

Hull Teaching Primary Care Trust

# **VIOLENCE AND AGGRESSION POLICY**

<b><u>CONTENTS</u></b>		<b><u>Page</u></b>
1.	<b>INTRODUCTION</b>	<b>3</b>
2.	<b>SCOPE</b>	<b>3</b>
3.	<b>AIM</b>	<b>3</b>
4.	<b>OBJECTIVES</b>	<b>3</b>
5.	<b>PCT RESPONSIBILITIES</b>	<b>4</b>
6.	<b>IMPACT OF WORK RELATED VIOLENCE &amp; AGGRESSION</b>	<b>5</b>
7.	<b>DEFINITIONS OF VIOLENCE &amp; AGGRESSION IN THE NHS</b>	<b>5</b>
8.	<b>DEALING WITH VIOLENCE AND AGGRESSION PROACTIVELY</b>	<b>6</b>
9.	<b>DEALING WITH VIOLENCE AND AGGRESSION REACTIVELY</b>	<b>6</b>
10.	<b>MANAGING RISK TO REDUCE INCIDENTS OF VIOLENCE &amp; AGGRESSION</b>	<b>7</b>
11.	<b>SHARED SERVICES</b>	<b>8</b>
12.	<b>REVIEW</b>	<b>8</b>
13.	<b>RELATED REFERENCES</b>	<b>8</b>
<b>APPENDICES</b>		
A.	<b>POST-INCIDENT SUPPORT: GUIDANCE AND RECORDING FORM (completed by Line Manager)</b>	<b>10</b>
B.	<b>REPORT OF A PHYSICAL ASSAULT (completed by LSMS)</b>	<b>12</b>
C.	<b>CERTIFICATE OF CONSENT (completed by any victim of assault)</b>	<b>14</b>
D.	<b>GENERAL GUIDANCE FOR THE MANAGEMENT OF PEOPLE EXHIBITING VIOLENT AND AGGRESSIVE BEHAVIOR</b>	<b>15</b>
E.	<b>MANAGEMENT OF PATIENTS/SERVICE USERS EXHIBITING VIOLENT AND AGGRESSIVE BEHAVIOUR IN THE COMMUNITY AND CLINICS</b>	<b>19</b>
F.	<b>GUIDANCE FOR DEALING WITH INCIDENTS OF VIOLENCE AND AGGRESSION IN THE COMMUNITY</b>	<b>21</b>
G.	<b>ACKNOWLEDGEMENT OF RESPONSIBILITIES AGREEMENT LETTER – TRUST COPY (completed by Line Manager)</b>	<b>22</b>
H.	<b>ACKNOWLEDGEMENT OF RESPONSIBILITIES AGREEMENT LETTER – ALLEGED PERPETRATORS COPY TO BE SIGNED AND RETURNED (Completed by Line Manager)</b>	<b>23</b>
I.	<b>FINAL WARNING LETTER (Completed by Senior Manager)</b>	<b>24</b>
J.	<b>WITHHOLDING TREATMENT LETTER (Completed by Director for CE)</b>	<b>25</b>
K.	<b>THE QUAYS EXCLUSION PROTOCOL</b>	<b>26</b>

## **1.0 INTRODUCTION**

- 1.1 The NHS Security Management Service (NHS SMS) has policy and operational responsibility for the management of security in the NHS. Its objective, as set out in the strategy document, is to deliver an environment for those who work in or use the NHS that is properly secure, so that the highest possible standards of clinical care can be made available for patients/service users.
- 1.2 Both Violence and Aggression are unacceptable and will not be tolerated. All incidents reported by staff will be investigated and fully supported by the PCT.

## **2.0 SCOPE**

This policy and procedure applies to all PCT employees irrespective of age, race, colour, religion, disability, nationality, ethnic origin, gender, sexual orientation or marital status, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or trade union membership. All employees will be treated in a fair and equitable manner and reasonable adjustments will be made where appropriate (e.g. interpreter or signing provision, access arrangements, induction loop, etc.) This policy also applies to all patients and visitors.

## **3.0 AIM**

Security within Hull Teaching Primary Care Trust (hereafter referred to as "the Trust") is concerned with the protection of Patients, Staff, Contractors, Visitors and any other person on Trust business as well as protecting property against loss, damage, trespass or any other malicious criminal acts.

## **4.0 OBJECTIVES**

- 4.1 The primary Security Management Service (SMS) objectives are the protection of:
  - Patients, staff and visitors.
  - NHS property and assets.
  - Drugs, prescription forms and hazardous materials.
- 4.2 These objectives will be achieved as follows:
  - The Trust will ensure that security advice is available to staff and others who may require it.
  - All staff have a responsibility to assist with any security risk assessment in order to highlight measures taken to reduce and/or control any identified risks.
  - Any incidents relating to security breaches, such as a physical assault, or verbal abuse, and or theft/loss should

be reported on an adverse incident report form and forwarded in accordance with the Incident Reporting Policy and Procedure, to ensure incidents can be monitored and appropriate action instigated.

- The Trust will provide relevant training to staff where needed.

## **5.0 PCT RESPONSIBILITIES**

5.1 The NHS Security Management Service in 'Directions to NHS Bodies on Security Management Measures 2004' stipulates:

- That a Chief Executive and Security Management Executive Director are appointed which compels the Trust to improve security.
- That a Security Management Non Executive Director is appointed to assist in the improvement of Trust security.
- That a Local Security Management Specialist is appointed to lead on the day to day management of security work within the Trust, to advise Directors and Heads of Service who can then ensure that sufficient resources are available, and to enable the implementation of this policy and ensure that any security risk assessments are carried out and/or reviewed appropriately.

5.2 Directors, Heads of Service, Operational or Building Managers, Clinical Team Managers and any other Lead Professionals will ensure that:

- This policy is brought to the attention of all staff members on a regular basis, or at least annually.
- Identified actions arising from risk assessments in relation to security are implemented, and/or reviewed and reported back to the LSMS.
- Staff are provided with relevant security help/advice/information and given training as appropriate.
- Identified risks that staff cannot manage by means available to them are referred to an appropriate manager for further assessment/action.

