Trust Policy

Worcestershire Acute Hospitals NHS Trust

Policy for the Management of Violence and Aggression

Department / Service:	Health & Safety	
Originator:	Paul Graham	Health & Safety Manager and Local Security Management Specialist (LSMS)
Accountable Director:		Chief Operating Officer
Approved by:	Workforce & Organisational Development Committee	
Date of Approval:	30th November 2017	
Review Date: **This is the most current document and should be used until a revise version is in place**	15th January 2021	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	All work areas	
Target staff categories	All staff	

Purpose of this document:
Worcestershire Acute Hospitals NHS Trust will fulfil its legal obligations by protecting staff so far as is reasonably practicable, from the effects of violence in the workplace. The Trust believes that regardless of the reason, violence is unacceptable in any form and that no member of staff should consider the suffering of violence to be an acceptable part of their employment. The policy will apply to all trust employees wherever they are deployed whilst on duty. Staff must not endanger themselves in the course of their work and will be supported if they withdraw from a violent situation.

Key amendments to this Document:

Date	Amendment	By:
09/08	Two yearly review	Paul Graham
11/10	Two yearly review	Paul Graham
11/12	Two yearly review including a number of minor changes regarding the risk assessment process	Paul Graham
06/13	Minor change to Warning Letter template	Paul Graham
07/05/2015	Document extended for 3 months	Denise Harnin
14/08/2015	Document extended for 12 months as per TMC paper approved on 22nd July 2015	TMC
October	Further extension as per TMC paper approved on 22nd July 2015	TMC

Sept 2017	Biennial review	Paul Graham
Jan 20	Document extended for 12 months whilst in the process of appointing a new Health and Safety Manager.	Samantha Reid

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1. Introduction

Under the general duties contained in section 2 of the Health and Safety at Work Act 1974 and the specific duties contained in the Management of Health and Safety at Work Regulations 1999, employers must assess jobs to identify where a significant risk of foreseeable violent incidents are likely to occur. They must assess the nature and extent of the risk, ensure that staff are instructed and trained regarding those risks and introduce measures which will provide a safe workplace and safe system of work. In November 2003 the Secretary of State issued directions on work to tackle violence and aggression against staff and professionals who work or provide services to the NHS. Later in December 2003 the Secretary of State launched the security management strategy – 'A Professional Approach to the Management of Security in the NHS'. The main objective of this strategy is the delivery of an environment for those who work in or use the NHS that is properly secure so that the highest standards of clinical care can be made available to patients.

2. Scope of the Policy

This policy is relevant for all staff employed by the Worcestershire Acute Hospitals NHS Trust.

3. Definitions

3.1 Violent and aggressive behaviour

This includes any attempted, threatened or actual act that endangers the health and/or safety of staff. It also includes any threatening behaviour that gives reasonable grounds to believe that there is a risk of injury.

3.2 Common Assault

Physical Assault being *"the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort".*

Non-Physical Assault being *"the use of inappropriate words or behaviour causing distress and/or constituting harassment".*

Clinical staff and those staff working in the professions allied to medicine will need to exercise professional judgement to determine whether when faced with the situation of a patient physically assaulting them the act was intentional or non-intentional due to their clinical condition.

At the time of the incident the responsible clinician MUST determine whether or not the patient's behaviour was a manifestation of their clinical condition. The findings from this decision MUST be recorded on

the Incident Form. If the patient's action was deemed to be intentional and not a manifestation of their clinical condition i.e. they clearly understood what they were doing, then the Trust will take the appropriate action in further dealing with the assault.

3.3 Workplace

The term workplace is deemed to include:

- Trust premises;
- Any other premises where staff are required to work;
- Any properties being visited by staff in pursuance of their normal duties on behalf of the Trust.

3.4 Unacceptable Standards of Behaviour

The following are examples of behaviour which are not acceptable on Trust premises and therefore will not be tolerated. This is not intended to be an exhaustive list:

- Excessive noise, e.g. loud or intrusive conversation or shouting.
- Threatening or abusive language involving excessive swearing or offensive remarks.
- Derogatory racial or sexual remarks.
- Offensive sexual gestures or behaviours.
- Abusing addictive substances e.g. alcohol or drugs.
- Smoking on Trust Premises . (See Trust Smoking Policy)

3.4 **Unlawful** behaviour

The following are examples of unlawful behaviour:

- Drug dealing.
- Criminal damage to Trust property.
- Theft.
- Assault.
- Possession of an offensive weapon.

Any individual behaving unlawfully will be reported to the Police and the Trust will seek the application of the maximum penalties available in law.

4. Responsibility and Duties

4.1 Management Responsibilities

Departmental/Ward Managers will identify and record through a job risk assessment process, those staff whose jobs carry a significant risk to personal safety. (See Appendix F) They will ensure that those staff so identified receive information and training relevant to the risks and the work type and will introduce measures to address any risks identified. (See Appendix B) These may include:

- design of premises
- security of premises including alarm systems, CCTV, etc
- use of personal alarms,
- use of effective communication systems
- security when travelling
- joint visiting
- visit logging and overdue follow-up procedures
- emergency and back up procedures
- inter-departmental and inter-agency exchange of information
- development of safe working procedures

Any actions identified by the assessment will be undertaken by the local manager responsible for the area and where necessary escalated to senior management as per the Trust's Risk Assessment Policy. Any risks that may require inclusion on the Risk Register will be monitored by the Trust's Health & Safety Committee.

The Local Security Management Specialist (LSMS) is available to assist you in this process. Contact via switchboard.

In addition to these specific assessments local managers will also use the H&S Workplace Assessment Tool on an annual basis to re-assess their work areas in terms of the general risk to staff of violence and aggression. (Refer to Health & Safety Policy and Risk Assessment Procedure)

4.2 Staff Responsibilities

Staff have a duty to co-operate with the Trust by contributing to risk assessment, attending instruction and training, maintaining a safe workplace and adhering to safe systems of work.

Staff must report any incident involving physical or non-physical assault.

4.3 Local Security Management Specialist (LSMS)

The Health and Safety Manager is the designated local security management specialist. In conjunction with the Security Management Director he/she is responsible for taking action in the following generic areas:

- Building a pro security culture
- Deterring offenders
- Preventing incidents
- Detecting incidents
- Investigating security incidents
- Progressing Sanctions against offenders
- Pursuing redress where appropriate

They will also be responsible for action in the following specific areas:

- Tackling violence

- Protecting property and assets
- Protecting paediatric and maternity units
- Protection of Drugs, prescription forms and hazardous materials

Part of the role of the LSMS involves dealing with assaults. Their involvement may range from simply collecting evidence on behalf of the Police to following up on sanctions applied via the courts. .

