Prevention and Management of Violence and Aggression against Staff Policy

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Document Summary

Dartford and Gravesharn NHS Trust will provide the best possible protection to its patients and staff. The Trust deems it not acceptable for standards of patient care to be diminished by the action of an irresponsible and anti-social minority.

The Trust will work to deter this minority and to ensure that a properly secure environment is created and maintained for staff, patients and visitors.

Security staff are employed at Darent Valley Hospital with a primary task of protecting staff, patients and visitors from violence, aggression and general anti-social behaviour. Security staff are employed by Oxleas Foundation NHS Trust for the protection of staff, patients and visitors at Queen Mary Hospital, Sidcup.

Security staff are authorised to use the full range of legal powers to deal with offenders who seek to cause harm to Trust staff, patients or visitors, including the use of reasonable force (refer to Policy on use of Restrictive Interventions by Security Officers relating to Non-clinical Incidents).

Measures to prevent such abuse will include verbal and written warnings. These warnings are Yellow Card warnings and Red Card sanctions (refer to Procedure for the issuing of Yellow Card warnings and Red Card sanctions). The Trust may also seek to impose Injunctions against offenders under the provisions of Anti-Social Behaviour Crime & Policing Act 2014.

A Datix incident form MUST be completed for all incidents. The Trust Security Advisor is automatically notified of all such incidents. The issuing of yellow card warnings and red card sanctions should occur within 7 working days of the incident taking place.

The Trust reserves the right to refer incidents of violence to the police.

As a general principle the Trust will be prepared to seek the prosecution of any competent adult who either physically assaults or non-physically assaults a member of staff during the course of their duties.

Staff who, in certain exceptional circumstances, make a decision to refuse to treat any competent adult who physically and/or non-physically assaults them may expect the Trust to support them in this decision.

Those patients who, in the expert judgement of the appropriate clinician, are not competent to take responsibility for their actions will not be subject to this Policy, except where their actions were due to excessive alcohol consumption or being under the influence of illegal drugs, non-prescribed medication or substances of abuse.
1. Introduction

This policy details the behaviours which are unacceptable, the immediate responses, post incident actions including warnings and sanctions available in the face of such behaviour, including a mechanism whereby patients who are extreme or persistent in their unacceptable behaviour can, as a last resort be excluded from the Trust.

Persistent unacceptable behaviour refers to behaviour both within one admission and/or over a number of separate attendances within the period of the sanction.

This Policy and its associated procedures will apply to all staff employed within the organisation and to contractors, agency and locum workers.

All Contractors, Agency and Locum workers as well as those undertaking secondments are also subject to this policy. Managers must therefore ensure that any non-employed workers are aware of the requirements of this policy and the associated procedures and how to apply them.

For patients exhibiting violent behaviour as a result of their clinical condition and for which they lack capacity, refer to the Management of Adult Patients with Challenging Behaviour Policy or the Management of Disturbed / Violent Behaviour of Patients in A&E and Emergency Situations (including the use of Rapid Tranquilisation) Clinical Guidelines as appropriate. This Policy should also be read in conjunction with the Policy on the use of Physical Intervention.

2. Purpose

This policy has been developed to give clear guidelines to all staff and managers with regards to the action to be taken in the event of physical or non-physical assault to staff and professionals who work in, or provide services to the NHS. Action which might result from the application of this policy will vary depending upon whether the perpetrator is a patient or visitor.

Violence and aggression by staff towards other staff, patients and visitors will be dealt with in accordance with Trust Investigation and Disciplinary Policies.

3. Definitions

Physical Assault is the intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort

Types of physical assaults include, but not limited to:

- punching
- slapping
- kicking
- biting
- head-butting
- spitting (where contact is made)
- deliberating contaminating victim with bodily fluids (e.g. urine, faeces, blood)
- strikes with a weapon.
Excessive alcohol consumption or being under the influence of illegal drugs, unprescribed medication or substances of abuse is not a legal defence for committing an assault.

All physical assaults arising from the actions of a patient or visitor who have capacity, notwithstanding the exceptions above, should be reported to Security and the Police for response and investigation as appropriate.

**Non-physical Assault** is the use of inappropriate words or behaviour causing distress and/or constituting harassment”.

Types of non-physical assault include, but are not limited to:

- Swearing
- Threatening Behaviour
- Offensive Gestures
- Invasion of personal space
- Threats to staff
- Unwanted remarks
- Abusive phone calls
- Intimidation and stalking

**Hate Crime** is defined as:

“Any incident, which may or may not constitute a criminal offence, which is perceived by the victim or any other person, as being motivated by prejudice or hate.”

