Management of Violence and Aggression Policy

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This policy has been updated to reflect changes in management structures in the Health Board

This policy has been screened for relevance to equality. No potential negative impact has been identified so a full impact assessment is not required

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1. POLICY STATEMENT

The Health Board is committed to the health, safety and welfare of its staff and will ensure where reasonably practicable to do so to provide a safe and secure environment for its staff, patients and visitors and to ensure that the likelihood of persons being exposed to violence and aggression is reduced so as far as is reasonably practicable. In particular, staff are entitled to expect that their health and wellbeing will be protected at work and that they will be respected by patients, visitors and others for the services that they provide. Violent or abusive behaviour will not be tolerated and decisive action will be taken to protect and support staff and others. Further to this, staff being subjected to abuse by other staff is equally unacceptable, and decisive action will also be taken in these circumstances.

This policy applies to the management of risk to any person who is likely to be exposed to a violent or aggressive situation whilst on Health Board premises or any employee carrying out duties elsewhere on behalf of the Health Board. In some instances there may be justification to alter how care is delivered and/or remove care if the risks cannot be actively managed.

This policy supports the Health Board's Health and Safety Policy and the requirement of Welsh Government to give the management of violence and aggression high priority.

2. SCOPE OF POLICY

This policy applies to all Swansea Bay University Health Board employees and 'others' working within Swansea Bay University Health Board premises including temporary and agency staff, contractors, volunteers, students and those on work experience.

3. AIMS OF THE POLICY

The aims of this policy is to ensure, so far as is reasonably practicable, that Swansea Bay University Health Board employees and persons working in Swansea Bay University Health Board are not exposed to significant risk to their health and safety and to -

- Clearly define Health Board policy towards the risk of violence and aggression
- Clearly define responsibilities for the management of violence and aggression within the Health Board
- Clearly state the requirement to undertake risk assessments both for the general management of violence and aggression in all

areas of the Health Board and where necessary for individual patients and visitors

- Ensure appropriate procedures for the management of patients, visitors and others are in place to reduce the risk of a violent incident occurring.
- Ensure there is a training programme appropriate to the needs of staff.
- Promote and develop co-operation, coordination and the sharing of information both within the Health Board and with other organisations.
- Consider the need to safeguard lone workers. • Encourage staff at all levels to report actual incidents of violence and aggression or where concerns are raised.
- Support staff, managers and others following an incident and in taking any necessary action
- Introduce measures to protect staff by the application of a range of sanctions against violent or aggressive individuals

4. DEFINITION

For employees, work related violence and aggression is defined as -

Any incident, in which an employee is abused, threatened or assaulted in circumstances relating to their work, involving an explicit or implicit challenge to their safety, well-being or health.

This definition is extended to include verbal abuse against staff that includes threatening, insulting, obscene, racist or sexist language sufficient to cause fear, intimidation or serious offence

NHS Anti-Violence Collaborative (Obligatory responses to violence in healthcare) is an agreement between the NHS in Wales and partner organisations; Association of Chief Police Officers (ACPO) Wales, the Crown Prosecution Service (CPS) Wales and the National Health Service (NHS).

The Agreement aims to bring:

- Effective and efficient communication across partners, including the exchange of information at all levels
- A clear understanding of the respective roles, responsibilities, processes and legal constraints; and a
- Clear statement on prosecution policy which will help NHS staff to understand the criminal justice system, and have confidence in it
- Board level/Service leads for violence and aggression will provide community service impact statements and sign for sentencing purposes.

Harassment is now a criminal offence as defined in law under the Protection from Harassment Act 1997 as ‘A person must not pursue a

course of conduct (a) which amounts to harassment of another, and (b) which he knows or ought to know amounts to harassment of the other'.
A **hate crime** is defined as: 'A criminal offence which is perceived, by the victim or any other person to be motivated by a hostility or prejudice based on a person's actual or perceived disability, race, religion, and belief, sexual orientation and transgender'.

A hate incident is defined as: 'Any non-crime incident which is perceived by the victim or any other person to be motivated by hostility or prejudice based on actual or perceived disability, race, religion, and belief, sexual orientation and transgender'.

5. BACKGROUND

It is recognised that NHS workers and all Public sector staff undertaking their duties are among those most likely to face violence and abuse during the course of their normal work.
This risk can affect both their physical well-being but may also cause fear and anxiety both in and out of the workplace.

