Title:
Policy for the Management of Unacceptable Behaviour Including Work Related Violence and Aggression

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The issue of this page is the overall issue of this procedure.
The current issue of individual pages are as follows:
1 INTRODUCTION

1.1 This policy is issued and maintained by the Chief Executive on behalf of the trust, at the issue defined on the front sheet, which supersedes and replaces all previous versions.

1.2 The trust is committed to providing as safe a working environment for its staff as is reasonably possible. Whilst a wide range of measures have been employed to protect staff from violence including: provision of full-time security staff; CCTV systems; panic alarm systems; guidance and training on recognising the signs of potential violence, how to diffuse aggressive confrontations and if necessary how to protect oneself; it is recognised that assaults will still occasionally take place against members of staff.

1.3 The trust recognises and accepts that the prevention and management of violence and aggression towards its staff and patients in its care are an integral part of its statutory duties. The trust will therefore ensure the likelihood of employees and patients being exposed to violence and aggression whilst at work is kept to a minimum and that violence and aggression will not be tolerated or accepted.

1.4 This policy sets out measures for protecting staff from patients and/or visitors who are persistently abusive or violent whilst their relative is the care of the hospital. This includes in extreme cases withholding of treatment from an offending patient.

2 POLICY STATEMENT

2.1 Sherwood Forest Hospitals NHS Foundation Trust attaches great importance to the wellbeing and welfare of its staff and the people who use its services. Everyone has a duty to behave in an acceptable and appropriate manner. All NHS staff have a right to work, as patients have a right to be treated, free from fear of assault and abuse in an environment that is properly safe and secure.

2.2 The policy covers systems for reporting and responding to violent and abusive incidents using the trust’s incident reporting procedures and reporting to the various authorities, which include the NHS Security Management Service (SMS), Police and the Health & Safety Executive (HSE).

2.3 Appendix 3 to this Policy contains the trust’s procedure for the Care of Individuals Who are Violent or Abusive and provides for the formal cautioning against aggressive individuals and includes the ultimate sanction of refusing treatment to offenders. This is sometimes known as the trust’s yellow card/red card system. It is a way of escalating the response of the trust to a violent situation.

2.4 The trust recognises that there may be some instances where systems need to be put in place to protect staff from physical and non-physical assault where the withdrawal of treatment from a patient is not an option. This issue is fully explored in the NHS Counter Fraud and Security Management Service report “Prevention and Management of Violence Where Withdrawal of Treatment is not an Option.” (2007). This report also contains comprehensive information on the range of sanctions available to the trust to deal with unacceptable behaviour from patients.


2.5 There is no universal solution to cover all eventualities; but all staff should familiarise themselves with the early signs of violence and aggression and the possible causes and measures that need to be taken to minimise the risk to themselves and the people that use the services of the trust.
3  DEFINITIONS

‘The trust’  means the Sherwood Forest Hospitals NHS Foundation Trust.

‘Staff ’ means all employees of the trust including those managed by a third party organisation on behalf of the trust.

‘Violence’  Violence is defined by the HSE as an incident in which an individual is abused, threatened or assaulted in circumstances relating to their work. This definition includes verbal as well as physical abuse and could arguably also include psychological manipulation (mental abuse). Incidents involving verbal abuse are the most common.

‘Physical Assault’  means the intentional application of force against the person of another without lawful justification, resulting in physical injury or personal discomfort.

‘Non Physical assault’ means the use of inappropriate words or behaviour causing distress and/or constituting harassment.

‘Violent Incident’ means all types and levels of violence ranging from non-physical assault such as swearing and verbal and racial abuse through to physical assault.

‘Yellow Card’  means a procedure for the issuing of a formal caution to individuals who are violent or abusive.

‘Red Card’ means a procedure for formally excluding violent or abusive individuals from the care of the trust.

‘Warning Letter’ means a letter issued to a patient by the Consultant in charge of the patients care in accordance with the template and procedures contained in the NHS Counter Fraud and Security Management Service document “Prevention and Management of Violence where Withdrawal of Treatment is not an Option”.

4  ROLES AND RESPONSIBILITIES

4.1  The Employers Duties

Employers have a general duty to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all employees and non-employees under the Health and Safety at Work, etc Act 1974. This includes protecting them from the risk of violence.