A Hate crime is defined by:

“Any hate incident, which constitutes a criminal offence, perceived by the victim or any other person, as being motivated by prejudice or hate.”

Kent Police is also signed up to Mencap's Stand by Me police promise. This demonstrates Kent Police's continued commitment to stand by people with learning difficulties and its commitment to put an end to hate crime.

Where a hate incident or hate crime has been discovered, staff should call 101 unless the situation is where any person is at immediate risk of harm. In this case they should call 999. All hate incidents will be investigated thoroughly and supported by a Kent Police Community Liaison Officer (CLO).

### 5.4 Antisocial behaviour

**Below is a non-exhaustive list of behaviours that may be considered as antisocial:**
This list is not exhaustive.

Incident for the purposes of this policy is a physical and non-physical assault or an occurrence of unacceptable behaviour.

Local Security Management Specialist (LSMS) is the Trust Security Advisor.

Health & Safety Executive Under the Health and Safety at Work etc. Act 1974 (as amended) (HSWA) HSE has been set up in order to support the Government’s strategic aims and current targets for health and safety at work. Its main aim is to secure the health, safety and welfare of people at work and protect others from risks to health and safety from work activity. The HSE’s mission is the prevention of death, injury and ill health to those at work and those affected by work activities, including violence and aggression.

NHS Protect is part of the NHS Business Support Agency; and responsible for setting the security management strategy, providing policy guidance and general guidance for the NHS in England.

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), is a regulation placing a statutory duty to report certain types of incident to the Health and Safety Executive. For incidents of violence, RIDDOR reportable
incidents which result in a fatality or an employee being hospitalised for 24 hours or more or an employee being off work for more than seven consecutive days.

4. **Roles and Responsibilities**

4.1 **Chief Executive**

The Chief Executive is ultimately responsible for ensuring compliance with the requirements of this policy.

4.2 **Executive Directors**

Executive Directors are responsible and accountable for ensuring that all staff in their Directorates are compliant with this policy.

4.3 **General Managers / Senior Managers**

All General Managers are responsible for ensuring that staff have read and understood the policy and its requirements.

4.4 **The Security Management Director (Director of Human Resources) will ensure:**

- An assessment of the risks of violence and aggression are carried out, and appropriate controls implemented. That a Training Needs Analysis is completed, and appropriate conflict resolution and disengagement training is taken up by staff as appropriate.
- All staff are informed of this policy at local induction
- Full co-operation is given to the police or the LSMS investigations and any subsequent action into a case of physical assault, including access to personnel premises and records (electronic or otherwise) considered relevant to the investigation.
- A written acknowledgement is sent to the injured party. The acknowledgement will state that appropriate action will be taken and that the victim will be kept appraised of progress and outcome. Furthermore, that all necessary support for staff such as counselling or occupational health are offered.
- The risk assessment is reviewed following incidents, significant changes or at least at yearly intervals, and all further controls identified are implemented to minimise the risk of a similar incident recurring.
- Action on the withdrawal of treatment where appropriate, is considered.
- Where a matter has been reported to the Police and they have decided not to pursue the matter, consideration will be given as to whether the Trust Security Advisor should initiate civil proceedings. The Security Management Director may devolve some of the above activities to an appropriate manager, but will retain accountability.

4.5 **Managers will ensure:**

- That all employees are aware of the contents of this policy and that they read the information applicable to them.
• Staff know the actions to be taken when dealing with violence and aggression, including when to call upon security staff to assist.
• Staff involved in an incident report it as soon as practically possible via the Datix Incident Reporting System
• That an investigation is carried out after each incident in order to:
  o establish whether the perpetrator had capacity at the time of incident
  o enforce appropriate sanctions, including contacting the police where appropriate if the perpetrator had capacity at the time of the incident AND there were no mitigating circumstances
  o ensure care plans are reviewed if the perpetrator was a patient who did not have capacity at the time of the incident
  o learn lessons, identify trends and to assess control measures in place.
• Ensure that correspondence regarding each incident is added to the appropriate Datix Incident Report.
• That a written acknowledgement is sent to the injured party. The acknowledgement will state that appropriate action will be taken and that the victim will be kept appraised of progress and outcome. Furthermore, that all necessary support for staff such as counselling or occupational health are offered. A copy of the written acknowledgement is to be saved with the corresponding Datix Incident Report.
• That risk assessments for all the activities in which their staff are involved. Particular consideration is to be paid to reasonably foreseeable risks of violence to ensure that preventative measures and responses are appropriate and properly resourced. Based on their findings through risk assessment, managers must introduce written procedures to ensure these measures are understood and being followed for the safety of their staff and others. Local support arrangements such as lone working procedures and team debriefing must be in place for the benefit of staff that may be subject to violence. Assistance with assessing risks can be obtained from the Trust Security Advisor.
• That risk assessments are carried out where known offenders are admitted as in-patients; particularly those that have been issued a red card warning.
• That risk assessments determine which staff are at risk of violence and aggressions and that they attend appropriate training, e.g. Conflict Resolution Training.

