

Policy for the Prevention and Management of Violence & Aggression

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Author:	Tim Woodward
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1.0 Introduction

- 1.1 The consequences of violence to staff and professionals working in the NHS can include pain, time away from work, depression and low self-esteem.
- 1.2 For the NHS they can include the impact of the incident on colleagues, as well as the loss of key personnel for long periods of time, or possibly altogether.
- 1.3 Staff and professionals have the right to work, as patients have the right to be treated, in an environment where all feel safe and secure and where the risk of violence in whatever form is minimised
- 1.4 There are specific legal duties on employers in relation to violence and aggression, and employers are under a general duty under section 2 of the Health and safety at Work Act 1974 to maintain safe working arrangements, and under Regulation 3 of the Management of Health and safety at Work regulation 1999 to carry out a risk assessment of the hazards to which employees are exposed.

2.0 Purpose

- 2.1 The objective of this document is to set out how NHS Lancashire will fulfil its statutory duty to ensure, as far as is reasonably practicable, the health, safety and welfare of staff and others, in respect of managing the risks associated with violence and aggression.
- 2.2 This policy aims to provide, so far as is reasonably practicable, safe working conditions to every employee, with regard to violence and aggression at work.
- 2.3 NHS protect took over the responsibilities of the Counter Fraud security Management Service (CFSMS) which was launched in April 2003, with a remit encompassing policy and operational responsibility for the management of security in the NHS (Statutory Instrument 3039/2002). The remit is broad but can be defined as protecting people and property so that the highest standards of clinical care can be made available to patients.
- 2.4 An immediate priority area for security management work is tackling violence against staff. No-one can guarantee that violence can be completely eradicated in any environment, however through the appropriate application of robust systems, the risk of incidents occurring in the first place can be minimised and where an incident does occur, clear actions can be taken against assailants.

3.0 Scope

3.1 This policy applies to all employees, whether directly or indirectly employed by NHS Lancashire, contractors and trainees. Verbal abuse, discrimination, threatening behaviour, bullying and harassment are all classifications of violence. However incidents of harassment and bullying where the perpetrator is another member of staff are not covered by this document. In cases of violence between members of staff, employment policies such as Grievance, Disciplinary, Fair Treatment, etc., should be referred to and implemented. In cases of public complaint against members of staff, the Complaints Procedure should be followed

- Any member of staff who commits a non-physical and/or physical assault as defined in this policy, against another member of staff, must be aware that these actions will result in the Disciplinary Policy being invoked. This could result in disciplinary action and, ultimately, in some cases, dismissal

4.0 Definitions

Physical Assault

4.1 “The intentional application of force against the person of another without lawful justification, resulting in physical injury or personal discomfort.”

Non – physical assault

4.2 “The use of inappropriate words or behaviour causing distress and / or constituting harassment.”

Lone Worker

4.3 Those who work by themselves without close or direct supervision

4.4 “Any situation or location in which someone works without a colleague nearby; or when someone is working out of sight or earshot of another colleague.

Lone Working

4.5 Lone working may be a constituent part of a person’s job or it could occur on an infrequent basis.”

4.6 This could be outside of a health centre or similar environment or internally, where staff care for patients or services users on their own. Other descriptions commonly used include community or outreach workers. Lone working is not unique to any particular groups of staff, working environment or time of day.

4.7 It is vitally important that Lone Worker procedures are kept under constant review to take account of changes in the external environment, introduction of new technologies and the lessons learned from the investigation of incidents

that occur – where they cannot be deterred or prevented. Lone working procedures must offer a framework for the assessment of the risks that NHS Lancashire staff may face.

ARA

- 4.8 Acknowledgement of Responsibilities Agreements

ASBOs

- 4.9 Anti Social Behavior Orders

LPU

- 4.10 The Legal Protection Unit of NHS Protect

LSMS

- 4.11 The Local Security Management Specialist

SMD

- 4.12 Security Management Director

5.0 Policy

- 5.1 NHS Lancashire attaches great importance to the health and safety of its employees. It is the policy of NHS Lancashire to establish and maintain, as far as is reasonably practicable, non-hazardous working conditions for all aspects of health and safety at work including the commitment to allocate appropriate resources.
- 5.2 Staff should not be working in situations that make them feel unsafe. However, if they are, they need to know how to deal with them, and that they can withdraw from danger with the support of NHS Lancashire. It should be clearly understood by all concerned that in any situation, the prevention, management and avoidance of conflict is of paramount importance.
- 5.3 Where patients, visitors or clients are involved, members of staff still have a duty of care to them, even in cases where they contribute to the disturbance. It is the intention of NHS Lancashire that any staff member subjected to non-physical and/or physical assault will receive the understanding, sympathy, and support of NHS Lancashire where required through Occupational Health
- 5.4 A range of measures can be taken, by NHS Lancashire, depending of the severity of the assault, which may assist in the management of unacceptable behavior by seeking to reduce the risks and demonstrate acceptable standards of behavior, these may include:

