

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Management of Violence and Aggression at Work

Effective: April 2010

Review: October 2012

1. Introduction

The Trust is responsible for and committed to providing a safe non-violent/non-threatening environment for all its employees, patients and visitors and will take reasonable steps to secure the health & safety of staff who may be exposed to the risk of aggression, violence or abuse in the workplace.

The Trust believes that any act of violence, aggression or intimidation against any member of staff is unacceptable, whether patients, visitors, service users or staff members. As such the Trust is committed to ensuring that measures are in place to reduce the risk and that procedures enable staff to deal appropriately with violent situations should they arise.

2. Scope

- 2.1 This policy has been drawn up to give employees support and advice, and deals specifically with violence to staff from patients, relatives and visitors. It provides clear guidance to managers of their responsibilities in managing violence at work. Managers may find it helpful to read this policy in conjunction with the Lone Worker policy.
- 2.2 This policy does not apply to issues of violence between members of staff. These should be dealt with according to the Dignity and Respect at Work policy, Equal Opportunities Policy or the Trust's Disciplinary Procedure as appropriate.

3. Definitions of violence at work

Physical Violence

"The intentional application of a force without lawful justification, resulting in physical injury, personal discomfort or loss." (NHS Standard as defined by the Counter Fraud and Security Management Service (CFSMS)).

Serious Assault

"Any assault where the resulting injury causes skin or bone to break, loss of consciousness, internal injury or where any stitching or surgery is necessary."

Non-Physical Violence

"The use of inappropriate words or behaviour causing distress and/or constituting harassment."

(CFSMS – Non Physical Assault Policy)

4. Responsibilities

4.1 The Trust

The Trust's overall responsibility is to provide a safe working environment for all of its employees, and ensure they are appropriately and adequately trained.

4.2 Managers

- Managers should establish local procedural guidelines specific to their own departments. These should draw upon closely related Trust policies e.g. Lone Workers Safety and Withdrawal of Treatment policies.
- Managers should ensure that risk assessments are in place to protect vulnerable at risk employees.
- Managers are responsible for appointing a Departmental Risk Assessor, and must ensure that they undergo appropriate training prior to commencing risk assessments within that department.
- Managers are responsible for actioning and assessing the outcomes of risk assessments including training, cost and maintenance where necessary to improve the protection of staff. This should be included as part of the Directorate budget setting when compiling budgets plans for approval.
- Managers should ensure that staff undertake Violence & Aggression Awareness Training, Breakaway or Control & Restraint Training as appropriate to the local risk. As a general standard **all** front line staff **must** complete Violence & Aggression Awareness Training (Conflict Resolution) and ensure that Departmental Heads complete training needs analysis, identifying violence and aggression training requirements for the year ahead.
- Managers should also refer to Section 5 Risk Assessment Process & Requirements below.

4.3 Employees

All employees are expected to take reasonable care to ensure the safety of themselves, their colleagues, patients and the public at all times. Therefore all members of staff are expected to comply with the Trust Policies and procedures, which are provided for their protection. Employees should also be proactive in helping to reduce the risk of violence occurring in their workplace. Staff should not be in situations, which make them feel unsafe and appropriate training will be given.

4.4 Staff Organisations

Staff Organisations will ensure that Health and Safety Representatives are accredited and appropriately trained, and will work with the Departmental Risk

Assessor to ensure the policy is adhered to. They will also provide adequate support to staff as required.

5. Risk Assessment Process & Requirements

The Trust requires suitable assessment to be made of the risk to employees' health and safety whilst at work. The Risk Assessors are required to consult with staff groups to ensure that all situations are identified where staff are likely to be exposed to violence, evaluate the level of risk involved and identify measures to control the risks

5.1 Staff at Risk of Violence at Work

Identifying possible groups of staff at risk e.g. Accident & Emergency Departments. The risk assessment must systematically identify where violence may occur and clearly specify effective control measures/safe working procedures to avoid or reduce the level of risk.

5.2 Safe Working Procedures

Managers should initiate effective safe working procedures, which enable them to be aware of the locations of their staff e.g. lone workers, those working in the community or visiting in the home; where appropriate Managers should put in place written local protocols for shift workers. The risk assessment will identify the necessary precautions required to safeguard staff at risk in their workplace.

5.3 Training

Risk Assessment should identify the appropriate level of training requirements within the Dept / Directorate. The manager should ensure that staff attend training as outlined in the Mandatory Training Policy and that additional support is given when required.