Medical or psychiatric conditions can cause patients (and occasionally visitors and others) to become aggressive; typically 70% of recorded incidents fall into this category that is defined as 'non-gratuitous'. Others may deliberately display bad behaviour or be affected by drink or drugs when they seek treatment; these incidents are defined as 'gratuitous'. Aggression may also be displayed to gain advantage, to bully or to offend including racial and sexual harassment.

Under the Health and Safety at Work etc., Act 1974 and the Management of Health and Safety at Work Regulations 1999, employers have a duty to ensure the health, safety and welfare of their staff and to minimise risks from violence and aggression.

6. ROLES AND RESPONSIBILITIES

The Health Board Health and Safety Policy identifies key roles and responsibilities. For the management of violence and aggression -

6.1 Chief Executive

The Chief Executive has overall responsibility for the management of violence and aggression in the organisation and has the ultimate authority to authorise the withdrawal of treatment to a patient who represents an unacceptable risk of violence or aggression to staff and/or others.

6.2 Board Level Director for Violence and Aggression

The Executive Director reports to the Chief Executive and will ensure that -

- There is a clear strategy for the Health Board for the management of violence and aggression
- The performance of the Health Board in dealing with violence and aggression is monitored and communicated to the Chief Executive and relevant Health Board committees

6.3 Service/Line Managers will -

- Ensure risk assessments are carried out to identify the potential for violence and aggression.
- Implement measures to minimise any risks identified • Ensure clear and accurate guidance relating to dealing with issues of violence and aggression is provided to staff.
- Ensure local procedures and safe systems of work are developed, implemented and followed.
- Assess the training needs of their staff and ensure the training provided is appropriate to their needs.
- Facilitate the attendance of their staff on training courses and maintain records.
- Ensure incidents and are reported, investigated and accurately recorded.
- Ensure there is support for staff following an adverse incident and any necessary subsequent action taken.
- Ensure staff are aware and directed to physiological interventions quickly and effectively.
- Make this policy and associated procedures available to staff.
- To ensure that individuals are aware of their responsibilities for health and safety and violence and aggression.

6.4 Employees are required to -

- Taking reasonable care to look after their own health and safety and that of others affected by their acts, decisions and/or omissions.
- Co-operating by following all procedures designed for safe working.
- Taking part in training designed to meet the requirements of the policy and familiarising themselves with this policy and any other relevant information provided.
- Comply with the organisation's policies and procedures at all times.
- Take all reasonable steps to protect themselves and others from harm.
- Attend training.
- Report incidents of violence and aggression.

7. RISK ASSESSMENT

The Management of Health and Safety at Work Regulations 1999 requires that suitable and sufficient risk assessments are carried out to identify (violence and aggression) risks and any necessary control measures implemented.

A risk assessment will be made and documented for any task/activity that presents a significant risk of violence and aggression. The assessment must consider where necessary factors such as patient types and conditions, visitors, procedures, training, information, equipment, buildings, working environments etc. Where appropriate risk assessment will be undertaken regarding risks from individual patients, visitors or others.

Although it is recognised that there are circumstances where it is reasonable to anticipate problems arising, there are certain situations and clinical conditions where violence or aggressive tendencies are much more likely to be displayed. These include -

- Persons under the influence of alcohol and/or drugs.
- Patients who are confused.
- Patients suffering from head injuries.
- Patients suffering from alcohol or drug withdrawal.
- Patients suffering from a paranoid illness where their perception of reality is distorted.
- Patients with a history of violent behaviour.

Where changes in services, new builds or changes to the use of or design of existing buildings are proposed etc., risk assessments must be undertaken or reviewed. Risk assessments must also be reviewed where there is reason to believe that they are no longer valid, such as an increase in reported incidents.

There are also specific situations that may place staff at increased risk, these include:

- Admission to patients into acute mental health units.
- Individuals or small numbers of staff alone at night.
- Porters/Security Staff who respond to reports of violent incidents.
- Dealing with relatives and carers who may be anxious or angry.
- Areas that contain valuables, equipment or medication (drugs).
- Lone Working.

7.1 Workplace Risk Assessment

Part of the risk assessment process should include examining the physical layout of the workplace, looking at issues such as the potential for staff to be trapped, the use of objects within the workplace to be used as weapons and issues around the observation of staff and patients. High risk areas such as

interview areas in emergency departments and mental health settings should be examined in terms of the need for appropriate distress/assistance or alarm systems being installed. It is essential that any alarm system is combined with staff training and awareness, in order to establish clear roles and responsibilities. This would include calling the police and reporting incidents.