The Management of Health and Safety at Work Regulations 1999 require employers to conduct an assessment of all the risks associated with their work activities. This would include exposure to potential or known aggressive and/or violent situations.

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, employers must report acts of violence perpetrated at work which also fulfil the reporting criteria (See the trust’s Incident Reporting Policy).
4.2 Corporate Responsibility

The overall responsibility for ensuring the trust has systems in place for dealing with violence and aggression rests with the Chief Executive. The Chief Executive is the trust’s nominated Security Management Director and is responsible for leading the work on the prevention of violence and aggression.

4.3 Fire and Security Manager (Local Security Management Specialist)

- Reporting all incidents of physical assaults and non-physical assaults that are racially or religiously aggravated to the Counter Fraud and Security Management Service (CFSMS).
- Act as a point of contact for any CFSMS or police enquiries or investigations.
- Communicate information from any CFSMS or police investigation and/or legal actions to the Security Management Director.
- Investigate all reported incidents of physical assault in liaison with CFSMS.
- Day to day management of the Security Management contracted services (Until what date).
- Support the managers of the trust in carrying out security risk assessments and the implementation of action plans arising from them.
- Working with Line Managers, Divisional Managers and Clinical Directors on agreeing the best method of dealing with the care of a violent or abusive visitor or patient.
- Working with the police on the application of additional or complimentary sanctions on violent or abusive visitors or patients e.g. the application of Acceptable Behaviour Contracts, which are also known as ABCs.
- Working with the NHS Security Management Service and the Legal Protection Unit about appropriate sanctions for violent or abusive patients or visitors.

4.4 Excel Security

- Will provide a support role for any staff subject to verbal abuse from colleagues, patients or visitors.
- Will assist where any employee or visitor becomes aggressive or violent (but will not physically intervene).

4.5 New Security Contractor

- Will assist where any employee or visitor becomes aggressive or violent (but will not physically intervene).
- From a date to be determined the new security management contractor will provide a support role under the direction of the lead clinician for assisting with a violent patient including physical interventions to aid the therapeutic management of the patient. The full details of this are to be found in the associated policy document “Preventing and Minimising Violence and Aggression – Physical Interventions”.

4.6 The Health and Safety Manager
- The development of policy on the prevention of violence and aggression and other similar unacceptable behaviour.
- Supporting the managers of the trust in the carrying out of risk assessments.
- Putting systems in place to ensure that violent or aggressive incidents are reported and recorded.
- Disseminating lessons learned from violent or aggressive incidents.

4.7 Director of Operations

Ensuring divisional compliance with this policy, which requires:

- all incidents of violence are to be reported within the timeframe set out in the incident reporting policy.
- ensuring all staff that have contact with patients and the public attend the trust’s Conflict Resolution Training Course or any course that superseded this arrangement.
- ensuring all incidents of violence are investigated and all facts including any injuries and damage to NHS and private property is recorded.
- ensuring risk assessments are completed for all wards and departments.
- providing support to wards and departments to reduce and prevent attacks.
- ensuring support is provided to staff that have been assaulted.
- ensuring the trust's Incident Reporting Policy is complied with and where required make reports to the Health and Safety Executive under the Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDOR).
- Instigating the Procedure for Care for Individuals who are Violent or Abusive (Yellow card procedure).
- Excluding patients from treatment but only in extreme cases and with the agreement of the Clinical Director (Red Card Procedure).

4.8 Heads of Nursing, Department Managers and Ward Leaders

- calling the Police immediately when there has been a physical assault or where a non-physical assault is racially, religiously or sexually aggravated. Ensuring the police are provided with all the details to support any further actions taken against the perpetrator.
- ensuring that risk assessments are completed for all wards and departments for which they are responsible.
- ensuring staff are informed and trained in the requirements of this policy and those staff having contact with patients and the public attend the trust's Conflict Resolution Training Course or any course that supersedes this arrangement.
• outside normal working hours; immediately after or during the event inform the Duty Site Coordinator and provide him/her with details of the incident and actions taken.

• taking immediate action to prevent further injuries to staff, patients and the public.