5.4 Critical Incident Evaluation

After a verbal abuse or physically violent incident has occurred Managers and staff should evaluate the event and if necessary modify existing procedures and control measures, ensuring that all staff are aware of any changes.

6. Training

- 6.1 Training will be facilitated by the Staff Development Department, and be accessible to all employees. There are staff groups who are in daily or regular contact with patients, visitors and the public on a daily basis. These groups of staff should all attend the Trusts De-escalation training programme.
- 6.2 Specific training for 'high risk' areas, focusing on Breakaway and Control and Restraint techniques, places on these courses can be arranged through the Staff Development Department.

NB In addition some essential guidelines are available in Appendix 3. Managers should ensure that they are read by all Trust employees, regardless of training status.

6.3 Type of Violence & Aggression Training:

- Violence & Aggression Awareness De-escalation, ½ Day Course
- Breakaway Techniques Training, 1 Day Course
- Control & Restraint Training, 5 Day Course

It is recommended that all staff working in “High Risk” areas undertake Breakaway Techniques Training. Managers may also consider if Control & Restraint Training is required in some instances.

- 6.4 All staff who undertake Breakaway or Control & Restraint training must attend annual updates to ensure that their practice is at the required standard.

7. Health and Safety Advisors

- 7.1 The Health & Safety Advisors will provide advice and guidance to all managers and employees on violence and aggression reduction methods and assist risk assessors in the identification of risk and training needs analysis. In addition, they will advise managers on the application of the withdrawal of treatment policy and the zero tolerance initiatives.
- 7.2 The Health & Safety Advisors will administer the Guardian Angel Lone Worker system for all Lone Community employees and the issuing of personal alarms as appropriate.
- 7.3 The Health & Safety Advisors will investigate all serious Violent & Aggressive incidents and analyse Violent & Aggressive incident statistics, reporting all serious incidents to the Trust Health & Safety Committee and Trust Security Group.
- 7.4 A Member of the Health and Safety Team will attend the Trust Security group to discuss any outstanding violence or aggression issues

8. Security and Police Support

- 8.1 Security staff are available to attend violent incidents throughout the Trust (with the exception of Walkergate Hospital). The following telephone numbers should be used for assistance in an emergency:

FH	333
RVI	399
NGH	Ext Number 21710
Walkergate	9-999 – Police.

- 8.2 The Security staff will provide additional support, advice and act as a presence at an incident as well as applying control and restraining techniques should they be requested by clinical staff. Should patient restraint be required this should be applied

with caution, in the presence and under the guidance of clinical staff, taking into consideration the patient's medical condition.

- 8.3 In the event of the police being required to attend any incident the portering/security staff will call them. However there may be urgent situations relating to personal safety where the police should be called as an emergency directly from where the incident is taking place. Employees should dial 9-999.
- 8.4 All security staff must be fully trained and up to date in the applied techniques of Control & Restraint. Security staff cannot apply Control & Restraint techniques unless they have attended an annual training update.
- 8.5 The Chair of the Trust Security group will attend the Trust Health and Safety Committee to provide quarterly Security reports and discuss any outstanding violence and aggression issues

9. Treatment and Support Following an Incident

- 9.1 Any injuries sustained which are assessed as minor, may be treated by a First Aider or Clinical Staff.
- 9.2 Where an Employee has sustained a more serious physical injury, as soon as possible they should be referred to the Accident and Emergency department/Minor Injuries Unit.
- 9.3 It is the Manager's responsibility to ensure that support and counselling are provided (if required) for the member of staff involved. All staff involved in a violent and aggressive incident should be offered counselling at the time of the incident. If further counselling is required this can be arranged through the Trust external counselling service or the Occupational Health dept.
- 9.4 Following a violent incident; the Manager should make arrangements to enable the employee to take "time out" from the workplace if required. If after this time normal duties cannot be resumed, suitable alternative duties should be offered. This may be away from their normal duties or work location. This action should be considered by the Department Manager, in conjunction with the Directorate Manager and HR Advisor.
- 9.5 Absence resulting from violence or aggression sustained at work that requires counselling treatment will be regarded as sickness absence. If the employee concerned is unable to return permanently to their original duties it may be necessary to re-deploy them with guidance from their HR Advisor.
- 9.6 All employees must be given the opportunity to discuss their concerns in confidence with their Line Manager or their HR Advisor and Trade Union Representative. They should also be encouraged to discuss the incident with their immediate colleagues to help the team consider effective and alternative ways of handling the situation in the future.