4.6 The Trust Security Advisor will
• undertake security management work locally in line with national standards, the NHS Standard Contract regarding Security Management work and the requirements outlined in Secretary of State Directions (whilst the Trust has non-Foundation status) and advice and guidance issued by NHS Protect.
• provide advice, information and support to managers to assist with creating a safe environment.
• investigate incidents of violence against staff when appropriate, and assist the investigating officer at all other times, to ensure sanctions are imposed as appropriate, and proper consideration is given to preventative actions.

• provide advice, information and support to victims of such incidents.

• Where appropriate act as the point of contact between the victim and the police in cases of physical and non-physical assaults. An authorisation letter must be signed by the victim authorising the Trust Security Advisor to act on their behalf, a copy of which will be held on Datix (Appendix A for template letter)

• Where appropriate act as the point of contact between the Trust (the victim) and the police in cases of unacceptable behaviour, where there is no specific victim.

• Ensure that, on receipt of information concerning an assault; that a Security Incident Reporting System (SIRS) report is completed and forwarded to NHS Protect.

• Maintain a central register of yellow and red cards in force and that key managers receive a copy of the register following each update.

• Ensure that PAS is updated for new and expired yellow and red cards and that the patient’s health records has a copy of the letter attached.

• Maintain Datix records so that aggregate information can be provided for the purposes of in-depth trend analysis and case management.

• Work with the Governance Department to ensure that the Datix system can capture such data as required by the Trust Security Advisor.

4.7 Responsibility of senior clinician/nurse on duty in the event of a violent incident

• To be the clinical lead for the management of the violent situation; with particularly regard for the safety of their staff, other patients and visitors.

• To ensure security staff are summoned at the earliest opportunity it becomes apparent that a situation is likely to escalate out of control or already has done so.

• To work with security officers to resolve the incident as quickly and safely as possible, balancing the clinical needs of the patient (where the aggressor is a patient) against the safety and welfare of other staff, patients and visitors and with due regard to the law.

• If there is time to do so, ensure security officers are briefed on any risks associated with a patient prior to any physical intervention.

• To have due regard to the physical and mental condition of the patient, plus any other risk factors, before instructing security officers to remove a violent or aggressive patient from a ward, department or site.

• When summoned, and if there is time to do so, ensure police officers are briefed on any risks associated with a patient prior to any physical intervention.
• To ensure a doctor is summoned immediately a physical intervention is likely to take place or is taking place so that the medical condition of the patient can be monitored.

• To ensure immediate aftercare is provided for staff who may have been victim of or witness to a violent incident.

4.8 Employees must ensure:

• That they read this policy and understand how it is to be implemented in the event of violence and aggression incidents.

• That their Conflict Resolution training, knowledge and correct procedure is applied to prevent the escalation of any incident in the early stages.

• That on sites where security staff are employed, that they are called if:
  o A physical or non-physical assault is taking place
  o Unacceptable behaviour is taking place
  o Where there is a concern that an interaction between staff and a patient or visitor may escalate to an incident taking place
  o They become aware of a recipient of a yellow or red card is on site

• That they comply with this Policy and its procedures and co-operate to ensure the incident is managed effectively.

• That they notify their Manager, and complete a Datix incident report if subjected to a physical assault, non-physical assault or unacceptable behaviour.

• They attend all training as determined by risk assessment or is required by statute or is mandatory.

4.9 Security staff at Darent Valley Hospital must ensure:

• That they read this policy and understand how it is to be implemented in the event of violence and aggression incidents.

• Provide first line response to detect, deter or prevent incidents taking place to protect staff, patients and visitors and Trust property.

• That their Conflict Resolution training, knowledge and correct procedure is applied to prevent the escalation of any incident in the early stages.