• ensuring all staff involved in the incident are offered post incident support, counselling and if required referral to Staff Occupational Health.

• investigating all incidents of violence that occur within their area of responsibility. Ensuring all facts are recorded including what was said by those involved (record all threatening or abusive language, expletives etc), any physical contact, injuries and damage to NHS and private property as soon as possible post incident using the trust's incident reporting system.

• consider issuing warnings or taking action under the trust's Procedure for the Care of Individuals who are Violent or Abusive (Appendix 3).

• consider the need to plan for the care of the patient who has been violent. Is a case conference required or a review of the patient’s medical care, how will the clinical environment continue to be managed safely, will extra staff be required, will additional skills be required?

• ensuring that the Fire and Security Manager is informed as soon as possible of any physical assaults or any non physical assaults that are racially or religiously aggravated (See also the Leaflet on Protecting our Staff from Violence and Abuse at Work).

• during normal working hours the nurse in charge of a ward or department and the Head of Nursing would agree the need for any extra staff to try and prevent or reduce the risk to staff (or patients) from the unacceptable or violent or aggressive behaviour of a patient.

• discussing with staff what actions will be taken in the event of an incident before the incident occurs. The flow charts at Appendix 1 and 2 and the trust’s related polices will form the basis of the actions that can be taken.

4.9 All Members of Staff

All members of staff who have contact with patients or the public are to:-

• when requested by their line manager, attend the Trust’s Conflict Resolution Training Course or any course that supersedes this arrangement.

• comply with policies and procedures, particularly relating to the prevention and management of violence.

• reporting all incidents of violence they are exposed to or witness, and assisting their line manager with the completion on the incident form.

• referring themselves to the Staff Counselling service if the member of staff needs further help and support following a violent or aggressive incident.
• discussing with managers what actions will be taken in the event of an incident before the incident occurs. The flow charts at Appendix 1 and 2 and the information in Appendix 5, 6 and 7 and trust’s related polices will form the basis of the actions that can be taken.

4.10 Duty Clinical Site Co-ordinator

Where incidents of physical assault and non physical assault which are racially or religiously aggravated are reported to them, ensure:-

• the ward/department making the report have complied with their requirements of the policy, i.e. contacting the police and ensuring the safety of the ward or department.

• where the incident is considered significant, or staff require medical treatment report the incident to the senior manager on call.

• during normal working hours contact the Fire and Security Manager as soon as possible. For serious incidents the Fire and Security Manager (Local Security Management Specialist) can be contacted out of normal working hours via the switchboard. (See also the Leaflet on Protecting our Staff from Violence and Abuse at Work at Appendix 6.

• Allocating staff to try and prevent or reduce the risk to staff (or patients) from the unacceptable or violent or aggressive behaviour of a patient.

5 SCOPE OF POLICY

5.1 This policy applies to all staff employed by the trust, the students working within the trust and contractors and volunteers working on behalf of the trust. The policy is primarily aimed at protecting the trust’s employees and resources and does not extend to cover patients. However, the trust accepts that the NHS has a duty of care towards persons using NHS services and property, particularly if they are young or vulnerable patients. Many of the principles laid down in this and related policies can be used to protect such vulnerable patients.

5.2 This policy should be read in conjunction with the following:

• Lone Working Policy
• Preventing and Minimising Violence and Aggression – Physical Interventions
• Guidelines for Police Liaison and Assistance at Kings’ Mill Hospital
• Incident Reporting Policy
• Assessing the Risk of Individuals Subject to Multi Agency Public Protection Arrangements
• Security Policy
• Staff Wellbeing Policy
• Risk Management Policy and Strategy
• Alcohol Withdrawal Delirium (AKA DT) Guidance and Management.
• Guidelines for the Detection and Management of Acute Confusion/Delirium
• Guidelines for the Action to be Taken when an Adult In-Patient Absconds
• Intractable Complaints Policy

5.3 It should be noted however that deterrents, warnings, contracts and Anti-Social Behaviour Orders (Asbos) will be neither appropriate nor effective for patients whose
violence and aggression arises from their clinical condition and who lack the capacity to control their behaviour. The guidance outlined above in relation to managing the behaviour of illicit substance misusers and the detection and management of acute confusion/delirium may be more relevant.