- Verbal warnings
- Acknowledgement of Responsibilities Agreements (ARA)
- Written warnings
- Withholding treatment
- Civil injunctions and Anti Social Behaviour Orders (ASBOs)
- Criminal prosecution

5.5 The Legal Protection Unit (LPU), via the LSMS, will provide NHS Lancashire with consistent and cost effective legal advice on avenues available for dealing with those who cause harm or distress to NHS staff and professionals in specific cases. Depending on the individual circumstances and seriousness of each case, the outlined options can be taken in conjunction with one another or in isolation.

5.6 NHS Lancashire recognises that the responsibilities for the successful management of the prevention of conflict and reduction of risk are shared between NHS Lancashire, its managers and all staff.

5.7 Under section 2 of the Health and Safety at Work Act 1974, regarding the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all employees.

5.8 The main perpetrators of violence and aggression within NHS Lancashire can be broadly divided into:

- Individuals whose medical condition (physical and/or mental state) results in behaviour that they may not be aware of or able to control;
- Patients, relatives and others who are dissatisfied or frustrated by their NHS experience;
- Individuals who do not conform to social norms and use violent and aggressive behaviour to make demands on staff or Endeavour to manipulate procedures in their favour;

5.9 The majority of reported incidents fall into the second category and, in these cases, staff need to be sensitive to the individual's concerns, and try to resolve them in a professional way. There will be situations when the police should be contacted. Their role in the management of violence and aggression and appropriate actions is detailed in the appendices attached.

5.10 Employees are considered at risk of violence and aggression when dealing with numerous different people, especially members of the public. People who work alone or on night shifts are considered at increased risk. Violence at work can cause physical injury and disability. It can also lead to stress and

depression. Violence at work can lead to low staff morale, high absenteeism and high staff turnover, all of these can lead to lower productivity and greater costs.

Reporting of incidents (IR1s)

- 5.11 Non- Physical and Physical Assault Incident Reporting Procedures should be reported within 48 hours to LSMS or Health and Safety Advisor.

Provision of Confidentiality Counseling

- 5.12 As soon as possible following a violent incident the line manager should provide immediate support to the individual (s) concerned. Debriefing of all staff will also occur as soon as possible and the staff will be offered the counseling facilities available via the Occupational Health department (for further information please contact HR department or Line Manager).
- 5.13 Managers and staff should recognise that the victim of violence or aggression may need support in the longer term as well as immediately following an incident. This may be provided via the Occupational Health department.

Supporting NHS Protect

- 5.14 NHS Lancashire will co-operate with NHS Protect to enable it to carry out its function. The generic areas of action are:
- Creating a pro-security culture.
 - Prevention / deterrence of security incidents occurring.
 - Prompt and accurate reporting of incidents – When an assault has taken place line managers should ensure that the police are informed. That an incident report form (IR1) is completed and submitted as soon as possible after the incident and that the Local Security Management Specialist (LSMS) is informed of the circumstances. The IR1 form should contain the offender's full details (if known) and where the police have been involved; the police officer's details and the police incident log reference number. The advice of the LSMS is needed regarding the protection and preservation of the scene of a crime and the (forensic) evidence. The LSMS will review the incident, the evidence and outcomes and what redress NHS Lancashire can pursue in order to ensure this policy is effective.
 - NHS Lancashire will support those engaged in the investigation of incidents and the detection of offenders.
 - NHS Lancashire will support and encourage the use of sanctions against those who contravene the security strategy.
 - NHS Lancashire will support and encourage staff to pursue a criminal prosecution or civil law remedy if the Police, the Crown Prosecution

Service or the NHS Protect Legal Protection Unit, consider there is sufficient evidence.

- NHS Lancashire supports redress for the victims of security incidents.

5.15 NHS Lancashire will allow and support NHS Protect to have access to its premises

6.0 Roles & Responsibilities

6.1 The Board have overall responsibility for the security strategy for NHS Lancashire. The Trust Board is responsible for ensuring, so far as is reasonably practicable, the health, safety and welfare of employees and others affected by the work of the Trust. This includes Security Management work. The Board is responsible for the appointment of a Security Management Director and a Non-Executive Director with responsibility for security.