The role of the LSMS does not extend to "staff on staff" issues, such as bullying or harassment. This is the responsibility of Trust's Director of Human Resources.

5. Guidance for the safe management of violence & aggression

5.1 Local prevention and management of risks

Any patient who on admission is identified as having a history of violence and aggression or displays any signs of violence and aggression will be risk assessed as part of the admission process (Refer to Appendix H) Such assessments will be reviewed locally as required depending upon the behaviour of the patient. Any actions identified as part of the assessment for example the need for close supervision of the patient or the involvement of security etc will be initiated by the local manager responsible for the area.

Individuals, who usually work alone, or in pairs, should not attempt to deal with aggressive or violent incidents, or seek to restrain anyone where there is the slightest risk of personal injury being sustained. When faced with such situations, staff should use breakaway techniques, withdraw, and seek further advice or assistance from a larger group of colleagues or, if necessary, make contact with the local security staff or the police. (See Appendix A)

Staff who have been trained in Conflict Management and Personal Safety and, who traditionally work in larger groups, (e.g. in-patient staff) should utilise the skills they have been taught when faced with aggressive or violent behaviour. As with the comments above, there will be circumstances where it is appropriate to seek assistance from the local security staff or the police.

In all cases involving patients the clinical team will need to consider carefully the clinical needs of the patient and balance these needs with the safety and well-being of staff and others before taking action. Action should, however, not be unduly delayed.

Those patients who, in the expert judgement of the clinician in charge of the patients' care, are not competent to take responsibility for their actions will not be subject to either formal warnings or the withdrawal of treatment however there may be a need to manage such a person in a way that protects them from self harm or from harming others. (See Appendix D)

The care provision or continuing care provision, of anyone who is violent to staff, will be regularly reviewed (See Appendix H). Where necessary the patient may need to be transferred to a more appropriate setting for their continuing care.

5.2 Use of Informal Warning

If a patient displays any minor incidents of violent or aggressive behaviour they will be asked to stop and offered the opportunity to explain their actions.

Following such an incident a senior member of staff will verbally explain to the individual that his/her behaviour was unacceptable and explain the expected standards that must be observed in the future. There should be no confusion as to the standard of behaviour required or the possible consequences of failure to comply. The issuing of the warning should be recorded on Datix and in the patient's notes. If the incident involves a visitor or another person then a senior member of staff should issue the warning and record the details on Datix.

5.3 Warning letter

If the violent and aggressive behaviour continues or becomes more threatening, the Trust will issue the offender with a formal warning letter which will indicate the possible consequences of any further repetition. (See Appendix G (i))

Where this behaviour involves a visitor or other person then they will be politely requested to leave the premises. If they fail to do so then the local security staff or Police will be called to deal with the situation.

In the event of a patient being involved then the appropriate Matron or nominated deputy will explain to the patient that his/her behaviour was unacceptable and explain the expected standards that must be observed in the future. There should be no confusion as to the standard of behaviour required or the possible consequences of failure to comply. Wherever possible the Matron or nominated deputy should be accompanied by the clinician in charge of the patients care.

If a patient complies with the terms of the letter he/she can expect the following:

- That their clinical care will not be affected in any way;
- That a copy of the warning letter will be filed with the Trusts Local Security Management Specialist and a copy will also be kept in the patient's notes.
- Their GP will also be sent a copy of the warning letter by the Matron or nominated deputy.
- That Worcestershire Acute Hospitals NHS Trust will fully investigate all valid concerns raised by the patient under the Trust's complaint procedure.

5.4 Exclusion letter

Failure to comply with the warning letter will, at the request of the Matron or nominated deputy, result in a decision by the Director of Nursing or other Executive Director (or if out of hours the on-call Director) to exclude the patient from the Trust.

This does not preclude the relevant clinician discharging a patient who no longer requires in-patient care in the normal manner.

Such exclusion will last one year, subject to alternative care arrangements being made; the provision of such arrangements will be pursued with vigour by the relevant clinician assisted by the Trust.

In the event of an excluded person presenting at the Trust's Accident and Emergency Department for emergency treatment or require an emergency admission, that person will be assessed, treated and stabilised with, if necessary, the local security staff or Police in attendance. However, if admission is unavoidable additional and appropriately trained staff will, if necessary, remain in attendance.
An attempt will be made to make alternative arrangements for non-emergency treatment by referral to another hospital with the Consultant in charge of the patient's care and the patient's GP. Information regarding the patient's tendencies towards exhibiting physical or non-physical abuse will be communicated to the receiving care unit.

If an excluded person returns in any circumstances other than a medical emergency, local security staff or Police should be called immediately. The Trust may subsequently seek legal sanctions to prevent the person from returning to Trust property.

A copy of the exclusion letter must be filed with the Trusts Local Security Management Specialist and a copy kept in the patient's notes

EXCLUSION – ACTION CHECKLIST

⇒ The decision to exclude can only be taken by the Chief Nursing Officer, other Executive Director or out of hour's on-call Director.

⇒ The responsible consultant must be informed. The patients GP must be informed detailing the exclusion and the reasons for it.

⇒ The patient must be informed so that they may challenge exclusion via the established complaints procedure.

⇒ The Matron or nominated deputy must be informed and will prepare a written confirmation from the Chief Executive to be sent to the patient's home (See Appendix G(ii))

⇒ A detailed record of the rationale for exclusion and of the alternate arrangements for care should be kept in the patient's medical and nursing documentation.

⇒ The LSMS must also be informed

5.5 Use of OASIS System to record a risk of violence marker

The OASIS system will be used to record when a patient is assigned a violent marker to their medical record. The two types of marker include:

- Assault – Warning letter
- Assault – Exclusion letter

A Notification Letter from the LSMS will be issued to the patient (Refer to Appendix G (iii)). The LSMS will review the violent marker on an annual basis unless another incident initiates an earlier review. When the patient no longer poses a threat the violent marker will be removed from the system however a record will remain on Datix and in their medical record.

5.6 Visitors and others

In the event of a visitor or another individual displaying violent and aggressive behaviour towards members of staff then a senior member of staff should issue the perpetrator with an informal verbal warning. If the warning is disregarded and the unacceptable behaviour continues then the Trust will seek to remove the said person from the premises. Depending upon the nature and severity of the incident this may be carried out by security staff or by the Police.