5.4 *Equality Impact Assessment* – The trust is committed to ensuring that none of its policies, procedures and guidelines discriminate against individuals directly or indirectly on the basis of gender, colour, race, nationality, ethnic or national origins, age, sexual orientation, marital status, disability, religion, beliefs, political affiliation, trade union membership, and social and employment status. An equality impact assessment (EIA) of this policy has been conducted by the author using the EIA tool developed by the diversity and inclusivity committee.

6  CONSULTATION

6.1 This policy was originally developed in partnership with staff groups and the recognised Trade Unions within the trust through a multidisciplinary working group with further contributions from the Staff Wellbeing Working Group and the Health and Safety Committee.

6.2 This Policy has been reviewed by a multidisciplinary group set up specifically for this task and including staff side representatives at a series of meetings held in 2007. The Health and Safety Committee have further reviewed the policy during 2009. The current policy has been to the Risk Management Group (non clinical) prior to approval by the Executive Management Board.

7  DEALING WITH UNACCEPTABLE BEHAVIOUR INCLUDING VIOLENCE AND AGGRESSION

7.1 In December 2003, the Secretary of State for Health launched a new strategy for security management work in the NHS, developed by the NHS SMS – a body with policy and operational responsibility for the management of security in the NHS (Statutory Instrument 3039/2002) and a remit defined as ‘protecting people and property so that the highest standards of clinical care can be made available for patients’ (www.cfsms.nhs.uk).

7.2 This policy is intended to support the work started by the Secretary of State’s Directions. The Directions established the following systems to help trust’s tackle the issue of violence and aggression and to establish a pro security culture.

- A nominated Security Management Director (SMD) to lead work to tackle violence against staff.

- A national incident reporting system for recording physical assaults, and a local reporting system for non-physical incidents, using clear and legally based definitions, and with the ability to track incidents from start to finish, to ensure the best outcome for the person assaulted.

- A Legal Protection Unit (LPU) to work with trusts to provide advice on methods of pursuing a wide range of sanctions against offenders. The LPU will work with the Police and Crown Prosecution Service to increase the prosecution rate of those who assault staff working in the NHS.
• The training of a Local Security Management Specialist (LSMS) to investigate cases of assault where the Police are not investigating. The LSMS then liaises with the LPU on the best method of seeking sanctions against abusers of NHS staff.

7.3 There are many factors that may contribute to aggressive and/or violent behavior. The effect of these factors will vary between workplaces even within the trust. There is no clear explanation of why this violence occurs, and research into this area identifies that it is a complex issue involving a number of risk factors. One framework for understanding violence in the workplace includes a range of factors seen to contribute to violence against and abuse of staff by members of the public. These concern aspects of the perpetrator (e.g. personality, substance abuse, unfounded expectations), the employee (e.g. sex, age, social status, experience), the type of interaction (e.g. caring, money/valuables issues, controlling), the situation (e.g. working alone, job location, waiting times) and the outcome.

7.4 Risk Factors

General risk factors

• mobile jobs, travelling frequently to and from the worksite
• working in an unsafe environment
• frequent involvement in transporting goods and passengers

Context-related risk factors

• remote workplace
• wide client base

Organisation-related risk factors

• operating after normal hours
• working away from base and alone
• low staffing levels

Risk factors related to the characteristics of assailants

• mental health history associated with violent behaviour
• higher promises of service bringing higher expectations
• drink and drugs
• having a physical advantage

Employee-related risk factors

• uniforms
• employee ill health and stress, which can affect patience and cause misunderstanding
• inexperience
• unrealistic expectations of the job.

7.5 Many of the above risk factors are present within the NHS, and violence in the workplace has a negative effect on efficiency, motivation and performance. This can
have a negative effect on the working environment and staff/patient interaction. A number of measures as outlined previously are now in place to tackle violence against staff generally. However, violence against staff where long-term care is provided is a particular problem, as it is more likely that violence will recur where patients have to re-attend for long-term treatment.