• Where appropriate, and as a last resort, they use physical intervention skills:
  o To protect themselves and others if there is an imminent risk of harm from assault
  o To prevent crime being committed
  o To detain a person where they have reasonable grounds to suspect a crime has been committed in order that the suspect be handed over to the police
  o To prevent a breach of the peace
To remove persons who have no business on Trust premises and have refused to comply with reasonable requests to leave the premises.

• That they complete a Datix Incident Report after each incident.

• That they obtain copies of any witness statement they provide to the police and a copy is sent to the Trust Security Advisor and that they will fully support the Trust and police in pursuing prosecutions against offenders, including attending court where appropriate.

• They inform the Trust Security Advisor when they are made aware of any outcomes of any prosecution and provide any correspondence to that effect.

• That the police are called if:
  o They are unable to manage an incident safely
  o A crime has been or is suspected to have been committed, particularly if the crime committed is a hate crime
  o Where they have detained an suspect

• They attend all training as determined by risk assessment or is required by statute or is mandatory. Where the training has a Pass/Fail criteria they must attain a Pass.

4.10 Security staff at Queen Mary’s Hospital, Sidcup

Are employed by Oxleas Foundation NHS Trust and may be called upon by Trust staff to deal with incidents of violence and aggression.

4.11 The Health and Safety Advisor will:

Acting on information supplied by departments, submit RIDDOR reports to the Health and Safety Executive.

4.12 The Occupational Health Department will:

• In the event of an incident, provide support to the victim as requested

• Encourage contact with the Trust counselling services as necessary

4.13 The Assistant Director (Education & Learning) is responsible for:

• Providing the delivery of Conflict Resolution Training through an appropriately trained and accredited trainer.

• Providing data on compliance with Conflict Resolution Training.

4.14 Health Records Manager must ensure:

That the appropriate health records are made available to the Trust Security Advisor upon request in a timely manner so that patient records are amended accordingly regarding sanction letters.

4.15 The Security Committee
Will be responsible for monitoring the application of this policy, and making recommendations on corporate measures to improve the safety and security of staff in relation to violence and aggression. The Security Committee will report to the Safety and Quality Committee (a sub-committee of the Trust Board).

4.16 The Safety and Quality Committee

Will on behalf of the Trust Board, have oversight of the work undertaken by the Trust to effectively tackle violence against staff.

4.17 The Audit Committee

Will scrutinise the work undertaken by the Trust to effectively tackle violence against staff as part of the routine reporting of all security management work.

4.18 The Health, Safety & Security Committee

Will be consulted on matters relating to violence against staff.

5. Policy

5.1 Risk management process

Ward and Department managers are to carry out specific risk assessments, annually or when there has been a significant change to service, environment or increase in number of incidents to identify the levels of risk associated with violence and aggression.

In making a risk assessment the following should be taken into account:

- Dealing with intoxicated or distressed members of the public
- Dealing with patients suffering from mental illness
- High-risk areas such as Accident and Emergency Departments and Wards
- Tasks where money, drugs or other valuables may be a target for theft
- Irregular situations such as where persons known to be potentially violent are referred to other disciplines, service or Trusts
- Lone working – refer to separate Lone Worker guidance

The list shown above is not exhaustive and managers must take care to assess all possible personal security risks within their ward or department.

A copy of all risk assessments relating to violence and aggression must be forwarded to the Health & Safety Administrator for the Trust Security Advisor.

The Trust Security Advisor will conduct a corporate Risk Assessment annually and the assessment recorded on the Trust’s Risk Register.

5.2 Risk assessments

The Risk Assessment is based on the Trust’s standard 5 x 5 Risk Matrix which has been amended specifically to cover violence and aggression. A copy of the Violence Risk Assessment Form is located on Adagio.
5.3 Patient-specific risk assessments

Not all patients will require an individual risk assessment, nor would it be feasible to do so. However, where concerns are raised that a patient may become violent a patient specific risk assessment should be conducted.

The approach to an individual risk assessment must be multi-disciplinary and reflect the setting in which care is delivered. Any risk factors must be communicated appropriately to those individuals involved in an individual’s care; this is particularly important where various teams are engaged in caring for an individual. The process for Individual Risk Assessment is located on Adagio.

5.4 Preventing aggressive behaviour at the point of contact

5.4.1 All staff will demonstrate a positive attitude when communicating with patients and visitors. Staff should avoid language that could be construed as supporting negative stereotypes. This would include verbal or non-verbal responses that could be interpreted as carrying aggressive, threatening, sarcastic or disrespectful intent.