10. Reporting Violent Incidents

- 10.1 Any violent or potentially violent incident must be reported without delay. After dealing with an incident, once the situation is contained, the person in charge of the Dept must ensure that staff involved in the incident complete a Datix Web Incident Report Form.(See Reporting Process - Flow chart Appendix 2)
- 10.2 The incident must be reported, without delay, using the Datix Incident Reporting System. All serious violent incidents where injuries have been sustained will be dealt with in the same way as accidents at work involving injury and are therefore reportable to the Health and Safety Executive under the Reporting of Injuries, Diseases & Dangerous Occurrence Regulations (RIDDOR).
- 10.3 All serious Violent Incidents (where physical contact/injury, or serious verbal abuse has occurred) must also be reported immediately to the Clinical Governance and Risk Department (CGARD). The person in charge of the department/ward must contact CGARD by telephone as soon as possible following the incident and provide details of the incident as outlined in the Protocol for the Reporting of Violent and Aggressive Incidents to Hospital Staff (Appendix 1).
- 10.4 CGARD will report all serious physically violent incidents to the Health & Safety Executive as per the RIDDOR Regulations.
- 10.5 When an employee is physically assaulted or subjected to serious threatening behaviour their manager will confirm with the individual concerned whether they wish to have the incident reported to the Police and will act accordingly.
- 10.6 All violent and aggressive incidents will be reviewed, and where appropriate investigated by the Trust's Health & Safety Advisors. Suitable preventative action will be taken when required, following investigation by the Trust Health & Safety Advisors.

11. Legal Action Following Violence at Work

- 11.1 Staff must report all violent or verbal incidents to their managers at the time they occur, or as soon as possible thereafter.
- 11.2 Should the Police be involved in an incident, and subsequently indicate that they are charging the assailant through the Common Assault Act, proceedings will be taken through the Crown Prosecution Service. Trust staff will assist and co-operate with the Police as and when required.
- 11.3 Where the Police have indicated that they will not be charging an assailant, the employee or the Directorate Manager may judge that a civil claim should be submitted on behalf of the employee, the Directorate Manager should contact the litigation manager, who will take legal advice from the Trusts solicitors and the CFSMS to determine whether a civil claim is likely to be successful.
- 11.4 Where a Civil Claim is to be pursued the Risk Manager (CGARD) in consultation with the CFSMS and the Trust's solicitors will determine what action will be taken

and which department will pursue the case. The costs of any civil action will be incurred by the Trust and the CFSMS.

- 11.5 Every employee has a right to pursue his or her own legal action, however if the Trust after due consideration has decided that legal action would not be instigated, the Trust will not be responsible for any costs incurred.

12. Monitoring

- 12.1 Adherence to this policy will be monitored by the Health & Safety Advisors. All changes to the policy will be discussed and endorsed through the Trust Health & Safety Committee.
- 12.2 Monitoring of staff training will be as outlined in the Mandatory Training Policy.
- 12.3 Quarterly reports will be submitted from the Health and Safety Compliance Audit Tool which will include violence and aggression risk assessments, investigations, outcomes and statistics. The Health and Safety Committee will review the report and monitor action plans as required to correct any identified deficiencies.

13. Legislation

Health and Safety at Work Act 1974

The Management of Health and Safety at Work Regulations 1992/1999

Reporting of Incidents, Diseases and Dangerous Occurrence Regulations 1995

A Professional Approach to Managing Security in the NHS, CFSMS, Department of Health
Conflict Resolution, CFSMS, Department of Health

Tackling Violence Against Staff, CFSMS, Department of Health

14. Related Trust Policies

[Lone Worker Safety Policy](#)

[Withdrawal of Treatment from Violent or Abusive Patients Policy](#)

Author: Health and Safety Advisor

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Protocol for the Reporting of a Serious Violent or Aggressive Incident to Hospital Staff

All **serious** Violent & Aggressive Incidents must be reported as soon as possible after the event by telephone to the Risk Manager, Clinical Governance and Risk Department (CGARD) on Ext. 24874.

Definition of a Serious Violent Incident

Where a member of staff or a patient has been physically injured or where considerable damage has been caused following a violent incident and there is considerable loss to the organisation.

Incidents forms should still be completed as usual on the DatixWeb system

It is the responsibility of the member of staff in charge of the department/ward at the time of the incident occurrence to ensure that this information is forwarded to CGARD.