7.6 In areas such as the Accident and Emergency (A&E) department patients are discharged or transferred to another unit or receiving hospital once they have been treated. In these areas, patients or their accompanying friends or relatives usually carry out assaults on staff.

7.7 In both situations, the effect of a violent attack is the same in terms of distress and trauma to the victim. In the long-term care environment, it is far more likely that staff will have to face the violent individual repeatedly and the attacker is more likely to be the patient than their friend or relative. In some areas, such as renal dialysis units, patients have to return regularly to the same unit or ward for treatment. This may be several times a week for an extended period – usually a number of years.

7.8 In situations where long term care is being provided the use of the yellow card/red card system (Procedure for the Care of Individuals who are Violent or Abusive Appendix 3) may not be appropriate. For example, it would not be useful to use a system designed to threaten the withdrawal of treatment to a patient that would clearly die without that treatment. In these instances staff should refer to NHS Counter Fraud and Security Management Service’s document “Prevention and Management of Violence where Withdrawal of Treatment is not an Option”. This can be found in summary at Appendix 5 and the full document can be found at the following link


7.9 Even where treatment cannot be withdrawn there are ranges of sanctions that can be taken against those who abuse NHS staff and professionals or steal or damage NHS property. These include criminal prosecutions, Asbos and civil injunctions. Advice, guidance and support on the range of sanctions that are available to deal with offenders can be obtained from the Fire and Security Manager. There are also listed at Appendix 5 and include:

- A verbal warning
- An Acknowledgement of Responsibility Agreement or Behaviour Agreement
- A written warning signed by a senior member of staff such as the Consultant or Executive Director of Nursing
- Local sanctions such as managed visits
- Injunctions and civil actions
- Conditional cautions/Asbos
- Criminal sanctions
- Bail conditions

7.10 There may also be situations where staff themselves may be the perpetrators of violence, e.g. abuse of vulnerable patients. The decision to involve the police in this matter should be taken by the security management director (see Guidelines for Police Liaison at Kings Mill Hospital).
7.11 Multi-Agency Public Protection Arrangements (MAPPA) is the statutory process through which the Police, Probation and Prison Services work together with other agencies to manage the risks posed by violent and sexual offenders living in the community in order to protect the public. Individuals who are subject to MAPPA will on occasions present for treatment and may potentially pose a risk to the safety and well being of other patients and also to staff. They may particularly pose a risk to children. The trust has clear lines of management and accountability in place to manage MAPPA processes in order that effective information sharing and risk assessments take place. The trust will actively work with other MAPPA agencies to achieve this aim. The trust intranet contains comprehensive advice and guidance on MAPPA processes.

7.12 There are many circumstances in which employees of the trust can find themselves in confrontational situations. This is why training and risk assessments are particularly important in finding ways of controlling the risk. The trust’s generic risk assessment tool for assessing the risk of violence and aggression within work areas can be found at Appendix 4. This should be completed by Heads of Nursing/Ward leaders/Unit managers and reviewed on an annual basis or sooner if a particular risk or the workplace changes.

7.13 Appendix 5 contains a nursing assessment tool. This 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. It should be used in conjunction with the information and strategies outlined in the “Prevention and Management of Violence Where Withdrawal of Treatment is not an Option”. 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.

7.14 Violence from patients to staff is usually, but not always, a result of, or allied to, the patient’s medical condition. For this reason it is very important that when considering the care of a violent patient the appropriate professionals are convened together to discuss the care plan for the individual concerned and safe ways of managing the ward environment. This may entail reviewing the medical intervention provided, the staffing level provided, the skill mix of the team providing the care and the environment in which the patient is cared for. The document Alcohol Withdrawal Delirium (aka DT) – evidence based best practice guideline on management provides further invaluable guidance on managing one of the highest risk situations faced by trust staff in terms of violence and aggression.

7.15 The trust provides a security guarding service at Newark and King’s Mill Hospital. One of the roles of this service is to support staff in dealing with violence and aggression. The guards will help staff deal with violent patients as much as they can whilst staying at all times within the law and in a non clinical role. They are not intended to provide additional nursing services. There is no guarantee under the current service level that a security guard will be available to assist with a violent patient. There could be other equally pressing work for the guards on duty.