5.4.2 Tension between staff and patients/visitors can arise and must be dealt with in a fair, equitable and constructive manner. All staff have a responsibility to ensure that concerns are dealt with promptly and that local resolution of any issues raised is facilitated. The use of Patient Advisory Liaison Service (PALS) may be appropriate.

5.4.3 Open, clear and effective communication between staff members, patients, relatives and their advocates minimises misinformation and confusion arising.

5.4.4 Individual spiritual, religious and cultural needs, beliefs and behaviours must be understood and taken into consideration by staff when dealing with a potentially aggressive person.

5.4.5 Should a member of staff feel that a situation is becoming confrontational they should consider the following:

- Is it safe to remain in situ; if not, then seek a way to withdraw from the situation safely?
- seek assistance from a colleague
- use a personal attack alarm if provided
- call upon security staff to attend the incident.

5.4.6 Ideally, any conflict will be resolved with a win:win solution, however it must be recognised that this is not always possible and staff should be wary of making promises they cannot keep; this will almost invariably make the situation worse.

5.4.7 Security staff are trained in conflict management including the use of reasonable force (physical interventions) as a last resort.
5.4.8 **Guidance on De-escalating Conflict** can be found on Adagio. The LSMS or the Conflict Resolution Trainer (Core Skills Trainer) are available to provide further advice.

5.5 **Use of physical interventions by staff**

Persons other than patients may include visitors, trespassers and staff. Where a person falls within this category and is committing a criminal offence, about to commit a criminal offence, or has just committed a criminal offence or is engaged in trespass staff should seek assistance from the security department without delay. Pending their arrival, staff should only take appropriate and necessary action to restrain the person in order to prevent harm, both to the person concerned and to anyone else, provided the risk of doing so does not outweigh the benefits. On their arrival, the application of, the appropriate level of reasonable force to restrain or remove an individual will lie with the security officer(s) dealing with the incident who are deemed to be appropriate persons to remove individuals from Trust Premises having exercised due diligence.

The Trust supports the view that there is no therapeutic benefit from the deliberate infliction of pain. However, there may be situations where pain or discomfort is unavoidable for both staff and patients/visitors i.e. the need to break away from an attacker or where its use is deemed necessary to resolve an emergency.

Within the context of this policy criminal and common law makes a number of provisions for the use of force.

Refer to **Policy on use of Restrictive Interventions by Security Officers relating to Non-clinical Incidents**.

5.6 **Removal of offenders from Trust premises**

Healthcare premises are classified as private property to which the public have an implied right of access for the purposes of receiving treatment, accompanying or visiting relatives and friends receiving treatment or for official business. As such, the Trust is entitled to withdraw right of access to its land and premises if individuals do not comply with reasonable instructions, engage in anti-social behaviour or other criminal activity.

Should an individual be requested to leave the premises and refuses to do so, security staff acting as agents of the Trust are entitled to use reasonable force to remove that individual. Security staff may remove individuals:

- Under the tort of trespass (for which the police do not have powers to remove);
- Committing a breach of the peace or;
- Committing the offence of being a nuisance on NHS premises (Criminal Justice and Immigration Act 2008 s119 – 120).

Security staff are not employed at nor can be deployed to Erith Community Hospital or Elm Court, therefore the only recourse available to staff is to call the Police on 999 (emergencies) or 101 (non-emergencies) as appropriate.

5.7 **Police Involvement**

5.7.1 Where an incident occurs which is beyond the scope of Trust staff to manage safely or involves injury to persons or there is believed to be malicious intent on
the part of the assailant the Police should be contacted. The Trust acknowledges that police officers have a range of responses to violent and aggressive behaviour which exceeds those available to Trust staff.

5.7.2 Once police officers arrive at a scene of ongoing violence or aggression they will assume tactical control of the situation and deploy such tactics as they feel appropriate. Where the aggressor is a patient, it is essential that clinical staff inform police officers of any clinical risks associated with the patient in order that police officers can make an informed judgement on how best to resolve the situation safely, e.g. the patient may have a respiratory problem OR may pose a risk to the police, e.g. possession of a weapon. Likewise, Security Officers should also inform police officers of any risks they are aware of concerning any aggressive individual.

5.7.3 The Trust would prefer that incapacitant sprays or TASER are not deployed within its premises however acknowledges that the police officers may deploy tactics and equipment in line with their guidelines for the use of force.

5.7.4 It is the Trust’s view that any person likely to be charged with a physical assault on a member of staff should not receive a caution or fixed penalty notice but should be prosecuted as a deterrent to others who may wish to assault NHS staff in the execution of their duties.

