

Management of Violence and Aggression Policy

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

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Approved by: Health & Safety Committee

Approval Date: October 2022

Review Date: October 2025

Document No: HB97

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Management of Violence and Aggression Policy

1. Statement of Policy

The Swansea Bay Health University Health Board (SBUHB) is committed to the health, safety and welfare (including mental health well-being) of its staff.

It will take all reasonable steps 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.

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

Where staff are subject to abuse from other staff this policy will not apply and management action will be in accordance with relevant Human Resources policies

2. Background

It is recognised that healthcare workers face a risk of violence and aggression during the course of their normal duties over and above those experienced by most other professions. This risk can affect both their physical well-being but may also cause fear and anxiety both inside or outside 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.

In 2019 the Health Board (along with other Health Board and Trusts in Wales), Police Services and the Crown Prosecution Service (CPS) reaffirmed their commitment to the protection of staff in the caring profession. This is outlined in the '**Obligatory Responses to Violence in Healthcare**' document. High emphasis is to the use of custodial sentences and non-custodial disposal of perpetrators of violence against the NHS Reference is also made to the '**Assaults against Emergency Workers Act 2018**', which increases the penalties available to the courts and recognises the aggravating features of such assaults

This policy also permits the Health Board to consider focussed sanctions against perpetrators of violence and aggression; this could include the imposition of control measures (e.g. where treatment may take place) or the actual withdrawal (apart from emergency circumstances) of care.

3. 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.

Verbal abuse can include insulting or obscene language sufficient to cause fear, intimidation or serious offence, racist, sexist or homophobic language

In some case a hate crime may have taken place where it is perceived by the victim that it is motivated by hostility or prejudice based upon a person's actual or perceived race, disability, religion, sexual orientation or transgender.

4. Aims

The aims of this policy are 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

5. Roles and Responsibilities

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

5.1 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.

5.2 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

5.3 Directors of Service Units

Directors are responsible via their management structures for -

- Prioritising and taking actions required for addressing issues identified by risk assessment.
- Where necessary developing specific arrangements needed to effectively manage violence and aggression risks
- Supporting managers in implementing measures necessary for the effective management of violence and aggression, and reviewing and monitoring their effectiveness.
- Monitoring that the systems in place are effective.

5.4 Service/Ward/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.
- 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.
- Make this policy and associated procedures available to staff.

5.5 Employees, Volunteers and Contractors, are required to -

- Cooperate and comply with the organisation's policies and procedures at all times.
- Take all reasonable steps to protect themselves and others from harm.
- Report incidents of violence and aggression

6. Risk Assessment

The Management of Health and Safety at Work Regulations 1999 requires that suitable and sufficient risk assessments (for violence and aggression) are carried out to identify 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.

7. 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 procedures 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.

8 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.

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.

9 COOPERATION AND COORDINATION

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.

10 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.

Risk assessments will be undertaken to identify the required control measures.

11. 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. They will be required to adhere 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.

12 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.

13. POST INCIDENT SUPPORT AND ACTION

13.1 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 –

- Seeking immediate medical attention
- Consideration whether affected staff can continue with their duties, should take time away from the workplace or return home
- Ensuring that staff can travel home safely
- Adapting working patterns to assist any period of recovery
- Support to staff that may be required to support the Police in prosecution or other action against the perpetrator(s)
- Periodic review of staff's welfare including as part of the sickness management policy
- Referral to occupational health and /or well-being service for counselling and support

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.

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

14. 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

REFERENCES

1. Health and Safety at Work etc Act 1974
2. Management of Health and Safety at Work Regulations 1999
3. Obligatory Responses to Violence in Healthcare 2019
4. Assaults against Emergency Workers Act 2018
5. All Wales NHS Violence and Aggression Training Passport and Information Scheme
6. HSE: preventing Workplace Violence
7. RCN position on work related violence in health and social care 2021
8. BMA Preventing and reducing violence towards staff
9. UNISON: 'It's not part of the job' 2013