5.7 Informing other staff of a risk

Staff working at ward level who are caring for a patient who may have a history of violence or abuse MUST inform visiting staff of the risk of assault particularly if they are required to approach and treat the said patient.

5.8 Recording and Reporting Incidents of Violence & Aggression (Refer to the Trust's Incident Reporting Policy)

Matrons or nominated deputies are responsible for ensuring that each incidence of violence is recorded and investigated appropriately. The incident must be recorded on the Datix system

In clinical situations, all incidents of violence resulting in bodily harm to staff or visitors or property damage should be recorded, investigated and reported as above. Other incidents of violence involving patient to patient which are judged to be an inherent manifestation of the patient's condition should be

recorded in the clinical context for the purpose of clinical management. If in doubt about reporting in these situations, advice may be sought of the LSMS.

Following an incident, the line manager of the staff involved will set up a meeting for the purpose of reviewing the events surrounding the incident and implementing any actions which may be necessary to prevent a recurrence.

5.9 Support for Staff Involved in Incidents

Matrons or nominated deputies will ensure that no blame attaches to staff that suffer violence and agree reasonable time off work to seek medical care, external legal advice or obtain counselling via the Occupational Health Department.

Staff, injured or not, may be affected emotionally. Matrons or nominated deputies must show empathy and sensitivity, offering support and counselling where necessary. As an alternative, staff who suffer violence may seek help from the national charity **Victim Support** whose address and telephone number is listed in the telephone directory.

The Trust acknowledges that staff may be concerned about the possibility of legal repercussions following an incidence of violence. If, when dealing with episodes of potential or actual violence, staff follow the training and instruction given, the likelihood of legal action is diminished. (See Appendix D)

Patients that may have observed incidents of violence may also need debriefing and reassurance.

5.10 Equipment

Where a risk assessment identifies the need for staff to have access to specialist equipment to deal with personal safety issues for example, CCTV, alarm systems etc, the Trust will consider the requirement and where it is reasonably practicable purchase and implement such provisions.

6 Implementation

6.1 Plan for implementation

This policy will be included on the Trust's intranet site for electronic access purposes and staff will be made aware as part of their induction process. It will also be communicated to managers and staff-side representatives via the Trust Health and Safety Committee.

6.2 Dissemination

See above

6.3 Training and awareness

Those staff whose jobs have been assessed by their manager as containing a significant risk to personal safety will receive training as appropriate. The National Conflict Resolution Training Programme will be implemented across the Trust and will be available for all members of staff as part of the Trust Induction process. Additional training in conflict management and personal safety will be provided for those staff that may be required to respond to incidents of violence and assist in dealing with high risk situations. The training needs of any individual will be based upon an appropriate risk assessment and training needs analysis.

6.4 Monitoring and compliance

Section	Key Control	Evidence of compliance	Frequency	By whom	Reported to	Frequency
Page 5, Section 4.1	Personal Safety Assessments carried out to identify high risk workers	H&S Audit to check local records of assessments	Annually	H&S Manager	H&S Committee	Annually
Page 6, Section 5.1	Patient assessments to identify high risk individuals	H&S Audit to check local records of assessments	Annually	H&S Manager	H&S Committee	Annually
Page 11, Section 5.6	Reporting of incidents of violence & aggression	Datix record of incident	Quarterly	H&S Manager	H&S Committee	Quarterly
Page 5, Section 4.1. and Page 12, Section 6.3	Staff receive the appropriate level of training commensurate with their job	Training records (ESR)	Annually	Manager	H&S Committee	Annually

5 Policy Review

This policy will be reviewed by the Trust's Health and Safety Committee every two years or as required.

6 References

References: Code:

Health and Safety at Work, etc Act 1974	
Management of Health and Safety at Work Regulations 1999	
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995	
Safety Representatives and Safety Committees Regulations 1977	
Health and Safety (Consultation with Employees) Regulations 1996	
HSC 1999/226: Campaign to stop violence against staff working in the NHS – Zero tolerance zone	
HSC 1999/229 "Working Together, Securing a Quality Workforce for the NHS: Managing Violence, Accidents and Sickness Absence in the NHS.	
HSC 2001/18 “Withholding Treatment from Violent and Abusive Patients in NHS Trusts DH	
Secretary of State Directions on work to tackle violence against staff and professionals who work or provide services to the NHS 2003	
Tackling Violence Against Staff SMS/VAS/02/04	
Non Physical Assault Explanatory Notes - SMS 2004	
Risk Management Strategy	WAHT-CG-007
Risk Assessment Procedure	WAHT-CG-002
Health and Safety Policy	WAHT-CG-125
Incident Reporting Policy	WAHT-CG-008
Smoking Policy	

7 Background

10.1 Equality requirements

The content of this policy has no adverse effect on equality and diversity.

10.2 Financial risk assessment

There may be a number of undetermined costs associated with the implementation of this policy.

10.3 Consultation

This policy received full consultation by members of the Trust’s Health and Safety Committees and the Joint Negotiating Consultative Committee (JNCC).

10.4 Approval process

This policy was approved by the Trust’s Leadership Group.

Appendix A

Predisposing factors associated with aggressive behaviour

Aggression can be caused by a wide range of factors examples of which include:

Procedural
Lengthy and complex administrative processes, long waiting times, a lack of prompt or full explanation either for delays or clinical procedures, all of which can generate frustration and anger

Environmental
Lack of familiarity with hospitals and clinics can cause people to feel at a loss and part of a system over which they have no control. It is important for all staff to remember that what is familiar territory to them is a very strange environment for many patients and their relatives which may be making them feel anxious. Anxiety can often cause excessive responses, including verbal and sometimes physical aggression

The Patient's Health
Patients or their relatives can be anxious about diagnosis, investigative/ treatment procedures and prognosis, again leading to excessive responses. Additionally, certain conditions can predispose patients to aggressive behaviour and staff should be aware of these in their own areas of work

Anticipatory Grief/Bereavement
This can cause people to express themselves in an aggressive/violent way Interpersonal conflict. A number of factors such as gender, race, personal beliefs and previous experiences can affect communications between people. Staff must be aware of these possibilities and take note of the non-verbal signals e.g. body language, being transmitted by the person to whom they are speaking.

Stress
Life creates stresses that can sometimes be translated into aggressive acts Stress affects everyone, including Trust staff, and can influence the way in which they judge situations

NOTE: It is important when undertaking any risk assessment process to consider these types of risk factors. This will assist you in determining the level of risk associated with any particular hazard.