7.16 The trust’s security guards can ask visitors to leave the trust’s premises but as yet they have no specific powers to enable them to remove people. This is currently being reviewed and the trust may be granted specific powers to remove people from the trust’s premises. Until then the police must be called to remove violent or aggressive individuals from the trust’s premises.

7.17 When calling security staff or the police to help deal with a physically violent patient, staff must consider the risk of this action to themselves, the patient and those that they are calling. These must be balanced against the risks that will arise by not calling on
this help. Staff must be clear about what they intend to achieve by calling non clinical staff to help deal with a patient. The most senior medical staff member available must brief the arriving security staff or police officer(s) and convey the nature of the emergency and any medical risk factors with the patient that those non clinical responders may need to help deal with the situation. (Guidelines for Police Liaison are available at Kings Mill Hospital) It is vital that staff ensure that the police are properly informed of all pertinent matters if they are asking the police to intervene. Whenever a call is made to the police for help with a violent or aggressiv situation the Site Coordinator or Night Team Leader or other senior clinician/manager available at the time should also be informed. Arrangements should be made to meet the police on arrival and direct them to the problem area. The Police should then receive a full and appropriate brief on the situation facing them. The trust and the police will meet on a regular basis to continue to develop guidelines for staff on summoning police assistance.

7.18 Any forcible intervention must be considered absolutely necessary on the basis of risk assessment and must be proportionate to the perceived or actual harm likely to result if no intervention is made. Trust staff are not yet trained or authorised to use physical restraint techniques over and above those contained in the document “Physical Restraint in a Clinical Setting”. The trust will be moving towards the use of limited physical intervention by trained contractor staff in support of the lead clinician as a last resort to facilitate the most appropriate therapeutic treatment for violent patients that lack capacity and may pose a risk to themselves and others. The guidance for this is contained in the associated policy “Preventing and Minimising Violence and Aggression – Physical interventions”.

7.19 NHS staff have a duty of care to protect the public and a responsibility under health and safety legislation to maintain a safe environment. The Human Rights Act (Article 2:1) indicates a positive obligation to preserve life and Article 2:2 allows the use of no more force than is absolutely necessary. Section 3 of the Criminal Law act 1967 and common law allow all citizens the right to use force that is necessary to defend themselves or others or to prevent the recurrence of a crime. Staff must consider the best interests of their patients. Staff may be required to use the common law doctrine of necessity to prevent harm to themselves, the patient or others. The proportionate use of reasonable force may be required in such circumstances. It should be noted that while the law allows people to exercise “reasonable force” to defend themselves, what actually constitutes “reasonable” is very much open to interpretation. It will be dependent on the particular circumstances of each situation.

7.20 The senior nurse (e.g. Site Co-ordinator) or clinician involved with dealing with the aftermath of any violent incident should provide support to the staff involved in the incident and debrief them. Any injuries should be treated and arrangements made for support from Occupational Health or the counselling service as appropriate. An Incident report form should be completed and a decision made on whether to continue work in the area or evacuate the area. If the incident is a major incident affecting the operation of the hospital then the incident should be escalated in accordance with the Policy for Dealing with a Major Clinical Incident.

7.21 As soon as practicable after the event there should be a post incident review. This is a chance to learn from what happened and enhance the trust’s policies and procedures for the future. There are several questions that could be of benefit to answer:

- What can be learned from what happened?
- How can we avoid repeating mistakes?
• How can we assess what is and what is not working?
• What are the implications of what has just happened?
• Are policy and system revisions needed?

7.22 Staff should not feel that they have to cope alone when a violent incident occurs. Should you be involved in an incident you must:

- Seek proper medical attention for any physical injuries and if you have been distressed by an incident, would like some advice or counseling or just feel the need to talk it through with someone take the opportunity to talk to your colleague, team member, line manager or the Occupational Health service.

- Make sure that you have the opportunity to ‘de-brief’ with your manager and colleagues.

7.23 Decide, as a team, how an incident will be dealt with and what strategy is required for subsequent visits. Report the incident to the police if appropriate. You can do this yourself or ask your manager to do it for you. Attend the team meetings arranged to review working practices.