In high risk areas, safe areas should be designated in order that staff can retreat quickly to a safe and secure environment and raise the alarm. Such an example would be the use of turned door locks or security systems instead of keys in emergency situations.

In appropriate circumstances, after discussion with a member of their staff, managers may need to consider requesting an alternative member of staff to attend to a patient where there is an identified risk of a hate incident/crime occurring.

8. POLICIES AND PROCEDURES

This policy gives general guidance and is supported by other Health Board policies such as the Health and Safety Policy and the Incident Reporting Policy. Other Health Board guidance will be made available including policies on patient and visitor sanctions and lone working.

Where necessary, local procedures and arrangements will be developed consistent with the overall policy, to effectively manage specific local risks, such as how to summon assistance, lone worker procedures etc.

9. TRAINING

The Health Board will implement the requirements of NHS Wales training standards including the All Wales NHS Violence and Aggression Training Passport and Information Schemes (Passport) for various standards of training.

- Module A – Induction and awareness raising
- Module B – Theory of personal safety and de-escalation
- Module C – Breakaway
- Module D – Restrictive physical intervention (RPI) techniques

All new staff will receive basic awareness of Health Board policy as part of their induction process.

Managers are required to identify the further training needs of their staff. For both new and existing staff the level and type of risk identified by risk assessments will determine the level of foundation (initial) training and any update training required. Training will include any relevant legislation, control measures, incident reporting and support.

In general, training programmes will comprise modular sections giving flexibility in its delivery. Where appropriate, bespoke training will be developed for specific groups of staff that focuses on their particular issues.

10. CORPORATION AND CORDINATION

Risks from violence and aggression can take place anywhere within society. These can potentially impact on our ability to provide a service and the safety of our staff. In a similar way risk and incidents that we become aware of can affect others in the wider community.

The Health Board will endeavour to promote co-operation and agreement with other organisations that share the same concerns as us, such as the ambulance service, police and social services in managing disruptive individuals and in difficult working environments. The Health Board will also support and promote the sharing of information where it is deemed appropriate to do so for the safety of Health Board staff or others, within the legal framework.

For some organisations such as the Police and Crown Prosecution Service, formal agreements are in place outlining roles and responsibilities for the effective management of violence and aggression, and the sharing of information.

11. LONE WORKERS

The traditional perception of lone working, such as community visiting, is dealt with under separate guidance, but many staff, although they may work as part of a busy ward or department and can find themselves at times working remotely from others. As well as lone working, many staff work in environments that are considered high risk in violence and aggression terms, such as A&E/ED or assessment/admission facilities, working with service users with mental health/behavioural problems or interviewing existing/potential service users. In these and other situations, there may arise a need to summon assistance if under threat.

Managers need to assess the risks from these situations and where necessary implement any necessary control measures including local procedures, systems to enable staff to summon assistance, communication devices etc.

12. RESPONDING TO VIOLENCE OR AGGRESSION

When faced with a violent or aggressive incident staff will be supported fully if they have responded in a way that is deemed to be appropriate at the time, including adhering to relevant policies and procedures, training given, safe systems of work and the requirements of legislation. If an

aggressor does not respond to reasonable requests from staff, the Health Board would not expect those staff to remain exposed or vulnerable in an escalating situation. Ultimately, the right of staff to call for police assistance to deal with an aggressor will always be supported by the Health Board, and staff should not feel reluctant to do so if they feel this is necessary. Also, withdrawing to a place of safety may be deemed appropriate in some circumstances. In most situations, however, the involvement of the police may not be an immediate course of action chosen by staff, as other options to deal with the individual may be considered more appropriate or more effective. This may include staff being able to control the situation and the response by security or other staff as necessary.

Staff will be supported by the Health Board so long as their actions are appropriate, within agreed parameters including legislation and the circumstances as they were perceived to be at the time of an incident.

13. REPORTING OF VIOLENCE AND AGGRESSION

All incidents of violence, including verbal abuse, must be reported using the Health Board Incident Reporting system.

Managers must investigate the circumstances and take any necessary action including the review of risk assessments, review of treatment regimes if necessary, post incident support for staff etc.

14. POST INCIDENT SUPPORT AND ACTION

14.1 Local Action

It is recognised that following an incident, staff (including others not necessarily directly affected) must be supported effectively.