Appendix B

Reducing the risk of violence and aggression

Workplace

The workplace environment should always be taken into account particularly when treating patients who may be suffering with a medical condition which affects their behaviour. Any clinical risk assessment of the patient should also include factors such as the suitability of the environment in which he or she is to be cared for and the arrangements in place for dealing with any incidents of violence and aggression.

Risks associated with violence and aggression will be considered in the design, alteration and upgrading of work areas. This will include the careful positioning of entrances, good lighting of entrances and other access routes, thoroughfares and relocation of work activities that do not need to be in public areas.

The Trust will work to ensure that reception areas and reception desks are easily identifiable, accessible and properly staffed. Clear signing and security glass will be provided, where required. The layout of sitting and waiting areas will be considered, together with separate areas for people to talk about sensitive issues and as a refuge for patients who are upset or are grieving.

Noise will be reduced where possible to reduce stress amongst patients and the public, who will be provided with information about the expected length of time they will have to wait to be seen. Efforts will also be made to reduce boredom amongst patients and the public by providing reading materials and other facilities.

The design of treatment rooms will take account of the choice of furniture and fittings used, the ease with which staff can withdraw, the provision of suitable alarm systems, and the need for easy communication between staff while at the same time retaining privacy for patients.

The Trust will work to ensure that lighting, decoration and furnishings contribute to a relaxed environment.

Working Practices and Patterns

Training will reflect the assessed risks of violence and aggression in respect of individual staff or staff groups.

Reception Areas

Reception staff will receive training and instruction on how to receive patients and deal with actual or potential violence and aggression.

Community / Home Visits (Refer to Lone Worker Policy)

Generic assessments of the risks of visiting particular client groups will be undertaken to identify the precautions required for specific visits. The potential risk of violence will be assessed before individual home visits are made so far as is reasonably practicable. This assessment will also consider information passed on at the point of referral and by other agencies. Issues such as a known history of violence, the patient's or relative's recent medical and personal history (including information on behaviour, mood, medication and aggression) will all be considered. The Trust will work to ensure the exchange of information and co-operation between all agencies that might visit patients in the community.

In a limited number of cases, staff might consider meeting the patient or client away from the home, or visiting the patient with a colleague. They might consider arranging for staff or others to provide an escort, the use of alarm and/or communication devices, or making prior arrangements with local police and other agencies. Staff will report back to colleagues at the end of the day or shift in respect of visits previously identified as being potentially "difficult"

Wards and Departments

The above examples of work areas will need to adopt an inclusive approach, involving all staff, in identifying, assessing and controlling the risk of violence and aggression. Whilst controls should be tailored to the specific risks associated with an individual patient, it is possible to identify generic risks and the control measures necessary to reduce them. Information obtained from the patient, the medical records, colleagues and other agencies, is vital to the process of risk management. Clear procedures should exist to ensure that relevant information is passed onto colleagues at shift hand-over and to others coming into contact with the patient or visitor.

The process of risk identification and control should consider issues such as space, lighting, access and exit routes, storage, supervision, observation and the location of staff facilities.

Staffing

Managers will aim to ensure that there will be enough staff trained in either managing actual or potential aggression or breakaway techniques to cope with foreseeable violent incidents. In general, with regard to staffing levels and competence, the manager will review the acceptability of lone working in isolated premises, the length of time where staff work alone, and review cover for breaks, and hand-over periods etc. Managers will also review the need to respond effectively to a violent incident while maintaining adequate levels of care for other patients.

Security Systems

Security systems that can reduce the risk of violence to staff will be kept under review. Communication between staff in the community and their base, together with alarm systems will also be considered. Where appropriate, good links with the police will be maintained. Service specific procedures for responding to incidents will be in place which:

- describe the circumstances under which such procedures should be followed
- describe the role of individual members of staff
- Identify an individual responsible for co-coordinating a response
- set out any circumstances in which physical restraint is necessary
- include arrangements for ensuring that appropriately trained staff are available at all times, if required by the risk assessment
- include criteria for calling local security staff and the police
- give clear guidance on reporting procedures for the full range of incident types
- indicate the follow-up actions, including staff debriefing and counseling, where appropriate.

Appendix C

Defusing violence and aggression

• Try at all times to imagine yourself in the other persons' place and conduct yourself accordingly - Be polite at all times

• Talk calmly, avoid sudden movements and, if appropriate, smile

• Check posture to ensure that it is not intimidating. Do not tower over a patient in a bed or a chair, sit at their level and maintain eye contact

• Answer questions accurately and factually. If someone asks a question**,** assume they want a truthful answer

• Do not challenge or accuse anyone who is angry or abusive. Try to ascertain why they are feeling as they do

• Be especially careful to avoid rising to any personal comments or criticism. In such circumstances, politely ask if the person would prefer to resume the conversation, at a later date/time, or speak to a colleague

• Do not persist in trying to manage a situation that is getting out of hand, withdraw as politely as possible and seek assistance immediately

In clinical settings, a range of responses specific to individual patients' situations may apply. Where appropriate refer to local guidelines or clinical risk assessments in your own clinical areas.

Appendix D

SAFE OPERATING PROCEDURE FOR DEALING WITH ACTUAL OR POTENTIAL VIOLENCE AND AGGRESSION

Introduction:

Individuals, who usually work alone, or in pairs, should try to avoid becoming physically involved in any aggressive or violent incident if at all possible; rather they should seek to withdraw, involve other members of staff or alert professional support (e.g. security staff or the police) at the earliest opportunity.

Staff should always work to the principle of minimum risk. However, whilst withdrawal is generally the preferred option, it is recognized that on occasion this is not always possible or even appropriate. In such circumstances individuals should seek to apply the response they feel offers the lowest level of risk in order to manage the situation as safely and effectively as possible. Alternative response options may include persuasion, distraction, containment, delay or breakaway, until such times as further support becomes available or the situation is resolved successfully.

In exceptional circumstances it may be necessary to restrain a person in order to prevent them from causing immediate harm to themselves or others. In such cases staff should try to ensure that there are sufficient members of staff to fully control the person safely and effectively and that suitably trained staff have been alerted.

The decision to restrain must be fully documented and staff should be able to describe why the response was deemed necessary and explain how the actions taken were reasonable, lawful and proportionate in the circumstances.

Risk Assessment:

Ward/department managers will carry out risk assessments in all work areas where there is a known or potential risk of violence and aggression particularly in areas that care for patients who have suffered trauma induced aggression /violence and are therefore at high risk.