6.2 The Trust Board has vested responsibility for overall control of operational activity and conformity with legislation in the Chief Executive. On behalf of the Trust Board, the Chief Executive is responsible for ensuring that the health, safety and welfare of staff are safeguarded, including security management risks

6.3 NHS Lancashire will ensure that:

- Appropriate and adequate security arrangements are in place based on Risk Assessment
- Staff are appropriately trained to ensure they are competent to provide high quality care and deal with patients in a sensitive and courteous manner;
- Arrangements are in place which are clear and understood by all staff on how to deal with situations where patients or visitors act in an unacceptable or violent manner;
- Support is provided where a member of staff has been the victim of an assault or attack by a patient or visitor.
- Provide safe working conditions for staff;

6.4 The Local Security Management Specialist (LSMS) will be responsible for

- Ensuring compliance with the Secretary of State Directions, NHS Protect regulations and guidance. (This is the role of the SMD and NED as well)
- The development of a pro security culture across NHS Lancashire, initially giving priority to tackling the problems of violence against staff, professionals, and patients, raising awareness and encouraging them to report violent incidents when they occur.
- The investigation of incidents, in a fair and professional manner, to ensure that offenders are dealt with appropriately, and to reassure staff and professionals that the NHS will take firm action against offenders.

- Taking action to ensure that that the full range of possible sanctions is considered when dealing with offenders, to ensure that these are
 - applied consistently and appropriately, as well as to provide good
 - quality feedback to those who have suffered from violence.
 - The development, monitoring and review the quality assurance
 - process in relation to security, training and the provision of support
 - mechanisms for the victims of crime.

6.5 Directorate Responsibilities:

- Ensuring members of staff work in an environment that is as safe as possible by ensuring links between policies on staff security and management of conflict at work.
- Co-operating with the LSMS in the furtherance of his responsibilities.
- Carrying out risk assessments and reducing the risks identified.
- Designing and implementing training plans that meet staff needs.
- Ensuring accurate records are kept of incidents.
- Ensuring that there is full support for staff following violent incidents or associated stress including referral to Occupational Health and support for access to counseling services if required.
- Setting all the above in the context of a comprehensive procedure.
- Giving clear and accurate legal guidance to staff.
- Each Directorate will develop local procedures to support the cluster policy.

6.6 Employee Responsibilities:

- The creation of a pro-security culture - The promotion of a culture where security is the responsibility of every member of staff and anyone granted permission to use Trust premises. Where the actions of the minority who breach security are not tolerated.

6.7 Individual members of staff are primarily responsible for:

- An awareness of the triggers of conflict in their own clinical area, and to try to minimize the impact of these.
- Identifying his/her own high-risk situations and agreeing action plans with management.
- Undertake identified training and the maintenance of competence in these by practicing conflict management skills.
- Highlighting environmental issues that may increase risk of violence.
- Individual employees have a responsibility to take all practicable steps not to place themselves, colleagues/volunteers, patients/clients or visitors/members of the public at risk and to communicate known problems as and when they become aware of them.
- Employees have an obligation to comply with the NHS Lancashire Incident Reporting and Risk Assessment Policies and Procedures. This includes the completion of incident report forms (IR1) after each incident.
- Employees are also required to identify, to their managers, situations, which they believe to be potentially hazardous including, e.g. Workplace

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stress. Managers are required to take appropriate action based upon information received and provide feedback to the staff about these actions.

- Employees who feel that they are subjected to unsafe situations and/or environments whilst discharging their duties can discuss the issues with their line manager. If they feel that the issues are still unresolved they can either complete an IR1 form themselves or report confidentially to the Risk Management Team following the NHS Lancashire Incident Reporting /Investigation Procedure.
- All employees should be aware of how their behaviour might be perceived by others and ensure that they do not behave in a way that is aggressive or violent.

7.0 Training & Equipment

7.1 All new staff are required to attend the mandatory induction programme and given relevant information. In addition all staff will undergo special training in conflict resolution, as per mandatory training matrix for Learning and Development. The training will focus on defusing and managing aggressive and potentially volatile situations.

7.2 Training is a vital means by which members of staff can be equipped to deal with particular problems, which they may encounter. It is, therefore, mandatory that all members of staff, who are in contact with the general public through the performance of their duties, attend an organised programme of training sessions appropriate to their needs.

7.3 All Conflict Resolution Training must comply with the NHS Protect National Syllabus and all trainers delivering these courses must have been certified to do so.

8.0 Dissemination and implementation

8.1 The requirements of this policy document will be implemented in full in all areas under the control of NHS Lancashire.