5.3 All staff have responsibilities to:

- Ensure they attend the necessary mandatory training to assist them with their role (eg: Conflict Resolution Training).

- Assist with any security risk assessment.
- Report any incident (whether witnessed or experienced) using the PCT Incident Reporting system.
- Ensure they abide by the requirements of this policy.
- Ensure they act responsibly for their own health and safety, and for those affected by their actions.

5.4 As part of the 1998 Crime and Disorder Act, the PCT is a responsible authority for managing crime reduction, along with the Police Service, Fire Service, Police Authority and Council. All employees are expected to cooperate fully with management in the implementation of this policy.

## 6.0 IMPACT OF WORK-RELATED VIOLENCE AND AGGRESSION

6.1 Violence may be attributed to many factors, such as impatience, frustration (e.g. due to lack of information or boredom), anxiety (e.g. lack of choice, lack of space), resentment (e.g. having no right to appeal decisions), drink, drugs or inherent aggression/mental instability. Shift work also heightens the risk to staff, as over half of incidents reported under RIDDOR in 2003/04 and 2004/05 occurred between 15:00 and 22:00 hrs. The majority of incidents also involve employee interaction with people from all sections of society, many of whom are needy and vulnerable. The hazard of violence cannot therefore be removed, however, the risk of violence can be reduced.

## 7.0 DEFINITIONS OF VIOLENCE AND AGGRESSION IN THE NHS

7.1 Any individual has the right to report a perceived assault to the police. However, the SMS guidelines are that any **physical assault** of staff as described by the NHS SMS definition below should be reported as soon as practicable by the person assaulted, their manager or colleague, to the police, **except** in those cases *'where the SMD, having made the necessary and appropriate inquiries including taking relevant clinical advice, is of the opinion that the assault was unlikely to have been intentional as in their view the assailant did not know what they were doing or they did not know that what they had done was wrong, due to a medical illness, mental ill health, a severe learning disability or as a result of treatment administered.'* All criminal offences with the exception of the first definition below should be reported to police immediately and recorded on a Trust Incident Report Form.

7.2 For the purposes of this policy, **Violence** is defined using the NHS SMS physical assault definition:

- ***‘The intentional application of force against the person of another without lawful justification, resulting in physical injury or personal discomfort’*** – Physical Assault Definition contained within Directions to NHS Bodies November 2003.
- **Where an incident of violence occurs this must be reported on a PARS form (APPENDIX B) which the LSMS forwards to the NHS Security Management Service. A Consent Form (APPENDIX C) must also be signed by the staff member affected and forwarded to the LSMS.**

7.3 For the purposes of this policy, **Aggression** is defined using the NHS SMS non physical assault:

- ***‘The use of inappropriate words or behaviour causing distress and/or constituting harassment’*** – Non-Physical Assault Definition contained within Directions to NHS Bodies November 2003.

7.4 Although these definitions are relevant to the NHS this does not preclude any member of staff from pursuing a private prosecution of any description.

## **8.0 DEALING WITH VIOLENCE AND AGGRESSION PRO-ACTIVELY**

8.1 Staff should attempt to avoid physical intervention at all costs and be aware of their own verbal and non-verbal communication. De-escalation techniques include attempting to establish a rapport; offering and negotiating realistic options; avoiding threats; asking open questions and asking about the reason for the service user’s concern; showing concern and attentiveness through non-verbal and verbal responses; listening carefully; attempting to neither patronise nor minimise the service user’s concerns.

8.2 Possible warnings which may indicate an individual’s behaviour is escalating towards physically violent behaviour include tense and angry facial expressions, pacing, refusal to communicate, and verbal threats.

## **9.0 DEALING WITH VIOLENCE AND AGGRESSION REACTIVELY**

9.1 Dependent on the circumstances, in an incident involving **Aggression**, the following course of action could be pursued in conjunction with any other course of action, but always in consultation with Senior Management. Any and all action must be fully and factually documented, noted on patient records (electronic or otherwise) and on an untoward incident report form and forwarded via line management.

- i. Verbal Warning - Issued by any member of staff but with any other staff member/security guard/line manager present to act as a witness.
- ii. Acknowledgement of Responsibilities Agreements (See Appendices G&H. Letter Issued by Line Manager, signed for by perpetrator or if sent in the post a signed receipt must be acknowledged.)
- iii. Final Written Warning (See Appendix I. Letter issued by Trust Senior Manager, signed for by perpetrator or if sent in the post a signed receipt must be acknowledged.)
- iv. Use of Secure Environment (The Quays) (Senior Management Decision)
- v. Transfer to PCT Violent Patient Scheme (HRI) (Senior Management Decision)
- vi. Criminal Prosecution/ASBO (For action by Police/Community Wardens/LSMS)
- vii. Withholding Treatment (See Appendix J. Full review of perpetrators previous history in line with the Trust Withholding Treatment Policy - then letter sent by Director of Service on behalf of Chief Executive by recorded delivery)
- viii. Civil Action (For action by LSMS with agreement with SMD)

9.2 Dependent on the circumstances, in an incident involving **Violence**, the following course of action could be pursued in conjunction with any other course of action, but always in consultation with Senior Management. Any and all action must be fully and factually documented, noted on patient records (electronic or otherwise) and on an untoward incident report form and forwarded via line management.