Individual risk assessments can play an important part of the admission process in terms of identification of patients who are at risk of developing behaviour of an aggressive or violent nature. This process will assist in focusing individual's minds to assessing the risk of a patient's behaviour becoming out of control and potentially a risk to themselves and to others. Risk assessments can be recorded either in the patient's care plan, for example with a high risk patient, (Refer to Appendix H) or on the Datix system.

In all risk assessments remember to consider the following controls:

- Safe environment
- Adequate staffing levels to be in a position to safely manage any incident of violence and aggression
- Suitable training for all staff in managing violence and aggression
- Effective method of summoning assistance
- Formal response procedure
- Debriefing process

Lawful Use of Restraint - The doctrine of Necessity

Where a person intentionally touches another without consent, that person may be subject to a criminal charge of assault or a civil action in tort of trespass to the person. However, the use of *'reasonable force'* can be justified at common law to the extent that it is reasonable in the circumstances and was **"necessary"** in order to prevent harm. Reliance upon this doctrine will therefore involve justification of the member of staff's actions at the time of the patient's violent and aggressive outburst, taking into account all the circumstances surrounding the particular situation.

Whether the force used to administer the restraint or whether the decision to administer drugs in order to prevent the patient from continuing with such behaviour, would be considered reasonable will involve careful consideration of the need to protect the patient and others from harm balanced with the need to respect the patient's autonomy and human rights. In particular, the administration of sedatives for the purposes of calming a patient's mood and not for the purposes of administering treatment for the patient's underlying medical condition, should only be undertaken in extreme situations where the health of the patient is at risk as a result of their behaviour, e.g. a patient with a neck/head injury whose mobility arising from their aggression/movement is posing a significant risk to their health/recovery.

Decisions regarding the administration of sedatives as a method of controlling the behaviour of a violent and aggressive patient must be strictly based on best practice and not personal preference. (***Refer to the 'Prescribing Guidelines for Rapid Tranquillisation of Disturbed Patients'***)

The use of force must, at all times, be reasonable and proportionate to the actions of the patient and requires assessment on a case by case basis taking into account all the circumstances relating to the incident. The use of sedatives would need to be justified based upon the clinical needs of the patient and any associated risks attached to the administration of the drug.

Whether a member of staff is able to rely upon the doctrine of necessity as a defence to a decision to physically restrain a patient will be a question of degree: was the force used to restrain the patient necessary and reasonable in light of the danger to the patient and to others?

Use of restraint and refusal of treatment:

The above situation should not be confused with the situations that arise where patients become violent and aggressive arising from their refusal of treatment. In such circumstances the use of restraint will be dependent upon the ***capacity*** of the patient.

Should a patient become aggressive or violent when asked to consent to a procedure that is necessary, doctors should first carry out an assessment of the patient's capacity. If the patient is considered to be competent, the patient is entitled to refuse treatment and no physical restraint should be used in order to administer treatment against his or her will.

Should the patient be restrained and treatment administered, this could amount to a criminal assault and a breach of the patient's human rights. However, should the patient be found to be incompetent, the use of reasonable force to restrain a mentally incompetent patient is permitted provided it is (again) proportionate to the treatment proposed. For example, if the treating clinician is of the opinion that there is a genuine risk that the patient's life is in danger if they fail to undergo the treatment proposed, reasonable force may be used to restrain the patient in order to administer the treatment. However, in such circumstances a balancing exercise should be drawn between what is considered to be in the best interests of the patient and respect for the patient's autonomy and human rights.

Where there doubt and time permits, legal advice is recommended and this may include a possible declaration as to the best interests in the use of restraint.

What should you do when faced with an incident of violence and aggression?

At the **Worcestershire Royal Hospital**

In the first instance staff should attempt to diffuse the situation. If the individual perpetrators cannot be controlled then a 2222 call should be made to alert the Security Staff to respond accordingly. If the security staff are unable to manage the situation then they will call 999 for Police assistance.

At the **Alexandra Hospital**

In the first instance staff should attempt to diffuse the situation. If the individual perpetrators cannot be controlled then a 2222 call should be made to alert the Security staff who are based at the main hospital reception. If the security staff are unable to manage the situation they will call 999 for Police assistance.

At the **Kidderminster Hospital**

In the first instance staff should attempt to diffuse the situation. If the individual perpetrators cannot be controlled then a 2222 call should be made to the switchboard which will enable them to alert the Security Staff who will respond accordingly. If they are unable to manage the situation then they will call 999 for Police assistance.

In all instances the following guidance should be practised:

1. Try to appear calm
2. Assess the situation and determine whether you are or remain at risk of injury. **Remember that you have the 'right to withdraw' if you feel threatened and unable to deal with the situation**.
3. Try to reason with your attacker and diffuse the situation even if it means giving the person what they want in the short term. This can be a useful strategy for buying time and mustering resources.
4. If possible call for assistance in a way which does not inflame the situation. You may for example make an excuse to leave momentarily, move to a position where you can be more easily seen, or use a predetermined codeword to alert a colleague. Another option is to dial 2222 or in exceptional circumstances you may need to raise your voice in order to alert others to your predicament.
5. Try and remain focused and try to memorise all of the important details e.g. a description of your attacker would be useful
6. If, as a last resort, you need to use force to resolve the situation then ensure that you can subsequently justify your actions i.e. it is both reasonable and proportionate.
7. When safe to do so complete an Incident Form to record details of the event including where appropriate any actions you took to defend your position

If you are a Witness to an incident:

1. DO NOT place yourself at unnecessary risk of injury
2. Where necessary summon support from trained intervention staff, security or the police
3. If in doubt call for police assistance via 999
4. Try and remained focused and try to memorise or record all of the important details of the incident e.g. description of assailant, direction of travel, whether in possession of weapons etc.

If you are responding to an incident:

1. Approach all incidents with a degree of urgency but with caution. DO NOT expose yourselves to any unnecessary risk
2. Use the knowledge and skills you have been taught to assess and manage the situation
3. If, as a last resort, you need to use force to resolve the situation then ensure that you can subsequently justify your actions i.e. it is both reasonable and proportionate.
4. When safe to do so complete an Incident Form to record details of your part in the event including where appropriate any actions taken against the perpetrator e.g. restraint, arrest etc

REMEMBER that any force used, no matter how minor, MUST be:

- **Reasonable**
- **Lawful**
- **Proportionate and**
- **Necessary**

Appendix E

Checklist for Managers

Are Your Staff -

1. *Trained* in appropriate strategies for the prevention of violence?
2. *Briefed* about local procedures for the area where they work?
3. *Given* all information about the potential for aggression and violence in relation to patient/service user from all relevant agencies?
4. *Issued* with appropriate safety equipment?
5. *Aware* of the procedures for maintaining such equipment?