8.2 To this end, NHS Lancashire requires the support and full co-operation of the managers, supervisors and staff.

8.3 Violence and Aggression policy has been drawn up by the relevant Managers, in conjunction with the Local Security Management Specialist and Health & Safety Advisor. These policies detail the management responsibilities within their areas of control and detail relevant actions and guidance to staff within the policy and attached procedures. These will be updated bi-annually and submitted to the Health & Safety Committee

9.0 Monitoring, Audit and Review

- 9.1** The basis for measuring performance, in relation to the risk of conflict, is:
- Clear procedures, the implementation of which can be monitored.
 - A comprehensive reporting and recording system.
- 9.2** The effectiveness of this policy will be evaluated against Key success areas, which will include:
- Optimum use of the Incident Reporting System.
 - A demonstrable reduction, over time, in the number of incidents and injuries.
 - A positive evaluation of the effectiveness of training programmes.
 - Staff satisfaction with support mechanisms, including Occupational Health.
 - Information gleaned from staff exit interviews.
- 9.3** The NHS Lancashire Incident Reporting Procedure will provide baseline information on the number, nature, and location of incidents of violence and aggression to assist in the identification of root cause analysis and implementation of control measures.

10.0 References & Bibliography

- 10.1 Reference has been made to the following documents:
- NHS Protect Guidance and Information

11.0 Associated Documents

- 11.1 The following documents should be read in conjunction with this policy:
- NHS Lancashire incident Reporting Policy

12.0 Peer Review

- 12.1 This policy has been peer reviewed by:

Name (print)	Post held	Date	Signature
Keith Savage	Head of Risk Management	04/10/12	
Tim Woodward	Risk Manager	04/10/12	
Don Clarkson	Assurance Manager	04/10/12	
Lisa Stott	Integrated Risk Manager	04/10/12	

13.0 Appendices04/10

- Appendix A: The Role of the Police
 Appendix B: Procedural Flow Chart
 Appendix C: Dealing with Verbal Aggression / Bad Language
 Appendix D: Dealing with Harassment and Discrimination

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Appendix E: Dealing with Threats / Physical Abuse

Appendix F: Recognising and Managing Violence in the Workplace

Appendix G: Principles of Preventing or Handling Violence

Appendix A: The Role of the Police

The Role of the Police

The police play an important role in supporting NHS Lancashire in its management of violence and aggression. However it is essential that all managers and staff understand when it is appropriate to call for police assistance and what response they can expect.