If the incident has occurred out of office working hours (overnight or at a weekend) you must call the Patient Services Coordinator (PSC) for the hospital site. The PSC will inform CGARD the next working day.

The following Information will be required when the initial telephone call is made:

Incident number

Name of injured party

Title and grade of injured party and contact details of party

Who is reporting incident and contact details

Hospital

Department/Ward and Specific location

Brief scenario of events and any immediate care/treatment required

Assailant details (If patient include hospital number)

Include any witness details

The CGARD Risk Manager or PSC should ensure that the staff concerned receive the following:

- Counselling / support

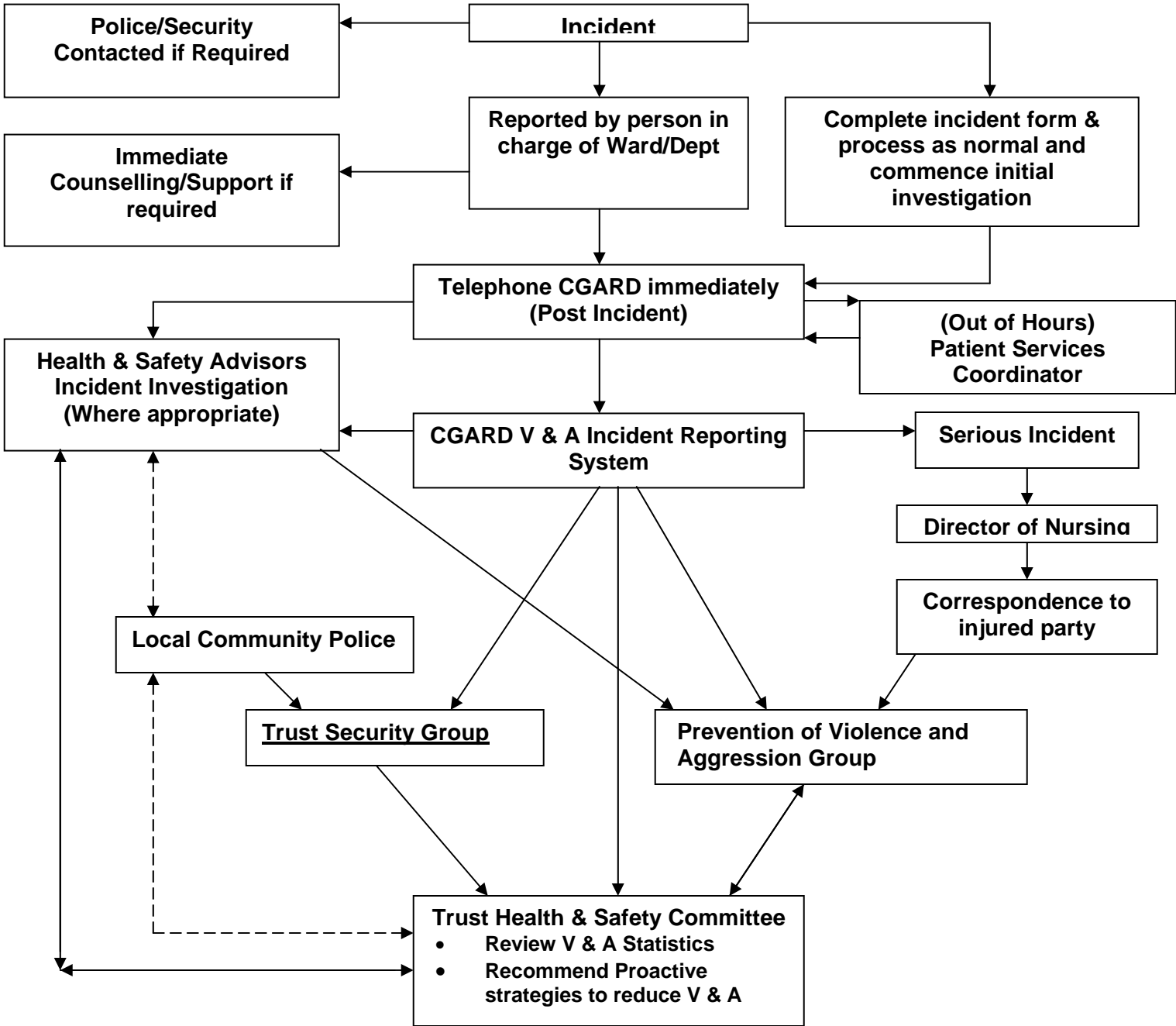
- Medical attention as appropriate.