- i. Use of Secure Environment (The Quays) (Senior Management Decision)
- ii. Transfer to PCT Violent Patient Scheme (HRI) (Senior Management Decision)
- iii. Criminal Prosecution/ASBO (For action by Police/Community Wardens or LSMS but only with agreement of SMD)
- iv. Withholding Treatment (See Appendix J. Full review of perpetrators previous history in line with the Trust Withholding Treatment Policy - then letter sent by Director of Service on behalf of Chief Executive by recorded delivery)

- v. Civil Action (For action by LSMS with agreement from SMD)

## **10.0 MANAGING RISK TO REDUCE INCIDENTS OF VIOLENCE AND AGGRESSION**

Security Management is monitored in line with Security Management Service guidelines with an Annual Security Plan and an Annual Security Report agreed by the Trust SMED and LSMS. The following points show how violence and aggression is managed within the Trust:

- Any member of staff who reports any verbal and/or physical assault will be fully supported by the Trust.
- Incident pattern analysis will be conducted to highlight problem areas.
- Site Security Surveys will be conducted to reduce risk of incidents.
- Action plans will be agreed with managers to tackle problem areas.
- Action plans will be monitored annually.

## **11.0 SHARED SERVICES**

This PCT offers and shares a number of unique services in partnership with other local Trusts/agencies and at various locations including, GP Out of Hours, The Quays, Hull Royal Infirmary, Humberside Police Custody Suites and HMP Hull. Staff working in such special environments, are guided entirely by host local policies first and foremost. This policy is still directly relevant with regard to recording all incidents, but staff must adhere to local policies primarily. The Quays additional Exclusion Protocol is attached at Appendix K.

## **12.0 REVIEW**

This policy will be reviewed in partnership with the recognised trade union partners within two years of the date of implementation.

## **13.0 RELATED REFERENCES**

- 13.1 National Health Service England – Directions to NHS Bodies on Security Management Measures 2004.
- 13.2 Hull Teaching PCT Incident Reporting Policy and Procedure.



## **POST- INCIDENT SUPPORT: GUIDANCE AND RECORDING FORM**

Support will be available for any individual involved in, or potentially affected by, an incident whether staff or patient/service user. This Guidance should be interpreted to suit the situation.

This form is to enable the manager or co-ordinator (i.e. person in charge at the time of the event) of the shift to think through the support required and to record the subsequent actions for future reference. The completed form must be kept within the person's confidential and/or electronic file and attached to any Untoward Incident Report Form for forwarding to the Risk Department.

<b>Name of Individual concerned</b>	<b>Name of manager/ co-ordinator</b>
<p align="center"><b>IMMEDIATE ACTION:</b></p> <p>The immediate situation having been managed and any further risks minimised:</p> <ul style="list-style-type: none"> <li>• Ensure that the affected person is in an identified place of safety</li> <li>• Assign a link person and carry out first aid if necessary</li> <li>• Assess the emotional and practical needs through personal debrief, encouraging expression of feelings in an uncritical atmosphere</li> <li>• Decide on an initial plan of action with the agreement of the person, and take steps to carry this out</li> <li>• Make a record below</li> </ul>	
<p><b>IMMEDIATE STEPS TAKEN TO ENSURE SAFETY OF ALL CONCERNED:</b></p>	
<p><b>SUMMARY OF PERSONAL DEBRIEF:</b></p>	<p><b>POSSIBLE INITIAL ACTIONS:</b></p> <p>Go to Casualty:-</p> <ul style="list-style-type: none"> <li>• How? With whom? Where after?</li> </ul> <p>Time out locally: -</p> <ul style="list-style-type: none"> <li>• Support through discussion, feedback, cup of tea etc</li> </ul> <p>Go Home: -</p> <ul style="list-style-type: none"> <li>• How? With whom? Anyone at home?</li> <li>• Arrange to contact later.</li> </ul>
<p><b>INITIAL ACTION PLAN:</b></p>	<p><b>FORMALITIES - Have you:-</b></p> <ul style="list-style-type: none"> <li>• Completed an adverse event form?</li> <li>• Checked Hep B and tetanus status if necessary?</li> <li>• Referred to Occupational Health if necessary?</li> <li>• Followed contamination procedure if skin has been broken?</li> <li>• (LDS Spec. Services) contacted Needlestick Hotline if skin broken?</li> <li>• Offered counselling support</li> </ul>
<p><b>RECORD OF ACTION TAKEN WITHIN 24 HOURS</b></p>	<p><b>WITHIN 24 HOURS OF THE INCIDENT</b></p>

	<ul style="list-style-type: none"> <li>• Contact person to find out progress</li> <li>• Ensure future opportunity for: <ul style="list-style-type: none"> <li>- Revisiting feelings</li> <li>- <b>Determining the support wanted by the individual</b></li> <li>- <b>Emphasising availability of informal support at any time</b></li> </ul> </li> <li>• Revisit relevant risk assessment</li> <li>• Arrange/carry out clinical debrief involving relevant staff</li> <li>• Reorganise shifts to accommodate if necessary</li> <li>• Record actions here</li> </ul>
--	---

**ONGOING SUPPORTIVE ACTION: (in agreement with the individual)**

Date	Nature of Support	Signature

**SUMMARY OF INCIDENT:**

Date of Incident:	First Aid Required: <b>Yes / No</b>	Attended A&E Dept: <b>Yes / No</b>
Assault: <b>Verbal / physical/other</b> (IF PHYSICAL, APPENDIX B MUST BE COMPLETED.)		
Debriefed and supported, then went home: <b>Yes / No</b>		Debriefed and supported, then returned to work: <b>Yes / No</b>
<b>SIGNATURES:</b>	Individual	Date
	Manager / Co-ordinator	Date

# REPORT OF A PHYSICAL ASSAULT ON NHS STAFF

Your reference		Is this incident linked to another PARS report?	<input type="checkbox"/>	PARS reference	
----------------	--	---	--------------------------	----------------	--

*This form is to be used for the reporting of all physical assaults against NHS staff and professionals that fall within the single definition of physical assault as detailed in Secretary of State Directions on tackling violence issued in Nov 2003.*

The definition is: 'The intentional application of force against the person of another without lawful justification, resulting in physical injury or personal discomfort'.