7.24 Managers will support staff when they report an incident. Support will include:

• Post trauma support such as counselling and debriefing (but only after an assessment is made to its likely benefit – evidence suggests that poor services or those inappropriately used can do more harm than good), help in dealing with family and relatives and/or practical assistance such as medical attention

• Ensuring the incident is investigated and the police and the CPS are given the opportunity to pursue criminal proceedings

• Supporting staff when they are dealing with the police and during any prosecution that may follow

• The trust’s Local Security Management Specialist (LSMS) will support staff if the Police don’t take action, or if the member(s) of staff involved and/or the trust are not satisfied with the outcome of Police enquiries, in these instances the LSMS will undertake an investigation (See Appendix 6)

• Assisting staff apply for compensation (a police crime number will be needed) through the Criminal Injuries Compensation Authority (CICA) or the NHS Injury Benefit scheme

• Dealing with any press enquiries via the Community Relations Department and ensuring that the member of staff’s privacy is maintained.

8 EVIDENCE BASE

The Health and Safety Executive and the NHS Security Management Service have produced a range of publications aimed at helping organisations deal with violence and aggression.

• HSG100 Prevention of Violence to Staff in Banks and Building Societies
9 MONITORING COMPLIANCE

9.1 The trust’s Incident reporting procedure will be used to monitor the effectiveness of this policy. The annual health and safety report to the trust Board will include data on the level of violent or aggressive incidents reported.

9.2 The annual NHS Staff Survey will also be used to provide data on the level of violence and aggression experienced by staff. This will provide another measure on the effectiveness of this policy.

9.3 Attendance at the trust’s conflict resolution training course will be monitored by the trusts risk management group (non-clinical)

9.4 The health and safety committee will consider a range of measures relating to violence and aggression. These will include reports on the number of reported violent or aggressive incidents and the number of claims from staff relating to violence.

9.4 The trust’s Health and Safety Committee, Risk Management Group or the Clinical Governance Committee will consider the lessons learned following the Root Cause Analysis (RCA) of incidents involving violence or aggression. The trust’s Risk Management Group or Clinical Governance Committee will consider any RCA reports for incidents that have been graded as red.

10 TRAINING REQUIREMENTS

10.1 The trust will provide Conflict Resolution Training to all front line staff, as identified in the Mandatory Training Policy, and professionals in accordance with the full national syllabus provided by the NHS Counter Fraud and Security Management Service. This training covers the 10 objectives listed in the national syllabus. In accordance with the advice published by the NHS Counter Fraud and Security Management Service priority will be offered to the following staff groups:

- Accident and Emergency clinical and non-clinical staff
- Outreach staff such as Community Midwives
- Reception Staff
- Clinical and non-clinical staff on Wards
- Volunteers
10.2 Delivery will be via an in-house trainer who has attended the four-day National syllabus familiarisation course provided by the NHS Counter Fraud and Security Management Service.

10.3 New staff will be offered a place on the full course and the Conflict Resolution Training will be refreshed every three years in accordance with the standard and syllabus set by NHS Counter Fraud and Security Management Service.

10.3 The trust will look to build on any lessons learned as a result of the comprehensive conflict resolution training course put in place for trust staff. The quality of the training provided will be regularly monitored by means of feedback sheets and attendance lists.

10.4 The trust recognises that as a result of risk assessment some staff groups may require training over and above the conflict resolution training syllabus. In-house or external contractors depending on the nature of the training concerned will provide this. It is also recognised that the training made available to staff should reference other relevant training such as that available regarding the protection of vulnerable children and adults.

11 DISTRIBUTION

This policy will be distributed via the trust’s Intranet.

12 COMMUNICATION

This Policy will be communicated via the line management system and via the Intranet. It will also form part of the trust’s training on violence and aggression. It will be communicated to new starters at the trust’s orientation day during the session on risk management. This revised policy will be re-launched to managers at the trust’s management update training. Staff will also be informed that this Policy has been revised through the Team Briefing system.

13 AUTHOR AND REVIEW DETAILS

Date issued: January 2010
Date to be reviewed by: January 2012
To be reviewed by: Health and Safety Manager & Fire Prevention and Security Management Specialist
Executive Sponsor: The Chief Executive

14 APPENDICES

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