Are they -

6. *Aware* of the importance of previewing cases?
7. *Aware* of the importance of leaving an itinerary (community staff)
8. *Aware* of the need to keep in contact with colleagues?
9. *Aware* of how to obtain support and advice from management in and outside normal working hours?
10. *Aware* of how to obtain authorization for an accompanied visit (community staff)

Do they –

11. *Appreciate* the circumstances under which interviews should be terminated?
12. *Appreciate* their responsibilities for their own safety?
13. *Understand* the provisions fro staff support by the Trust and the mechanism to access such support?
14. Appreciate the requirements for reporting and recording incidents of aggression and violence?

CFSMS 2005

Appendix F

PERSONAL SAFETY RISK ASSESSMENT

Department:	**Location:**
Assessed by:	**Date:**

Working situation/ Job:

CHECKLIST	YES	NO	COMMENTS
A. GENERAL CONSIDERATIONS			
1. Can staff readily access a copy of the Policy for the Management of Violence and Aggression?			
2. Do staff know they will be supported if they withdraw from a potentially threatening situation?			
3. Do staff report all incidents relating to personal safety?			
4. Are staff debriefed immediately after an incident?			
B. THE WORKING ENVIRONMENT			
1. Are the contents of the area arranged such that potentially negative situations are minimised?			
2. Is the furniture arranged to promote harmony and avoid creating barriers?			
3. Is the area tidy and calm?			
4. Are visitors welcomed and informed as they arrive?			

5. Are they informed when this information changes?			
6. Is there an area where personal information can be conveyed, discreetly and privately?			
7. Have staff received training in interpersonal skills and diffusing techniques?			
8. Have appropriate staff been trained to restrain patients?			
9. Can staff see who is approaching the area?			
10. Is the area monitored by CCTV?			
11. Is there a formal system for raising the alarm?			
12. Is there a formal system for responding to alarm calls?			
13. Do staff have use of a telephone?			
14. Do staff carry panic alarms?			
15. Can staff secure the area for their own safety?			
C. LONE WORKING IN-HOUSE			
1. Is there a formal system for raising the alarm?			
2. Is there a formal system for responding to alarm calls?			
3. Do staff have a medical condition that might raise the risk of lone working?			
4. Have staff received emergency first aid training and carry basic first aid equipment?			
5. Do staff inform someone when they commence lone working?			
6. Is there a system for checking that staff are safely off duty?			

7. Can staff see who is approaching the area from a position of safety?			
8. Can staff secure the area for their own safety?			
9. For safety reasons, do you make regular contact with lone workers when you are also on duty?			
10. Do staff know they may not enter a confined space alone?			
11. Do staff know they may not undertake work at height alone?			
12. Do staff know they may not carry out work alone, on an electrical installation that is live, other than for limited testing or diagnostic purposes?			
13. Do staff know that they may not attempt any kind of work that is beyond the scope of their competence or capability?			
D. WORKING ALONE IN THE COMMUNITY			
1. Are the vehicles of staff insured for working purposes?			
2. Are the vehicles regularly maintained?			
3. Do staff belong to an emergency organisation in the event of a breakdown?			
4. Are all doors of the vehicle locked when parked or being driven?			
5. Are valuables placed out of sight?			
6. Do staff dress in a way that does not suggest they are carrying drugs?			
7. Do staff avoid parking in areas which may be unlit, isolated, and where sight lines may be obscured by bushes etc?			
8. Do staff carry mobile telephones?			
9. Do staff carry panic alarms?			
10. Have staff received emergency first-aid			

training and carry basic first-aid equipment?			
11. Is there a formal system for raising the alarm?			
12. Is there a formal system for responding to the alarm?			
13. Do staff inform of details of itinerary and route, and any changes?			
14. For safety reasons, do you make regular contact with lone workers when you are also on duty?			
15. Is there a system for checking that staff are safely off duty?			
16. Do staff have a medical condition that might raise the risk of lone working?			

PERSONAL SAFETY RISK ASSESSMENT

ACTION PLAN

DEPARTMENT AND LOCATION: _____ WORKING SITUATION/JOB: _____

No.	Hazard Identified	Action Required	Target Date	Signature on Completion

Appendix G (i)

Policy for the Management of Violence and Aggression

Warning Letter template

<Date>

Dear

Ref: Incident on *<insert date and location>*

As the Consultant in charge of your care, 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 antisocial manner towards a member of NHS staff/whilst on NHS premises ***(delete as applicable)***.

Behaviour such as this 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.

If you continue to act in an unacceptable or antisocial manner, consideration will be given to one or more of the following actions ***(to be adjusted as appropriate)***:

- The matter may be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- The matter may be referred to a solicitor in support of applying for criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from you.
- Consideration may be given to obtaining a civil injunction or an Anti-Social Behaviour Order. Any legal costs incurred will be sought from you.
- Alternative arrangements may be made for you to receive your treatment elsewhere and any hospital transport service currently provided to you may be withdrawn.

If you consider that your alleged behaviour has been misrepresented in any way or that this warning letter is unwarranted, please write to the Complaints Manager, who will review this decision in the light of your account of the incident(s).

A copy of this letter will be placed on your medical file and a copy has been sent to your General Practitioner.

Yours sincerely,

Consultant in charge of care or Hospital Director

Appendix G (ii)

Policy for the Management of Violence and Aggression

Exclusion Letter

Patient's name
Patient's address
Hospital Number
Date

Dear

This is to confirm that due to your unacceptable behaviour on [date] at [hospital] you have been excluded from receiving treatment or visiting any of the Trust's premises. The exclusion will last one year.

Where appropriate alternative care arrangements have been made for you. Should you require further treatment you must:
……

In the case of non-urgent treatment your GP has been informed of your exclusion and you will be referred to another hospital.

In the event you attend one of the Trust's Accident and Emergency Departments or seek emergency admission you will receive assessment and immediate treatment but this may be in the presence of the Police or additional staff.

Your GP has been informed of your exclusion and should you need non-emergency treatment your GP will refer you to another Trust.

The Trust is currently in discussion with the Police and legal advisors about the possibility of action against.