Name of trust:		Contact tel. number:	
----------------	--	----------------------	--

LSMS of trust (or SMD if no LSMS in post)		Address of trust:	
---	--	-------------------	--

## IMPORTANT – MUST BE COMPLETED

Based on appropriate clinical advice, is this assault considered likely to have been unintentional, as the assailant did not know what they were doing or did not know that what they were doing was wrong due to medical illness, mental ill health, a severe learning disability or treatment administered?	YES	<input type="checkbox"/>	
	NO	<input type="checkbox"/>	
Incident date (dd/mm/yy)		Incident time (hh:mm)	
Did the assault occur during the restraint of the assailant for reasons not connected with this assault? (e.g. to administer medication)	YES	<input type="checkbox"/>	
	NO	<input type="checkbox"/>	

Site address where assault took place (full address including postcode)	
---	--

Specific location of assault within the site (e.g. Ward 1, A&E, patients' kitchen, etc)	
---	--

## PERSON ASSAULTED

Last name		Contact address:		
First name				
Employment title				
Date of birth (dd/mm/yy)				
	Male <input type="checkbox"/>		Female <input type="checkbox"/>	
Work tel.			Other tel.	

Injuries sustained	
--------------------	--

Treatment received	
--------------------	--

Does the victim wish to pursue the matter via the police or NHS SMS Legal Protection Unit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

**ALLEGED ASSAILANT**

<b>Last name</b>			<b>Contact address (if known):</b>		
<b>First name</b>					
<b>Date of birth (dd/mm/yy)</b>					
<b>NHS number (if known)</b>					
	<b>Male</b> <input type="checkbox"/>		<b>Female</b> <input type="checkbox"/>		
<b>Patient</b> <input type="checkbox"/>		<b>Visitor</b> <input type="checkbox"/>		<b>Staff member</b> <input type="checkbox"/>	<b>Other</b> <input type="checkbox"/>

**INCIDENT DETAILS – enter detail of the incident and circumstances of the assault**

<b>Possibly motivated by (✓)</b>	<b>Race</b> <input type="checkbox"/>	<b>Religion</b> <input type="checkbox"/>	<b>Gender</b> <input type="checkbox"/>	<b>Disability</b> <input type="checkbox"/>	<b>Unprovoked</b> <input type="checkbox"/>	<b>Other</b> <input type="checkbox"/>
----------------------------------	--------------------------------------	--	--	--	--	---------------------------------------

<b>Police attendance details</b> <small>(Use this section if a report was made to the police after the incident occurred)</small>	<b>Were the police called to attend this incident?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>If YES, complete A below</b>
	<b>Are the police actively pursuing this matter?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	
	<b>Has the matter been concluded?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>If YES, complete B below</b>

<b>A</b>	<b>Name(s) of officers attending:</b>	
	<b>Shoulder numbers of officer(s)</b>	
	<b>Force/Constabulary of police officer(s):</b>	
	<b>Police station of officer(s) dealing:</b>	
<b>B</b>	<b>What sanction, if any, was applied?</b>	
	<b>Please detail the date and location of the sanction</b> <small>(i.e. Coventry Magistrates' Court, 01 September 2005)</small>	

<b>Is the investigation into this incident now complete and no further action required by the trust, police or the NHS SMS?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
---	-------------------------------------	------------------------------------

**Details of person completing this form**

<b>Name</b>			<b>Contact address:</b>		
<b>Job title</b>	Local Security Management Specialist				
<b>LSMS ID number</b>					
<b>Tel. 1</b>					
<b>Tel. 2</b>					

**Additional information**

**To detail any additional victims, any known witnesses or other useful information, please use an additional sheet**

*This form is to be used to report all physical assaults against NHS staff and professionals to the NHS Security Management Service (NHS SMS) All information reported to the NHS SMS will be treated in the strictest confidence. No further disclosure shall be made without the informed consent of those concerned.*

<Health body address>

<Telephone number>

<Fax number>

Your ref: .....

Our ref: .....

**CERTIFICATE OF CONSENT**

On: ....., I .....  
gave a written consent to officers of the .....  
Constabulary / Police Force concerning an incident that occurred on .....  
at.....

I give my consent for .....NHS Trust / Police Force /  
Crown Prosecution Service

- to disclose this statement
- to divulge such relevant information as is appropriate

to: .....  
directed by the NHS Counter Fraud and Security Management Service

Signed: ..... Name: .....

Address: .....

Date: .....

**GENERAL GUIDANCE FOR THE MANAGEMENT OF PEOPLE  
EXHIBITING VIOLENT AND AGGRESSIVE BEHAVIOUR**

*Throughout this section "people" or "person" includes "patients /service users/ relatives/visitors/staff".*

*Introduction*

Experience shows that often violence is minor and in the majority of cases skilled action can resolve the incident quickly and satisfactorily without serious confrontation or restraint becoming necessary. A violent attack seldom occurs but when it does it is usually over quickly. It is important that the staff member at the scene notifies other staff, the appropriate medical staff and manager if a person shows signs of potential violence.

The distress, which is associated with physical and mental illness often, reveals itself in fear, turmoil and agitation in people. A mood of suspicion and irritability may escalate into apparent hostility, which is a symptom of the underlying desperation felt by the individual, and usually does not lead to violence, provided the response is not antagonistic.

Recognition of potential violence

Violent behavior cannot always be prevented, as it is sometimes impulsive. However, it is possible to recognise someone who may be potentially violent and what situations are likely to precipitate such violence. It follows therefore, that most incidents of violent behavior should not take staff by surprise but should be planned for in advance.

Some of the factors, which may indicate that violence might occur, include:

- ◆ The persons maybe noisy, abusive or impulsive
- ◆ The person may appear to be having disturbed relationships
- ◆ The person may appear to be deluded or hallucinated

Causative factors include:

- ◆ drug dependency
- ◆ alcoholism
- ◆ alcohol consumption
- ◆ metabolic disturbance dementia
- ◆ cerebral lesions
- ◆ mania
- ◆ depression
- ◆ suicidal tendencies.