The considerations that may be necessary could include –

- Is the staff member too distressed to continue their duties? • Do they need assistance to get home?
- Do they need recovery time after the incident?
- Does the individual need medical attention?
- Have any other staff been affected by the incident?
- Does the member of staff require referral to occupational health for counselling etc,

It is recognised that it is the choice of the victim as to when de-briefing takes place and whether counselling is desired, but a full de-brief of the circumstances should be undertaken by a manager as soon as possible after the incident.

Additional support is provided by our wellbeing service and can be accessed via this link:
http://howis.wales.nhs.uk/sites3/page.cfm?orgid=743&pid=34974 and contact details are:
Contact Telephone 0845 601 7556
Internal number 66585
E-mail wtw@wales.nhs.uk
Website: www.wellbeingthroughwork.org

14.2 Case Management

The Health Board employs Case Managers whose role is to -

- Support line managers and staff post incident
- Assist managers to review existing control measures
- Provide direct support to affected individuals
- Act as a link between the Police and other external agencies
- Support staff where criminal or other action is proposed

15. SANCTIONS

Although there may be mitigating circumstance such as psychiatric problems or medical conditions that affect the behaviour of some individuals, the Health Board will, where necessary, take action and will support staff, police and other bodies in taking formal or other action against perpetrators of violence.

The Health Board will develop internal sanctions such as patient and visitor undertakings that may be used to control the behaviour of individuals and where necessary, warning markers may be placed on patients' notes. Under extreme circumstances the Health Board may consider withdrawing treatment from an individual patient.

Information will be provided to the Police to permit them to develop sanctions such as Anti-social Behaviour Orders (ASBO) and all relevant information will be provided to Community Safety Partnerships and other bodies where necessary, and with the agreement of affected staff, information will be provided to the Police and Crown Prosecution Service (CPS) where formal prosecutions are taken against individuals

16. REFERENCES

- Health and Safety at Work etc Act 1974

- Management of Health and Safety at Work Regulations 1999

- NHS Anti-Violence Collaborative (Obligatory response to violence in healthcare 2018

- Ministerial Taskforce on Violence and Aggression in NHS (Wales) Report and Recommendations March (2008)

- All Wales NHS Violence and Aggression Training Passport and Information Scheme

- Memorandum of Understanding Between the Chief Constables of the South Wales, Gwent, Dyfed Powys and North Wales Police and Welsh Assembly Government on Behalf of NHS Wales

- Memorandum of Understanding between the Crown Prosecution Service and the Welsh Assembly Government

- Welsh Audit Office Protecting NHS Trust staff from violence and aggression (2009)

- Royal College of Nursing (UK). You're not alone; campaigning to protect lone workers. (2007)

- Royal College of Nursing (Welsh Board). 'Get it right'; no tolerance of violence. (2007)

- UNISON. Violence at work; a guide to risk prevention. (2007)

- Suzy Lamplugh Trust. Lone Workers Survey. (2005)

Appendix 1

Developing Local Procedures

This guidance is intended to assist in identifying hazards lone workers may be exposed to, assessing the risks they face and developing appropriate measures to reduce, control and manage the risks.

In maximising safety where lone working is under consideration, the main conditions to be satisfied are

- whether the work itself can be done safely by a lone worker and

- what arrangements are required to ensure, so far as is reasonably practicable, the lone worker is at no more risk than employees working together.

If these conditions cannot be satisfied then other arrangements should be considered for carrying out the task.

IDENTIFYING THE RISKS

This should not be regarded as an isolated task but part of our daily work routine – a natural, normal part of managing, supervising and undertaking one's role.

Issues that should be considered include:

Workplace

- Do staff work within remote areas within larger sites, for example laboratories, workshops, plant rooms etc, or in community premises or home visiting?
- Consider access, security arrangements and means of escape in an emergency, transport and parking arrangements.
- Is the environment safe to do the job required - with proper lighting, enough space to carry out the work and temperature control?
- Are there hazards that can cause slips, trips or falls, hygiene concerns, poor safety, animals or vermin?
- If working outside, are there conditions that would affect safety such as inadequate lighting, ice or poor weather or ground conditions?

Process - identify hazards such as

- manual handling
- work on electrical systems
- confined spaces
- harmful substances
- risk of fire
- working in the community
- interaction with people with a known history or a potential for violent or aggressive behavior
- handling cash or dealing with confidential information?

Equipment

- If the work involves manual handling, is it necessary, can it be avoided? If not, are appropriate mechanical aids available?
- Is there a need to operate essential or emergency controls?
- Are the right tools for the job available and are they maintained in good working order?
- Is personal protective equipment required?
- How will the individual communicate with others?
- Is there a need for regular communication?