A copy of the Trust's Policy can be made available to you if you so wish

Yours sincerely

M McKay
Chief Executive

Appendix G (iii)

Dear

Notification of risk of violence marker being placed on an NHS record

I am writing to you from Worcestershire Acute Hospitals NHS Trust, where I am the Local Security Management Specialist (LSMS). Part of my role is to protect NHS staff from abusive and violent behaviour and it is in connection with this that I am writing to you. (Insert summary of behaviour complained of, include dates, effect on staff/services and any police/court action if known)

Behaviour such as this is unacceptable and will not be tolerated. Worcestershire Acute Hospitals NHS 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, threats or abuse.

The NHS Constitution makes it clear that just as the NHS has a responsibility to NHS service users, so service users have a responsibility to treat staff with respect and in an appropriate way.

All employers have a legal obligation to inform staff of any potential risks to their health and safety. One of the ways this is done is by marking the records of individuals who have in the past behaved in a violent, threatening or abusive manner and therefore may pose a risk of similar behaviour in the future. Such a marker may also be placed to warn of risks from those associated with service users (e.g. relatives, friends, animals, etc.).

A copy of the trust policy relating to risk of violence markers can be obtained from the LSMS.

I have carefully considered the reports of the behaviour referred to above and have decided that a risk of violence marker will be placed on your records. This information may be shared with other NHS bodies and other providers we jointly provide services with (e.g. ambulance trusts, social services and NHS pharmacies) for the purpose of their health and safety.

This decision will be reviewed in 6/12 months' time (insert date if known) and if your behaviour gives no further cause for concern this risk marker will be removed from your records. Any other provider we have shared this information with will be advised of our decision.

If you do not agree with the decision to place a marker on your record, and wish to submit a complaint in relation to this matter, this should be submitted in writing to:

The Chief Executive
Worcestershire Acute Hospitals NHS Trust

Worcestershire Royal Hospital
Charles Hastings Way
Worcester
WR5 1DD

Yours (sincerely/faithfully),
Local Security Management Specialist, Telephone 01905 768946

Appendix H

Prevention and management of violence and abuse Assessment tool template

This assessment tool is designed to help nursing staff assess patients with a potential for violence or a history of violence and abuse against NHS staff, to achieve a consistent approach. The tool may be used on its own or as part of an overall nursing assessment and the information gathered used to inform the patient's care plan.

Problem: Violence and abusive behaviour relating to a history of harm to self or others, destruction of property, overtly aggressive acts and verbal threats of physical assault.
Aim: To recognise, prevent and safely manage any act, or potential act, of violent or abusive behaviour without compromising the therapeutic needs of the patient.

	Assessment	Nursing Intervention	Evaluation Date/Time & Signature	Implemented Date/Time & Signature
1	Assess patient's potential for violence and abusive behaviour through history, patient interview (or interview with family and friends if patient is unable to communicate), medical and nursing notes and information provided from other allied organisations/individuals, such as Social Services, patient's GP etc.	• Before meeting with the patient, examine their medical and nursing notes to check for any incidents of violence and abusive behaviour that have been documented and how they were managed. • Introduce yourself and explain any procedure in plain and simple terms. Try to build a rapport with the patient to put them at ease during the assessment interview.		

	Assessment	Nursing Intervention	Evaluation Date/Time & Signature	Implemented Date/Time & Signature
		• If appropriate and safe to do so, explore the patient's history with them and explain the health body's policy regarding violence and abuse against staff.		
2	Assess whether patient has any communication difficulties and explore possible reasons for this (e.g. sensory impairment, learning disability or English not being their first language).	• If there are communication difficulties, try to arrange for a family member or significant other to be present to assist during the assessment. You should always try to obtain the patient's consent for this first. • If the patient is hearing impaired, ensure that hearing aid equipment is set and working properly or arrange for a BSL interpreter to be present for the assessment booked through Deaf Direct. • If the patient's first language is not English, it may be appropriate to arrange for an interpreter to be present from Applied Language Solutions.		
3	It may be useful to engage with family and/or friends to establish if there is any history of violence or abusive behaviour within the family. To maintain patient confidentiality, establish whether or not the patient has advised	• Employ family members and significant others to enforce message that violence or abuse is not tolerated within the healthcare environment.		

	Assessment	Nursing Intervention	Evaluation Date/Time & Signature	Implemented Date/Time & Signature
	their significant others/family of their condition. However, be aware that family dynamics may be a cause of patients' violence and judge whether or not to proceed with engaging with family. Establish level of support available to the patient from family or significant others.			
4	Assess patient's attitude to admission/treatment and medical condition.	• Answer any questions the patient may have concerning their admission, treatment or diagnosis and try to alleviate any anxiety. • Arrange for the patient's doctor, or other relevant members of the multi-disciplinary team (MDT), to discuss their condition with them if necessary.		
5	Assess patient's current physical and mental health, current medication and any substance use and misuse.	• If there are any concerns about the patient's mental health, refer to the on-call psychiatrist, psychiatric liaison nurse or mental health team. • If there are any signs of substance use or misuse, discuss with the patient the health body policy on the use of substances. Refer the patient to the substance misuse team, if appropriate. • If appropriate, set boundaries with patient	Initially and as determined by relevant professionals following any intervention	

	Assessment	Nursing Intervention	Evaluation Date/Time & Signature	Implemented Date/Time & Signature
		and employ the use of a behaviour agreement. • If there are any organic or other physical health concerns, refer to the appropriate member of the MDT. • Explain policy regarding prescribed medication.		
6	Assess whether patient has any previous known episodes of violence and/or abuse, including any trigger factors or antecedents such as a recent bereavement.	• Establish from medical records/nursing notes whether patient has had any previous episodes of violence and/or abuse against NHS staff. • When engaging with the patient, be alert to any information that they disclose about incidents in their personal life that may have precipitated previous violent behaviour, such as medical/psychiatric diagnosis, change to marital status, bereavement, redundancy etc. This can be achieved through general conversation rather than a direct questioning process. • Ensure that all staff, including the multi-disciplinary team, new staff and agency/bank staff are aware of patient's history and how to care for them in a safe manner. • Ensure that all staff are		