Knowledge and understanding of a particular person may reveal signs of impending violence, e.g. in the person's face, gestures or conversation.

It may be known that the person has a history of violence or aggressive behaviour. Staff may be aware of emotional instability, anxiety, frustration or hostile feelings in a person. There may be environmental factors (see Appendix A) or a conflict between people.

### **Summoning assistance**

It should never be assumed that people will automatically give assistance. They should be asked to help, as otherwise they may not be aware that help is needed. Staff can develop local coded responses to use to alert colleagues that help is required.

The senior member of staff is responsible for contacting the police if it becomes necessary. The Senior Nurse/Head of Department will arrange for additional help to safeguard other people and maintain the rest of the service. They will also liaise with medical staff, administrative staff and police as appropriate.

### **Prevention of violence and dealing with aggression and verbal abuse.**

Aggression should not be confused with healthy self-assertion. Too tight a control on an individual or a group of people may provoke aggression.

Treat the person as a responsible adult, even if they are not behaving as one. Aggression is more likely if people are uncertain of what is happening, or what is expected of them. Explain what is going on and ask for permission for any procedure that you are about to perform. Try to find out why the person feels as they do. Sometimes the causative factor is simple to solve.

Ensure your tone of voice is appropriate. Loud noises can stimulate aggression and will pass on aggressive cues to the patient/service user.

Hostility may be defused by diverting a person's aggressive impulses to activities, which interest and satisfy. Stand just out of arm's length so you are not invading their personal space, and cannot be grabbed.

Aggressive outbursts tend to increase, affecting others in the vicinity, unless prompt action is taken to deal with the situation.

Voice and body posture can be threatening. Sometimes angry people may become less aggressive after being spoken to calmly and quietly. The more skillfully people are approached the less likely is an occurrence of violent behavior. Avoid a confrontational pose — stand sideways to the person with your arms by your side, not folded. Do not look him straight in the eye, keep your gaze slightly lowered. Do not point your finger.

Having a number of staff together, near to a violent person, may be sufficient to prevent a worsening situation.

When there is obvious disagreement about the correct approach, anxiety and tension may be transmitted to people and this may lead to violence.

If a person's disturbed behaviour is directed towards staff they too may react by being angry, annoyed or impatient. Unless staff are aware of these feelings there may be a violent episode.

Should a relative/patient/service user direct verbal anger it is important for the member of staff to appear outwardly calm and respond in an empathetic, sensitive manner. Above all, do not be defensive or respond angrily.

Approach patients/service users/relatives who have a history of violence with care. When interviewing, advise colleagues where you will conduct the interview and always sit nearest the exit. If the person wishes to leave the room at any stage, get out of their way and let them go.

Alleviate patient's/service user's/relatives' fear by offering explanations of their illness, condition, treatment, etc. in terms which they can comprehend. Avoid the use of medical 'jargon' where possible.

Avoid the use of open confrontation and never confront someone on your own if violence is anticipated.

### **Dealing with episodes of violence**

Restraint and the laying of hands upon another person is technically common assault. Within the PCT there are a number of staff within the Learning Difficulty Service who are trained in Positive Response Techniques (PRT). Outside this group of staff these techniques should not be used. However, if assessments identify a high risk of assault and staff feel the need to be trained in PRT the appropriateness of this training must be discussed with, and agreed by, the appropriate senior operational manager and the Director of Nursing and Clinical Effectiveness.

#### *General guidelines*

- ◆ Always call for assistance.
- ◆ Ask other people to summon help
- ◆ All staff should be appropriately dressed when on duty and before dealing with a potentially violent incident. They should remove any objects that could be potentially dangerous from their clothing (even a stethoscope could be in this category).
- ◆ Try to appear calm; talk to the person continually and quietly.
- ◆ Vacate the area of all other personnel, if possible until assistance arrives.

### **Reporting incidents**

Specific and detailed procedures for reporting incidents of violence and aggression in the PCT are to be found in Point 4.3 of this document. The following deals with some broader issues of reporting:

In the case of violence involving patients/service users, relatives should only be contacted after discussions with medical and management staff.

Statements may be required from participants or witnesses. The lead nurse, senior operational manager or police will decide this matter. The statements should be written as soon as possible whilst events are fresh in everyone's mind. In any case, it is recommended that individuals make a personal written note as their own record and have their signature witnessed by a manager or other independent person. The countersignature must be dated and timed.

### **Learning from incidents and future plans**

The senior operational manager will arrange a meeting of all those involved together with nursing, medical, and administrative staff. Discussion will prove an opportunity:

- ◆ for those involved to express their feelings. (Relief of stress)
- ◆ to confirm future plans for the care of the individual and any implication for other people
- ◆ to draw attention to any alterations which may need to be incorporated in future advice.

### **Compensation for injury and loss**

All citizens have the right to apply for compensation under the Industrial Injuries Scheme and Criminal Injuries Compensation Scheme. It is important that a record of the violent episode is made immediately after an incident on an adverse event report form and it is sent to the Risk Management Co-ordinator.

Line Managers, will be available to support and guide staff members through the processes for applying for compensation. In addition, specialist advice may be sought from the Trust LSMS, unions and representative bodies.

Magistrates can award compensation for personal injury, loss or damage (if the offender has means). Additionally a separate claim can be pursued through the civil courts.

Compensation can also be sought via the Criminal Injuries Compensation Scheme; this can be applied for even if the offender has not been caught. To claim under the Criminal Injuries compensation scheme, the matter must be reported to the police.

**MANAGEMENT OF PATIENTS/SERVICE USERS EXHIBITING VIOLENT AND AGGRESSIVE BEHAVIOUR IN THE COMMUNITY AND CLINICS**

**Principle of Prevention**

The best way to deal with violence is to prevent it, always in a professional manner. The following guidance, which is intended for use by any member of staff when their work takes them out into the community, is intended to highlight some of the preventative measures that can be taken.