Making a Call

There are 2 options for contacting the police: -

- **Emergency call – either dial for an outside line then 999**

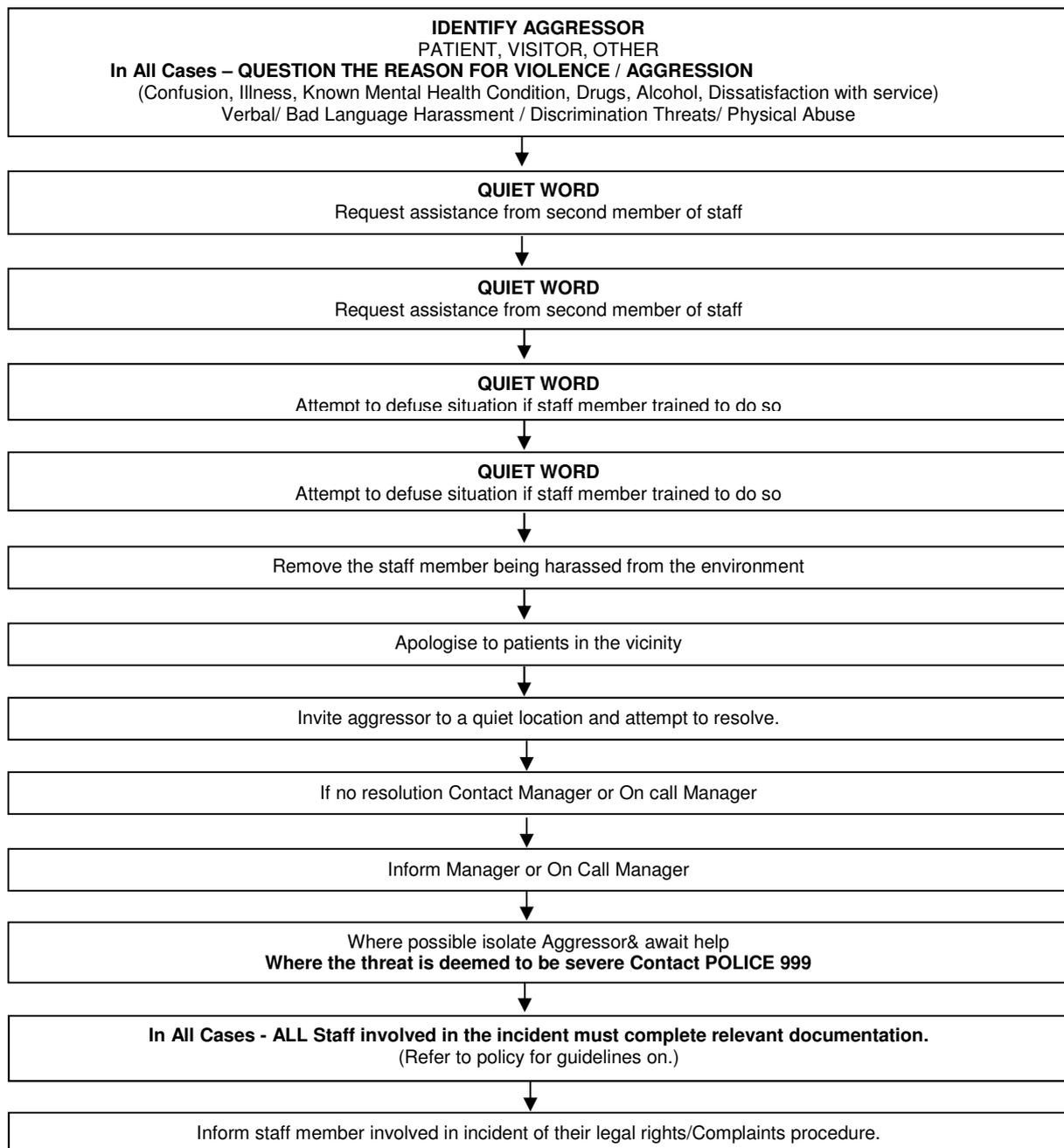
Mobile 112

The police will respond to an emergency call immediately. This should be used whenever there is imminent danger to staff, patients or others, or there is a threat of imminent danger.

- **Local Call 0845 1253545**

To contact the nearest police station if advice is needed, or to report events that do not require an immediate reaction e.g. a theft where the thief is no longer on the premises. The police will respond within a few hours or possibly the next day.