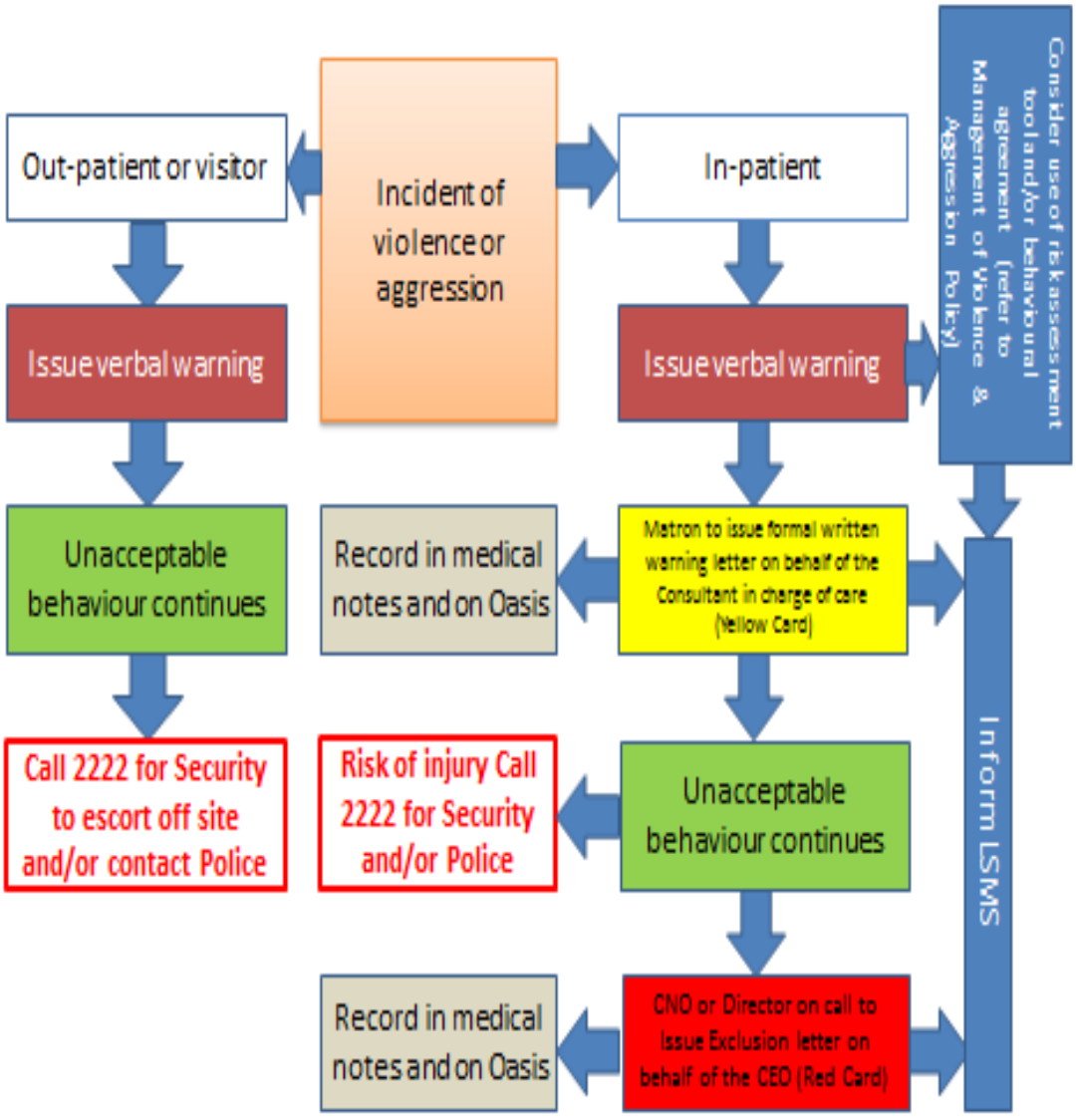
	Assessment	Nursing Intervention	Evaluation Date/Time & Signature	Implemented Date/Time & Signature
		aware of what to do in the event of a violent or abusive incident, and publicise the locally adapted 'Suggested management of a violent/abuse incident'. • Observe for warning signs and triggers, and manage appropriately on the scale of de-escalation and resolution to calling for assistance. • Promote an environment that provides safety and reduces agitation.		
7	If known history of violence or abusive behaviour, establish whether there is a history of using weapons, hostage taking etc.	• Ensure that all staff, including the multi-disciplinary team, new staff and agency/bank staff are aware of patient's history and how to care for them in a safe manner. • Ensure that all staff are aware of what to do in the event of a violent or abusive incident, and publicise the locally adapted 'Suggested management of a violent/abuse incident' flowchart in the Trust policy. • Observe for warning signs and triggers, and manage appropriately on the scale of de-escalation and resolution to calling for assistance.		
8	As regards any previous	• If in previous episodes of		

	Assessment	Nursing Intervention	Evaluation Date/Time & Signature	Implemented Date/Time & Signature
	episodes of violence or abusive behaviour, establish the following if possible: how it was managed; which interventions were successful and which were not; how long the episode of violence or abusive behaviour lasted; if medication was used to resolve the situation; if the police were involved; and what sanctions, if any, were applied.	violence, particular interventions worked, review these for application locally. If particular interventions did not work, review these for lessons to be learned and ensure that all of the multi-disciplinary team, new staff and agency and bank staff are aware of these. • Observe for warning signs and triggers, and manage appropriately on the scale of de-escalation and resolution to calling for assistance.		
9	Where possible, use appropriate advanced directions* determined by the patient.	• Staff may wish to consider previous incidents recorded and decide whether it would be helpful to discuss known trigger factors and any preferred intervention with the patient. • Staff may wish to consult their mental health colleagues for advice before engaging in such a discussion with the patient. • Ensure that any advanced directives are communicated to all staff caring for the patient.		

*An advanced directive is a document that contains the instructions of a patient, setting out their requests in the event of a relapse of a condition or an incident of disturbed/violent behaviour etc. It sets out the treatment that they do not want to receive and any treatment preferences that they may have in the event that they become violent. It also contains the names of people whom they wish to be contacted and any other personal arrangement that they wish to be made.

Appendix I

Action to take in the event of a violent or aggressive incident



Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document	Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	N/A	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	N/A	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	N/A	
7.	**Can we reduce the impact by taking different action?**	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	NO
2.	Does the implementation of this document require additional revenue	NO
3.	Does the implementation of this document require additional manpower	NO
4.	Does the implementation of this document release any manpower costs through a change in practice	NO
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	NO
	Other comments: Topical negative pressure or Vacuumed Assisted Closure has been used within the Trust for many years. Implementation of the guideline should contribute to ensuring cost-effective use	N/A

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Executive Team before progressing to the relevant committee for approval