Members of staff should consider the issues raised, and develop their own plan to ensure that their work can be carried out as safely as possible.

Risk assessors and managers should also consider the following guidance, when deciding control measures and safe systems of work for PCT activities taking place in the community.

Every member of the staff in contact with patients/service users in the Community should have a regular opportunity to discuss problems and methods of dealing with them, with colleagues, their manager and medical staff.

**Checklists for home visits**

**Before leaving**

- ◆ Make appointments with the patient/service user prior to the visit and avoid self-referrals wherever possible.
- ◆ Contact a colleague, or your manager, if you are unhappy about making a visit alone.
- ◆ Check records and risk assessment forms for any known difficulties. If you are deputising for another member of staff make sure that they brief you on any foreseeable difficulties.
- ◆ It is important to know patients/service users well, where appropriate, prior to discharge from hospital. Be knowledgeable of a patient's/service user's biography, e.g. any likes and dislikes, associated disorders, perception, difficulties or psychological problems
- ◆ Check the destination, and make sure that the route to be taken is as safe as possible (consider the possibility of mechanical breakdown).
- ◆ Check that the vehicle is regularly serviced, and that fluid and fuel levels are satisfactory.
- ◆ Let others know where you are going and when you expect to return.
- ◆ Be aware that wearing jewellery may make you vulnerable, e.g. a necklace could be tightened around your neck or non-stud earrings ripped out during an attack. Jewellery that is noticeable may also increase the risk of mugging. Therefore, only wear jewellery as detailed in the Uniform Policy e.g. stud earrings and wedding ring, if worn.

### ***En Route***

- ◆ Consider the time, location and route you are taking.
- ◆ Lock your vehicle whilst travelling.
- ◆ Do not leave any medical bags, drugs etc on view.
- ◆ Check that you are not being followed. If you feel uneasy or uncertain remain with your vehicle and drive to a place of safety. Contact the police if necessary.
- ◆ Be alert at all times when walking in the streets and if your bag is snatched, let it go.

### ***On arrival***

- ◆ Park your car safely, and in such a position that you could drive off easily in an emergency (quick getaway), and if possible in a well-lit area. This may mean turning the car around before parking it. Park as close to your destination as you can, without compromising safety. If possible avoid multi-story car parks if visiting an urban area.
- ◆ Before leaving the car ensure that all medical equipment, medicines or prescription pads are out of view, preferably locked in the boot.
- ◆ Close all windows, and lock the car
- ◆ Do not advertise doctor or nurse on call unnecessarily.
- ◆ Be alert and aware of your surroundings.
- ◆ Use your judgement before entering lifts – could other occupants become violent or someone enter the lift at another level?
- ◆ If you are in any doubt about the premises you are visiting, do not enter them but seek advice and assistance. If this is not feasible abort the visit and return to your work base.

### ***During the visit***

- ◆ Watch out for hazards in a home, such as poor lighting, trailing flexes, narrow or steep staircases, alert any colleagues who may also be visiting.
- ◆ Try to avoid examining patients/service user with a dog present. Request politely that it be removed, if not report to your manager.
- ◆ Never force your way into a patient's/service user's home. Always ask permission to enter if you have not been invited in.
- ◆ Always explain clearly the purpose of your visit/and/or any procedure to be carried out.

### ***After the visit***

- ◆ Confirm that you have completed the visit with the appropriate person so that they are aware that you have returned.
- ◆ Debrief your manager, team leader etc. of any problems encountered on the visit. Ensure that any information which could be useful to staff making visits in the future is recorded.

**GUIDANCE FOR DEALING WITH INCIDENTS OF VIOLENCE AND AGGRESSION  
IN THE COMMUNITY****Dealing with a violent incident in a patient's/service user's home**

Staff should make every effort to calm the person; they should speak firmly but quietly to them. In rare circumstances where the presence of another individual is making the situation worse, it is sometimes best to seek a way of separating the patient/service user from the other person. This might be done by suggesting that you move elsewhere with the patient/service user, or by steering the other person to another part of the house. Be tactful.

Extra help should be called if it seems that it may be needed. At this point, when violence is only a possibility, other people should not burst upon the scene; this could easily precipitate violence. They should either stay just outside the room where the disturbed patient/service user is, or if any of the relatives are on particularly good terms with her, that person could help talk the patient/service user through the crisis.

Staff talking to the patient/service user should consider if it is necessary to stand between her and the door, so as to reduce the possibility of her rushing to another part of the home if this seems likely, and it is not in the patient's/service user's best interest to do so.

If violence is directed to a member of the family and they are sustaining injury, attempt to reason with the patient/service user. Help should be summoned if available in the house. Don't forget your portable telephone.

When violence is directed to a child in the family, then the PCT's Child Protection Policy must be implemented.

If violence is directed to yourself when no help is available, and you are unable to manage the patient/service user, turn and break free, leave immediately and inform the General Practitioner, your Manager and the Police via the emergency 999 service if appropriate.

**Dealing with a violent incident in the Clinic**

The protection of other patients as well as yourself, is your responsibility. At the first sign of trouble call for assistance.

People matter more than property. If a patient is damaging property, move other patients away. If however, the patient is breaking windows in such a way to cause herself injury, then staff must try to prevent her causing further injury.

If another patient is being attacked staff should go to that patient's assistance. If a member of staff is attacked they should try to move away and keep a large piece of furniture, such as a table, between themselves and the violent patient.

**Follow-up management**

As soon as possible after the incident, a case conference with any other agency involved with the welfare of the patient must be convened, and a decision reached as to the future care of the patient.

The Manager, Nurse and team members should consider the advisability of further visits to the patient's home being made unaccompanied.