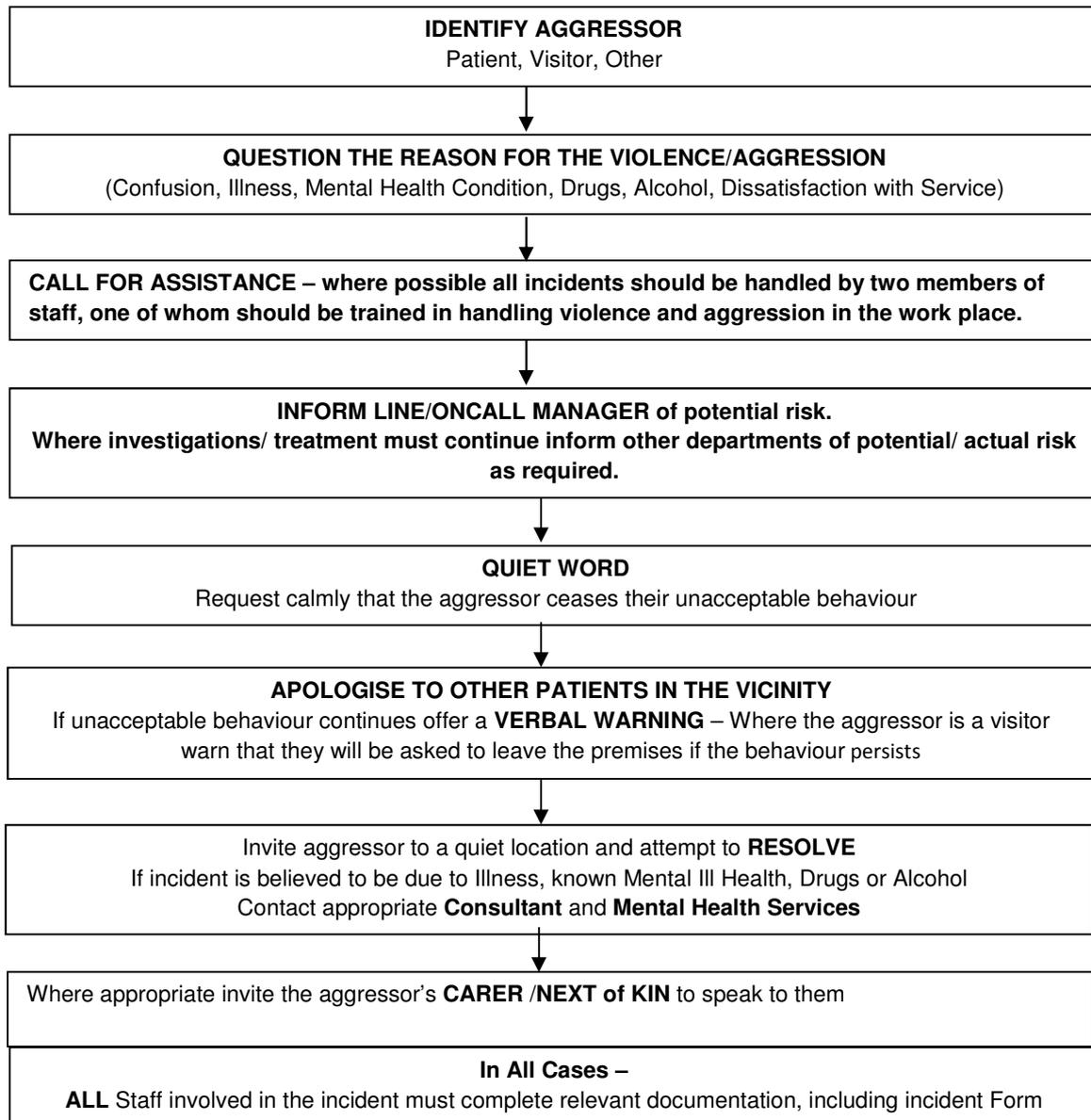
Appendix B: Procedural Flow Chart

**For Noting In All Cases:**

- Where practicable all incidents should be handled by **TWO** members of staff at least one of whom has been trained in handling violence and aggression. Where investigations / treatment must continue **Inform** other departments of potential risk as required.
- If incident is believed to be due to Illness, a Known Mental Health Condition, Drugs or Alcohol. Contact appropriate **Consultant** and **Mental Health Services** for Advice
- **In All Cases – VERBAL WARNING** - Where the aggressor is a **VISITOR** warn the person they will be asked to leave the premises if behaviour persists . Where appropriate invite the aggressor's next of kin to speak to them

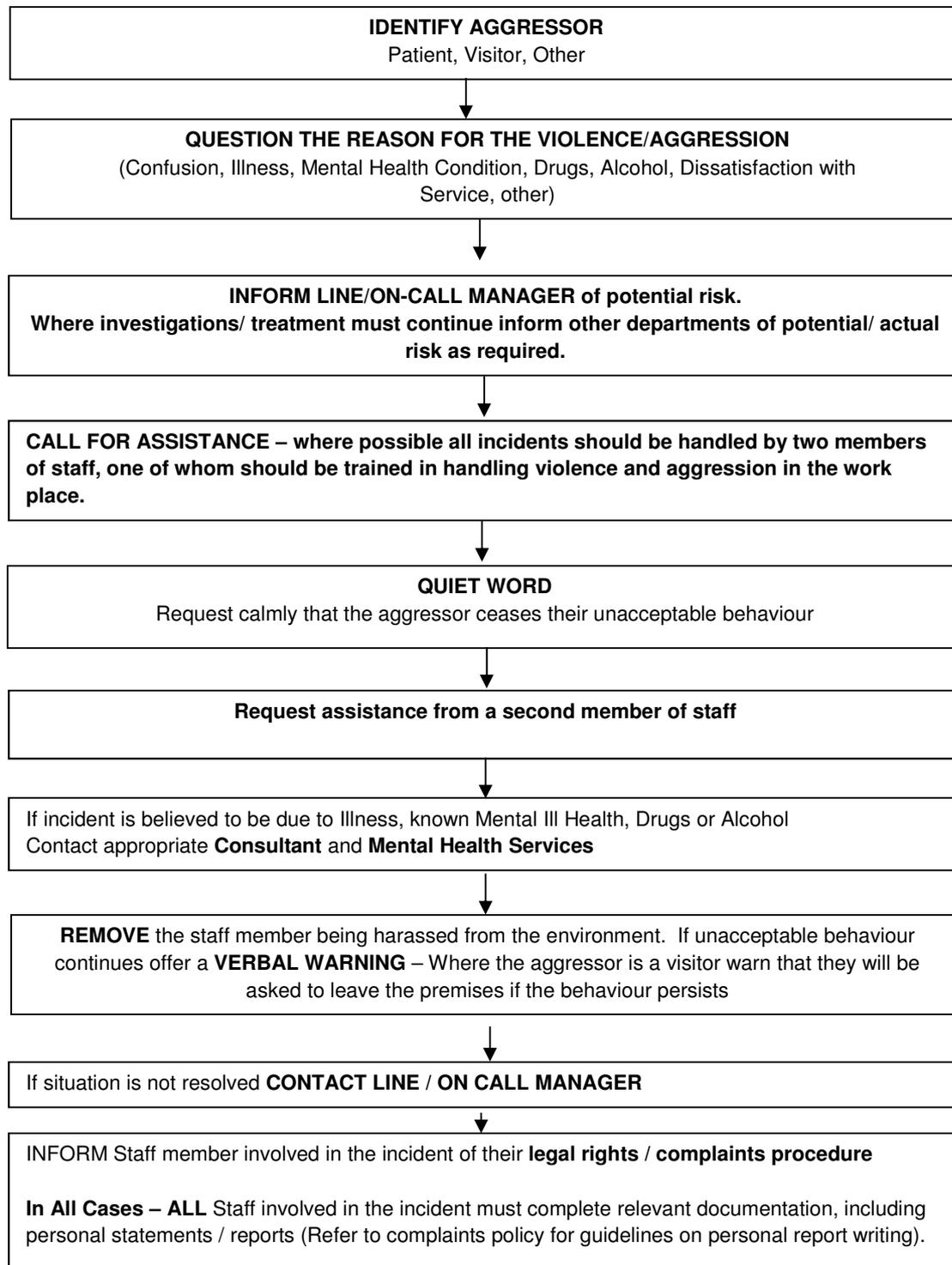
Appendix C: Dealing with Verbal Aggression / Bad Language