- How can others check on the safety of the lone worker?

Individual

- Is the physical fitness of the individual an issue?
- Does the person suffer from a medical condition, have some form of disability, special needs?
- Is there any particular risk to female employees, expectant mothers, is age or inexperience an issue?
- Is there access to adequate rest, hygiene, refreshment, welfare and first aid facilities, etc?
- Is the individual suitably trained and informed to do the job?

Work Pattern

- How does it relate to those of other workers - shift pattern, out of office hours, on-call - how it relates geographically to other workers?
- Does it warrant additional measures?

ASSESSING THE LEVELS OF RISK

- It is important to consult all those who may be involved in the activity/task when undertaking a risk assessment. Perception of risk may vary from individual to individual. Also, employees may have experiences they have not previously reported or shared with other colleagues.

- The persons affected will range from those directly involved in the task, to those who may be in the work place at another time e.g. domestic staff, employees who may walk through the area, contractors or maintenance staff.

- Where the task involves a risk of violence or aggression, the Health Board Management of Violence and Aggression Policy should be referenced and measures implemented to control those risks.

- Account should also be taken of an individual's personal qualities. Consideration should be made of the inexperience of young workers or trainees, agency or bank staff being unfamiliar with local procedures or the level of understanding of staff generally to deal with the issues. Also, other qualities to be considered include the knowledge, level of training and attitude of individuals and their interaction with other people in the workplace such as visitors, contractors or patients and their relatives.

- In assessing the level of risk to an individual the control measures that may already be in place should also be considered. Are there already policies, procedures, good practice standards, guidelines or other measures in place to control the risks? Are

they suitable, used and up to date, and are they understood and implemented by staff?

DEVELOPING CONTROL MEASURES

To safeguard individuals we should

- eliminate the risk completely, or if this is not possible
- reduce the risk to an acceptable level.

To achieve the necessary level of control, precautionary measures should be considered. They could include:

- Identifying the level and extent of training required, taking into account the nature of the lone working activity. Consider the knowledge and experience of individuals, particularly young and new workers. Lone workers should be given information to deal with normal everyday situations but should also understand when and where to seek guidance or assistance from others, i.e. unusual or threatening situations, etc.

- Ensuring that staff are given all available information that is relevant when dealing with a client.

- Ensuring there a reliable means for the individual to communicate with others regularly or if in need of assistance. Depending on the location this could be personal duress alarm, fixed panic alarm, radio or telephone, or the provision of mobile phones.

- Providing supervision, the extent required will depend on the level of the risks involved and the ability and experience of the lone worker. A few examples of supervisory measures which may be useful in some circumstances could be

  - periodic telephone contact with lone workers,
  - periodic site visits to lone workers,
  - regular contact, e.g. telephone, radio, etc,
  - automatic warning devices, e.g. motion sensors, etc,
  - manual warning devices, e.g. panic alarms, etc.,
  - end of task/shift contact e.g. returning keys.

- What to do in an emergency. Does the individual have a clear understanding of how to respond? There should be discussion and advice as to suitable responses to different types of emergency situations to ensure the individual acts appropriately? It is also important that supervisors know how to respond in these circumstances, and that their role could be of the utmost importance if their colleague is in need of help.

- Ensuring staff are familiar with procedures for withdrawing their services if they feel threatened in any way by a patient or member of the public, and to be confident in seeking police assistance without recourse to their line manager if a physical threat is real.

- Arranging for difficult patients to be seen at clinics or hospital outpatients rather than at home, if at all possible.

- Indicating on patient notes if a potential problem exists. This enables other health care staff to prepare and assists with risk assessments.

- Imposing restrictions on the attendance of community staff such as where there is domestic violence, overdoses or certain problem locations. These circumstances may warrant a police presence, more than one member of staff, secure access or communication systems etc.

- Carrying out a site survey where lone working is undertaken on Health Board premises to assess the physical security of the lone working area. Managers could identify unsafe areas by using a questionnaire for lone workers and should actively pursue any improvements needed. When home visiting, ensure an adequate assessment is undertaken on the first visit, and if possible review beforehand information from other departments or agencies that have had involvement in the past. Ensure staff understand the importance of previewing cases. Establishing close working links with the police, social services, local authorities, ambulance service and any other agencies that may have involvement or information. By sharing information potential risks to staff can be identified, reduced and incidents can be avoided. (Refer to the Lone Working Policy)