N.B. The above is not exhaustive and should be read alongside the detailed guidance

Dear

**Acknowledgement of Responsibilities Agreement between <insert name of patient, visitor or member of the public> and < insert name of health body or location>**

It is alleged that on <insert date> you, <insert name>, used/threatened unlawful violence/acted in an anti-social manner towards a member of NHS staff/whilst on NHS premises <delete as applicable>.

Such behaviour is unacceptable and will not be tolerated. This trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. This was made clear to you at the meeting you attended <insert location and date> to acknowledge responsibility for your actions and agree a way forward.

I would urge you to consider your behaviour when attending < insert name of trust/ location> in the future and to comply with the following conditions as discussed at our meeting:

<list of conditions>

If you fail to act in accordance with these conditions and continue to demonstrate what we consider to be unacceptable behaviour, I will have no choice but to take one of the following actions <to be adjusted as appropriate>:

- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- The matter will be reported to the NHS Security Management Service's Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

A copy of this letter is attached. Please sign the second copy and return it to me to indicate that you have read and understood the above warning and agree to abide by the conditions listed accordingly.

If you do not reply within 14 days, I shall assume tacit agreement.

Yours sincerely,

<Signed by senior staff member>

<Date>

I, <insert name>, accept the conditions listed above and agree to abide by them accordingly.

Signed

Date

Dear

**Acknowledgement of Responsibilities Agreement between <insert name of patient, visitor or member of the public> and < insert name of health body or location>**

I am writing to you concerning an incident that occurred on <insert date> at <insert name of health body or location>.

It is alleged that you, <insert name>, used/threatened unlawful violence/acted in an anti-social manner towards a member of NHS staff/whilst on NHS premises <delete as applicable>.

Such behaviour is unacceptable and will not be tolerated. This trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. This was made clear to you in my previous correspondence of <insert date> to you. We have attempted to contact you <insert details> to invite you to a meeting to discuss the matter and agree on acceptable conduct when attending these premises. However, we have not had a response from you.

I would urge you to consider your behaviour when attending <location> in the future and to comply with the following conditions:

<list of conditions>

If you fail to act in accordance with these conditions and continue to demonstrate unacceptable behaviour, I will have no choice but to take the following action <to be adjusted as appropriate>:

- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- The matter will be reported to the NHS Security Management Service's Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

I regret having to bring this matter to your attention, but consider it essential in order that we can ensure effective provision of healthcare at all times.

I enclose two copies of this letter for your attention. I would be grateful if you would sign one copy, acknowledging your agreement with these conditions, and return it to us in the envelope provided. If we receive no reply within 14 days, it will be assumed that you agree with the conditions contained herein.

I hope that you find these conditions acceptable. However, if you do not agree with the details of your alleged behaviour that are contained in this letter, or if you feel that this action is unwarranted, please contact in writing < insert details of local complaints procedure>, who will review the decision in light of your account of the incident(s).

Yours sincerely,

<Signed by Line Manager>

<Date>

I, <insert name>, accept the conditions listed and agree to abide by them accordingly.

Signed

Date

<Date>

Dear

**FINAL WARNING**

I am writing to you concerning an incident that occurred on <insert date> at <insert name of health body or location>.

It is alleged that you, <insert name>, used/threatened unlawful violence/acted in an anti-social manner towards a member of NHS staff/whilst on NHS premises <delete as applicable>.

Such behaviour is unacceptable and will not be tolerated. This trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. This has been made clear to you <insert details of previous correspondence/meetings>. A copy of this health body's policy on the withholding of treatment from patients is enclosed for your attention.

If you act in accordance with what this trust considers to be acceptable behaviour, your care will not be affected. However, if there is a repetition of your unacceptable behaviour, this warning will remain on your medical records for a period of one year from the date of issue, and one or more of the following actions will be considered:

<to be adjusted as appropriate>

- NHS care and treatment will be withheld, subject to clinical advice.
- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- The matter will be reported to the NHS Security Management Service's Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

In considering withholding treatment, this trust considers cases on an individual basis to ensure that the need to protect staff is balanced against the need to provide healthcare to patients. An exclusion from NHS premises would mean that you would not receive care at this trust and your <title, i.e. clinician> would make alternative arrangements for you to receive treatment elsewhere.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact in writing < insert details of local complaints procedure>, who will review this decision in the light of your account of the incident(s).

A copy of this letter has been issued to your GP and consultant.

Yours sincerely,

<Signed by Senior Manager >

<Date>

Dear

**WITHHOLDING OF TREATMENT**

I am writing to you concerning an incident that occurred on < insert date> at <insert name of health body or location>.

It is alleged that you, <insert name>, used/threatened unlawful violence/acted in an anti-social manner towards a member of NHS staff/whilst on NHS premises <delete as applicable>.

Such behaviour is unacceptable and will not be tolerated. This trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. A copy of this health body's policy on the withholding of treatment from patients is enclosed for your attention.

Following a number of warnings <insert details of correspondence and meetings> whereby this has been made clear to you, and following clinical assessment and appropriate consultation, it has been decided that you should be excluded from health body premises. The period of this exclusion is <insert number of weeks/months> and comes into effect from the date of this letter.

As part of this exclusion notice, you are required not to attend health body premises at any time except:

- in a medical emergency
- if you are invited to attend a pre-arranged appointment.

Contravention of this notice will result in one or more of the following actions being taken <to be adjusted as appropriate>:

- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.
- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- The matter will be reported to the NHS Security Management Service's Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.

During the period of your exclusion, the following arrangements must be followed in order for you to receive treatment <list arrangements>.

In considering withholding treatment, this health body considers cases on their individual merits to ensure that the need to protect staff is balanced against the need to provide healthcare to individuals.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact in writing <insert details of local complaints procedure>, who will review this decision in the light of your account of the incident(s).

A copy of this letter has been issued to your GP and consultant.