N.B. This flowchart is meant only as a guide - YOU DO NOT HAVE TO FOLLOW ALLSTAGES IF THE SITUATION ESCALATES AND WARRANTS IMMEDIATE ACTION.



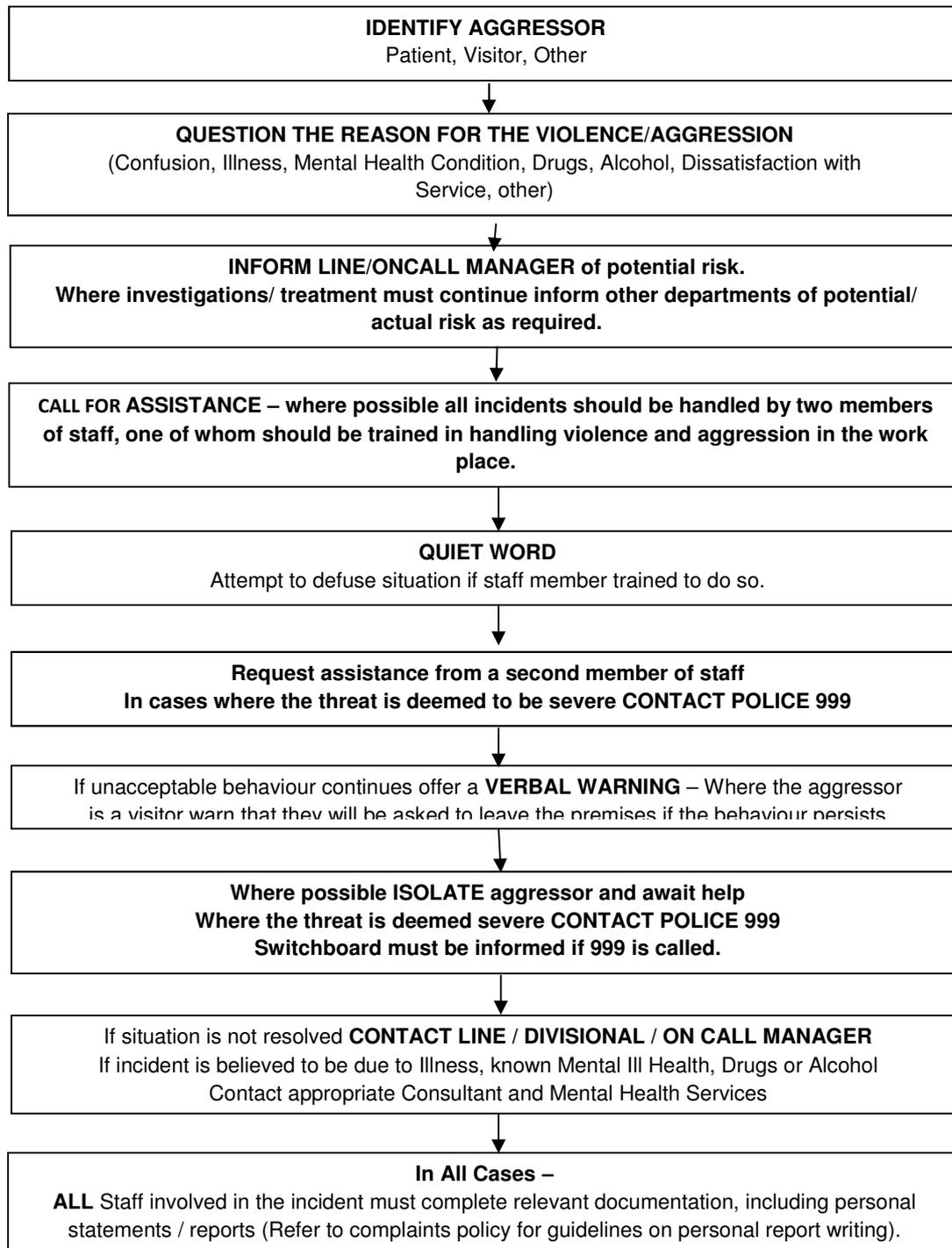
Appendix D: Dealing with Harassment and Discrimination