Consent should be sought from the injured party to share information with relevant organisations e.g. Police, Department of Health.

Following a serious violent incident the Risk Manage will contact the Director of Nursing, who will write to the employee, ensuring that they have received counseling, support and guidance.

Trust Violence and Aggression Reporting System

Flow chart illustrating the main points of the reporting procedure and any subsequent action that may be taken



Basic Guidance on Violent and/or Aggressive Behaviour For Employees

Introduction

Aggression and violence takes many forms, from verbal abuse to sexual and racial harassment. Even innuendo and silence can be classed as aggressive behaviour. Violence includes physical violence with or without injury, sexual assault and assault.

The following information details practical operational procedure and guidance to help staff recognise potential problems with aggressive behaviour, violence and how to deal with them.

Operational Procedure

Request for Urgent Assistance

In the event of a ward or department requiring urgent security assistance, to either restrain a patient who is potentially violent, or evict members of the public.

FREEMAN/RVI SITES

A member of staff should dial 333 (Freeman) or 399 (RVI), and inform the Switchboard Operator that they require the Security Team.

NEWCASTLE GENERAL HOSPITAL

If immediate security assistance is required Call Extention

WALKERGATE

Staff at **Walkergate** should summon for assistance From the Hospital Porter/ Security Guard via the ward short wave radio, remembering to inform the porter/guard of the type of incident and location. Further assistance can be gained by contacting the Freeman switchboard who will summon the police for immediate assistance.

Lone Workers (Also refer to [Lone Worker Safety Policy](#))

Working on the Trust Hospital Sites

Where employees work alone in an area or department they are strongly advised to take the following precautions.

Ensure that they are aware of the procedure to summon assistance if required and are aware of the nearest telephone extension.

Inform Security / Portering staff of there presence in the building and their exact location.

When working in isolation lock all external doors to the department, to exclude intruders.

Working in the Community (Also refer to [Lone Worker Safety Policy](#))

All directorates are strongly advised to have mobile phones available for employees who work within the community-visiting patients in their homes. These should be utilised in conjunction with other security measures as follows:

Employees can summon assistance from the hospital/police if required and utilise the Guardian Angel Lone Worker security system.

If a patient is known to be difficult security staff can contact the employee or send assistance if they have not responded within in given time. Please note this system is already available for community midwives)

All departments should develop some type of location protocol, if they are attending to a patient in the community. This must be left with a responsible colleague / manager who will raise the alarm in the event of them failing to return by the time specified.

Training

Types of Training Available;

All front line staff must attend Basic Violence and Aggression training in the form of Understanding Violence and Aggression, De-escalation techniques & Staying Safe Principles.

Where a Department has been identified as possibly being a high-risk area Breakaway Techniques (1day) & Control & Restraint (5 days) Training are also available. In addition more specific departmental training can also be arranged through the Staff Development Department or Health and Safety Advisors.

Prevention and pro-activity

Where there is the potential for a violent situation to a rise as a preventative measure, staff should contact the Health and Safety Advisor and/or Portering Manager for further, guidance and support.

Awareness of Potential problems

There are three main factors that staff should take into consideration when predicting who is likely to be violent:

Precipitating situations - where someone is affected by grief or frustration or where there is likely to be strong opposition to something e.g. a child being taken into care against the parent's wishes.

The subject's history (if known) - past violent behaviour, although this should be seen in the context in which it occurred.

Physical circumstances - factors such as pain, hunger, depression, exhaustion, intoxication and drug abuse.

Response to Potential Violence

Once the risk of a potentially violent situation is identified wherever possible, staff should endeavour to ensure that patients and others in the hospital are not at risk from the potential aggressor.

Confusional States

When patients are confused or agitated staff should consider completing the Risk Assessment document in Appendix 4, which provides information and guidance for this type of patient.

Early Intervention and Risk Assessment

Many incidents involving violent or confused patients require early intervention and planning to avoid violent incidents.

Risk Assessment can direct clinical staff to avoid incidents, pre-empting possible attacks and direct them to a suitable solution, e.g. limiting direct clinical contact and ensuring that adequate staff are on hand to deal with any situations. It is worth noting that by the very work that clinical staff do they are very often in a patient's personal space, which can agitate confused patients and escalate to incidents.

Managers should always consider the experience level of clinical staff and not expose inexperienced staff to situations where they may be exposed to injury

A controlled environment is essential when handling violent and aggressive patients. Staff should be trained in risk assessment techniques. Early intervention in situations is essential and the use of a Risk Assessment can assist staff to manage potentially violent situations and reduce the overall risk to patients and staff.