Yours sincerely,

<Completed/Signed by Director of Service on behalf of Chief Executive>

<Date>

# THE QUAYS

## EXCLUSION PROTOCOL

## INTRODUCTION

### **(General Considerations, Information and Background)**

Health Service Circular HSC 2001(18) required NHS Trusts to consider developing a policy on withholding treatment from service users who present with violent or abusive behaviour.

Local policies are just one element of the overall “zero-tolerance” policy being promoted nationally.

It is essential that behaviour or actions that are unacceptable are clearly defined.

General Practitioners have the right to remove with immediate effect any patient who has been violent or who has threatened violence to a General Practitioner or any of their staff. Changes made in December 1999 to the NHS [Choice of GP] Regulations mean that Health Authorities need no longer consider distance when reallocating a person who has been removed because of untoward behaviour.

NHS employers and managers have a legal responsibility to provide a safe and secure working environment for staff.

*Although this guidance is available, the Quays is an allocated practice for violent patients, hence the stand alone policy.*

## **ALLOCATION OF VIOLENT PATIENTS**

### **Risk Assessment**

On receipt of an allocation from the Patient Registration Department, the Administration Manager will contact the previous GP/Practice Manager to gain information on the banning and details of medical need. Information will also be requested on the following:

- Medication
- Previous violent episodes
- History of alcohol or drug misuse
- History of mental health
- Trigger factors

An appropriately trained clinician from the Quays will undertake a risk assessment at an appropriate venue ie:

- The Quays
- Accident and Emergency Police Room

This would be decided by the clinician with available knowledge of patient using an evidence based risk assessment tool.

The letter sent by the Patient Services Department to the client will inform them that they will not get planned preventative treatment from the Quays until they have had a risk assessment. This letter will invite the client for assessment, trying to tie in their medical needs. (Letter Proforma attached). If the client does not attend for this appointment, they cannot be seen until attending for this assessment, and the Clinician would offer a further appointment.

If a client is banned from attending the practice, details would need to be included in their letter of the period of exclusion. A criteria would need to be followed for 3 month and 6 month bans as follows:

3 months	threatening verbally
6 months	physical/sexual behaviours and damage to property

If a banned/non assessment client attends with a medical need for a GMS appointment, the reception staff would take details and speak to the GP with regard to arranging an appointment at the Accident and Emergency Department and contact the patient with the details.

### **PROTOCOL IF CLIENT VIOLENT AT THE QUAYS**

#### **Level 1 – Verbal Abuse** (must be sent out within 24 hours)

Verbal explanation with reinforcement letter identifying what they did. Letter to be translated when required.

## Level 2

Threatening verbally/physically/sexual behaviours and damage to property. Ask them to leave. Evacuate waiting area. Explain procedure to waiting clients "I need you to come this way please". If client refuses to leave inform them will call (9)999.

If does not leave call (9)999. Designated lead to co-ordinate response.

When call (9)999 make a note of time of call.

Reception area behind screen to be empty of people. Reception staff to wait with patients removed from waiting area and ensure comfortable. Designated lead to wait behind the screen – irrespective of what behaviour is demonstrated by individual including self-harm.

Designated leads would be on a rota and consist of the following:

- Community Psychiatric Nurse – Homeless Team
- Team Leader – Central Team
- RMNs – Central Team

If patient decides to stay in waiting area then it is their decision, it should be made clear they could be in danger (quietly).

At no point should any staff enter the danger zone.

- Security not to become involved.
- Reception and team have responsibility to ensure all patients feel secure and are debriefed appropriately.
- Lead staff to indicate it is safe to return to waiting area.
- Significant incident form to be completed with Administration Manager directly after incident before close of day.
- Staff and patients to be offered debrief due to potential level of distress before they leave.
- Debrief team available to WHPCT staff.
- Exclusion decision to be made at MDT within 24 hours – exclusion letter to be sent

Medication to be managed by GP clinically responsible for ensuring repeat GMS medication is available at the designated chemist.

If GMS are required, this should be continued by Nurse or GP, this is to be offered at A&E by the Quays staff (ie leg ulcer dressing x 3 weekly).

If attends with medical need for GMS appointment and gains access into the building, the above procedure is followed.

In order to provide therapeutically valid decision making regarding period of ban, good practice guidelines indicate the following:

- Multi-disciplinary meeting called to determine length of ban (to be minuted):
  - To attend:           Keyworker;  
                          Incident Lead;  
                          A Team leader at the Quays;  
                          Other professionals to be invited as appropriate  
                          (ie CPA Care Co-ordinator, Social Case Worker).
  - It is not appropriate for staff member victimised by incident to attend this meeting (unless they are keyworker).

Our ref: Warning/Letter1

Dear

It is with regret that I find it necessary to write to you following your visit to the Quays surgery. You presented (details) and were (details).

This is totally unacceptable behaviour and will not be tolerated at the Quays. The following are unacceptable under the terms of NHS zero tolerance policy:

- drinking
- smoking
- drugs
- dealing
- verbal abuse or aggression

Should there be a repeat of such behaviour at any future attendances at the Quays, we will have no alternative but to ban you from the premises and arrange to see you at the Accident and Emergency Department, Hull Royal Infirmary for appointments.

Yours sincerely

Our ref: Warning/Letter2

Dear

It is with regret that I find it necessary to write to you following your visit to the surgery.

(Details of incident).

This is totally unacceptable behaviour and will not be tolerated at the Quays. The following are unacceptable under terms of NHS Zero Tolerance Policy:

- drinking
- smoking
- drugs
- dealing
- verbal abuse or aggression

As a result of your actions, you are now banned from the Quays for (period of ban).

If you contact us requiring an appointment with a GP we will make the necessary arrangements for you to see a doctor. This will not be at The Quays but at Hull Royal Infirmary in the Casualty Department with a Security Guard or Police escort present.

Should you require to have contact with a GP from the surgery you must:

- telephone the surgery to request an appointment to be made for you at Hull Royal Infirmary, Casualty Department

OR

- telephone the surgery to request a telephone conversation with a GP.

Yours sincerely