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Appendix E: Dealing with Threats / Physical Abuse

N.B. This flowchart is meant only as a guide - YOU DO NOT HAVE TO FOLLOW ALL STAGES IF THE SITUATION ESCALATES AND WARRANTS IMMEDIATE ACTION



Appendix F: Recognising and Managing Violence in the Workplace**1. Practical guidance for staff****a. Causes of Violence**

There are many factors, which may precipitate a person to act in a violent or potentially violent manner. More obvious causes may include:

- Some forms of mental illness.
- Emotional disorders.
- Alcohol or drug abuse.

However, there may be other, less obvious reasons why people become violent, including:

- Anxiety or fear regarding their current situation.
- being faced with difficult news/decisions.
- Confusion regarding information that has been given.
- Frustration at the limitations of the service being offered, time waited to be seen etc.
- Where staff become a focus for other stresses/anxieties unconnected to the current situation.

Sometimes staff may unknowingly contribute to the incident; examples include:

- using a challenging, confrontational or patronizing approach,
- giving inadequate or inconsistent information,
- Lack of experience in breaking unpleasant news,
- effects of stress, long work hours etc.

b. Signs of potentially violent behaviour

Although there are occasions when it is impossible to foresee violent behaviour, there are often indications that a potentially violent situation is developing.

Staff should be alert for indicative signs, which may include:

- Restless behaviour involving pushing, noisiness, jostling and general body language.
- Behaviour, which is not normal where the person is known by staff.
- Over sensitive reaction to correction or instruction.
- Sudden change in tone, volume or speech pattern.
- Deliberate provocative conduct e.g. name calling.
- threatening conduct, verbal abuse.
- Evidence of alcohol or drug intoxication.
- known history of violent conduct.

Appendix G: Principles of Preventing or Handling Violence

- Prevention of violence should be the first objective. In order to prevent violence good communication is essential. Patients, carers, relatives and visitors should have access to cluster staff and appropriate information.
- The environment has an effect on behaviour, and although this cannot always be changed particularly with home visits, staff have the ability to create a welcoming, relaxed atmosphere with the minimum of restrictions.
- Violence is not considered an acceptable “part of the job”. In identifying the type of words and conduct that cause harassment, alarm or distress, staff should use their judgment and sense of proportion, but never accept Violence or abuse.
- Wherever possible staff should withdraw from a violent situation rather than try to defend them or subdue the attacker. However, NHS Lancashire recognises that there will be situations where staff may have to intervene to protect patients who are displaying behavioural problems or who are exhibiting violent or aggressive actions due to their medical condition. In these situations **the first principle must always be not to expose themselves to any unnecessary risk**, but the medical care of the patient must be a major consideration. Therefore, due account should always be paid to the individual’s experience, training, confidence and knowledge of the patient’s behaviour.
- If a staff member feels that there is a possibility of a violent situation developing, they should, where possible: -
 - ensure colleagues are aware of this, and that help is available should it become necessary.
 - stay calm, and speak firmly but quietly
 - allow the person to say what is troubling them, if appropriate, and offer them the chance to discuss this properly
 - maintain eye contact
 - avoid sudden movements
- If in a private room, keep themselves between the person and the door/escape route.
- remove or hide any object that could be used as a weapon.
- Where possible complete a risk assessment
- The majority of potentially violent situations are defused successfully with careful and sensitive handling. However, where it becomes obvious that the situation is not resolving, and the likelihood of violence increases further, more drastic steps will have to be taken to reduce the risk of injury to staff and other people present. These steps will vary depending on the specific circumstances, but staff should follow approved departmental protocols and procedures.

Bad Language

- Request in a non-confrontational manner, that the individual (s) cease to use bad language.
- If there is no response to this request, refer the issue to the senior member of staff on duty within the ward/department. Ultimately the manager may consider the removal of the offender from the area.

Harassment/ discrimination

- A request from a second member of staff for the aggressor to cease the offensive behaviour.
- Remove the person being harassed from the scene and refer the issue to the senior member of staff on duty within the ward/department.
- If there is still no response, contact the service unit manager. Out of hours contact the senior manager on call.
- Members of staff will have the right to make official complaint to the appropriate legal body for racial harassment, sexual harassment etc, as advised by the trade union or staff organisation, or NHS Lancashire’s legal advisors, as appropriate.

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