To improve communication violent and aggressive potential should be developed as part of Patient Care Pathways. Furthermore warnings should be placed on patient notes to ensure that staff in all disciplines, are made aware of patients who can be verbally abusive or physically violent. This procedure should also extend to the community and other external organisations.

Consideration should be given to effective sedation protocols as part of the confused/aggressive patients overall management. In addition education should be provided for junior medical and nursing staff require on prescribing and side effects of suitable sedations that could be used. This will ensure that patient safe protocols are developed.

De-escalation Techniques

After assessing that there is a potential threat of violence, staff should consider the following points;

- Be alert and if required send for urgent assistance.

- Try to calm the situation by talking with the person, but do not give orders or argue with them.
- Do not make promises or threats that cannot be carried out.
- Avoid prolonged eye contact e.g. staring.
- Adopt a calm approach, speak clearly and slowly.
- Try to identify the cause of concern.
- Try to distract them from the immediate cause of concern, change the conversation if possible.
- Try to be understanding, kindness can have a marked effect on the outcome, ask what can you do to help.
- Control behaviour in body language, feelings and expression.
- Use expressions that show affinity with the person.
- Try to avoid the aggressor being between you and the door, or obstructing your means of egress.

Re-active Response

- Always attempt to stay at least an arms distance away from the aggressive/violent party.
- Wherever possible stand slightly to the side when involved in a conversation. This can diffuse the situation and make you less of a target.
- Once every other option and means of preventing, controlling and defusing the situation has failed further assistance and physical restraint may be required.
- Physical restraint measures involving teamwork can be used.
- A self-preservation response using the minimum defensive force should be the last resort and within the law.

If the situation is beginning to get out of hand consider the following:

- Raising the alarm and calling for assistance.
- Breakaway techniques/Control & Restraint} Formal Training Required.
- If there is a risk of you being seriously hurt or your life would seem to be in imminent danger extricate yourself from the situation to a place of safety.
- In extreme circumstances reasonable force can be used to defend yourself from serious injury, however please note that self defence would only be used in a life threatening situation.

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Physical Violence - Patient Risk Assessment

Risk Rating =	
7-25	High
26-40	Moderate
41-60	Low

Patient Details	Diagnosis		
	Suitable Location		
Brief Summary of Care/Treatment			
Previous known History of Verbal/Violent Behaviour. <i>E.g. Incidents/Yellow/Red Cards</i>			
Staff exposed to risk and to be informed by:-	Experience of Staff		
	Inexperienced		1
	Moderate Experience		4
	Experienced		6
Staff Level of Training	Support Mechanisms		
De-Escalation -	2	Yes	No
Breakaway -	4	Security Informed	4 0
Control and Restraint -	6	Manager/Modern Matrons	4 0
Communication	Medication Regimes		
Patient/Relatives	4	Not Available	0
All Relevant Staff Informed	6	Available	3
Contact Numbers	4	Effective	6
Patient Distance/Contact	<u>Appropriate</u> Availability of Staff		
No Restriction	0	Yes	No
Contact Under Controlled Conditions	4	Days	4 0
Restricted Contact Whilst Violent	6	Nights	5 0
Personal Alarms	Yes	No	Patient Restraint Available/Required
	2	0	Yes
			No
			4 0

Other known triggers that may agitate the situation & information

Vulnerable staff/situations/locations

Current History of Verbal/Violent Behaviour

Patient Pathway and Arrangements to minimise Violent Situations

Date and Sign

Review

Brief Outline of Management Meeting

Date & Sign

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Trust Induction	Policy Author:	Head of Education and Development
		Yes/No?	You must provide evidence to support your response:
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	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	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(a).	Is the impact of the policy/guidance likely to be negative? <i>(If “yes”, please answer sections 4(b) to 4(d)).</i>	No	
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d)	Can we reduce the impact by taking different action?		

Comments: Individual needs are responded to as required in relation to access to training/e learning materials and reasonable adjustments made for access to the training provision/checklists for individuals with physical or sensory impairments in line with our legislative responsibilities.	Action Plan due (or Not Applicable): N/A
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Name and Designation of Person responsible for completion of this form: Karen Giles, Head of Education and Development Date: 4.1.09

Names & Designations of those involved in the impact assessment screening process: Consulted Christine Holland (regarding teaching provision impact issues).....

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Helen Lamont, Director of Nursing, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.