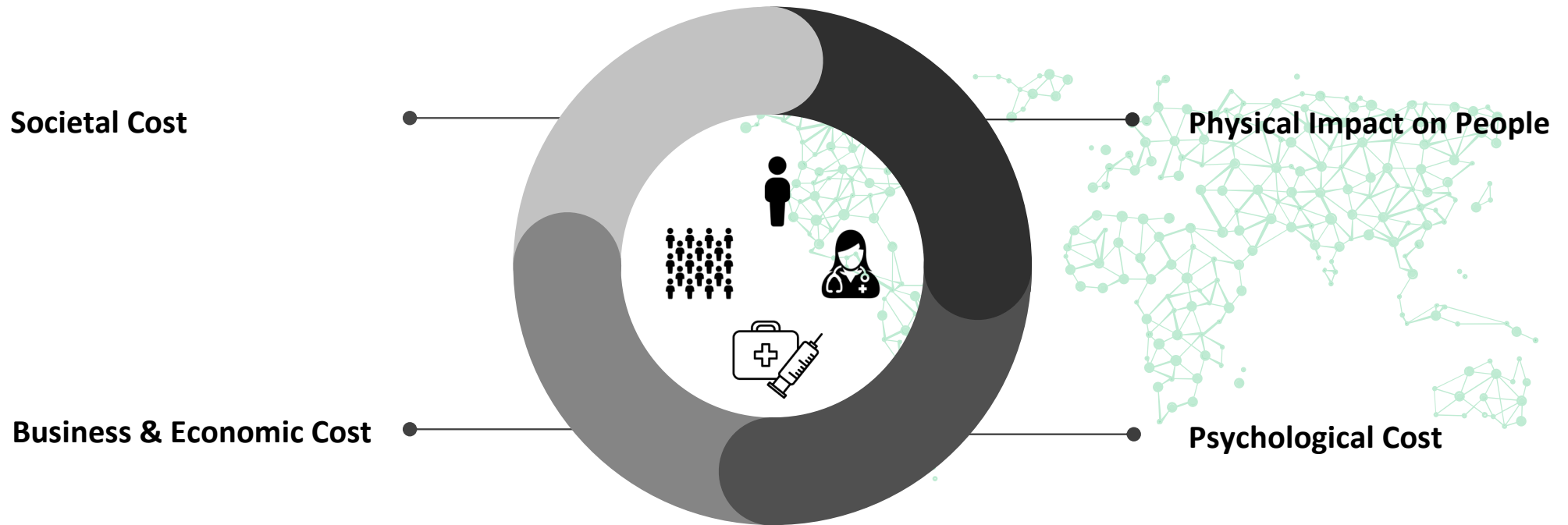
Coordinated, funded or supported by a **government entity** with a main objective to **compromise, steal, change, or destroy information**

**Significant** to **catastrophic impacts** should destructive or highly disruptive campaigns target the sector



# 06 – IMPACT

## WHAT ARE THE DIRECT AND INDIRECT IMPACTS OF ATTACKS ON SOCIETY?



# 07 – LEGAL ECOSYSTEM

## THREATS IN CYBERSPACE IN A LEGAL CONTEXT

### VOLUNTARY NON-BINDING NORMS

- 2015 UN GGE Report
- Paris Call Principles
- Cyber Tech Accord
- Global Commission on the Stability of Cyberspace Report

### DOMESTIC LAW

- Substantive criminal law
- Procedural law
- Preventive law

### INTERNATIONAL TREATIES

- The Budapest Convention

### INTERNATIONAL LAW

- Sovereignty
- The prohibition of intervention
- The prohibition on the use of force
- The principle of due diligence

### HUMAN RIGHTS LAW

- The rights to life and health
- The right to freedom of expression

## 09 – RECOMMENDATIONS

Develop interconnected actions to address the threats and protect healthcare professionals and patients.

- Document and measure impact of attacks on people and human life,
- Systematically voice that cyber attacks and cyber operations against healthcare are unlawful and unacceptable.
- Better secure healthcare critical infrastructure  
Invest in Skills / ICT equipment / Cybersecurity Policies,
- Build (and exercise) resilience in the inevitable case of an attack  
Invest in Processes / Awareness Programme
- Build active and effective information sharing (public/private, inter/extra sector, regional/international)
- Report crime and act to hold threat actors accountable.

### Stakeholders

- Academia
- Civil society
- Governments
- Healthcare Industry
- International Organizations
- Philanthropy

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