5.7.5 Police should NOT be called to incidents of violence which involve patients are exhibiting challenging behaviour and lack capacity UNLESS there is an imminent risk of harm to life and limb.

5.8 Protection of lone workers

Staff members who are required to work alone in isolated areas of the Trust, especially outside of normal working hours; and members of staff who work in the community should adhere to the principles outlined in the Lone Worker Policy.

Appropriate security procedures, including a risk assessment must be adopted when visiting high-risk patients. Controls should include ensuring no unaccompanied visits, the provision of personal attack alarms, liaison, and a Trust issued Lone Worker Device for use in such situations.

5.9 Managing patients with challenging behaviour

Refer to the Policy on the Management of patients with challenging behaviour and associated clinical guidelines.

5.10 Management of mentally disturbed/violent patients and Rapid Tranquilisation

Rapid Tranquilisation is a pharmacological strategy involving the use of sedative medication.

Refer to MCB – CG07 Management of Adult Mentally Disturbed / Violent Patients in the Emergency Department (including the use of Rapid Tranquilisation)

5.11 Training
Conflict Resolution Training (CRT) is provided to all front-line staff who come into contact with the public. All such staff, including medical staff are required to undertake this training every three years. CRT training is provided by the Core Skills Trainer.

Security staff will be trained in CRT and in addition be trained and competent in the appropriate use of physical intervention skills.

Training in dealing with challenging behaviour over and above awareness training will be covered in the Challenging Behaviour Policy.

Training for Lone Workers is available from the Core Skills Trainer.

5.12 Work environment and building design

Ideally, all healthcare environments should be designed to minimise the risk of violence, however this is not always achievable in existing premises.

Managing the work environment may include the following examples:

- Segregating areas so that patients and visitors can only enter areas when invited to do so.
- Using colour schemes on walls that have a calming effect
- Provide reading materials
- Layout of consultation rooms so that clinician is between door and patient
- Design of reception desks to provide welcoming area but are deep and high enough to prevent patients assaulting staff easily
- Not leaving sharps lying around
- Ensuring drug cupboards are locked when not in use
- Provide mirrors to cover blind spots in areas
- Layout and type of seating in waiting areas

All capital projects involving new builds or refurbishments must involve the Trust Security Advisor at the earliest stage, who must sign off all plans concerning security arrangements in conjunction with the Project Sponsor(s).

5.13 Other preventative measures

Preventative measures include, but are not limited to:

Use of CCTV
Provision of fixed or personal attack alarms
Provision of access control measures
Lone Worker Devices

6. Reporting incidents of violent and aggressive behaviour

6.1 Datix Incident Reporting

Staff must report all physical and non-physical assaults to their line manager and complete a Datix Incident Reporting Form. All Violence Datix Incident Reports are automatically copied to the Trust Security Advisor and the Line Manager in which the incident took place.

Incident Report Forms should contain the following information:
- A description of events that led to the incident taking place: what treatment, care or interaction was taking place before the assault occurred.
- Any swearing should be included verbatim so that the seriousness of the incident can be assessed; also was the swearing directed at the victim or “merely” took place in their presence.
- If physically assaulted, type of assault (e.g. punch, kick, slap etc) and to which part of the body
- Actions taken to prevent or minimise the assault
- Details of the assailant if known: first name and surname and patient number as a minimum to be provided in the Persons involved section.
- Did the assailant know what they were doing at the time of the incident.
- Details of any witnesses
- Actions taken by security and/or police

6.2 Investigation

Line managers are responsible for investigating incidents of physical and non-physical assaults. Where appropriate the Trust Security Advisor will assist line managers and provide expert advice.

6.3 Sanctions

6.3.1 Yellow card warnings

Patients and visitors (who are known to staff) who non-physically assault staff and professionals who work in, or provide services to the NHS or engage in other forms of anti-social behaviour will result in a formal written warning of the consequences of such behaviours (A “Yellow Card Warning”).

Refer to the “Procedure for the issuing of Yellow Card warnings and Red Card sanctions”

6.3.2 Red Card Sanction

Patients and visitors (whose identity can be established) who physically assault staff or patients and professionals who work in, or provide services to the NHS OR whose conduct is in breach of a Yellow Card Warning will result in a Red Card Sanction being issued.

Refer to the “Procedure for the issuing of Yellow Card warnings and Red Card sanctions”

6.3.3 Injunctions and Criminal Behaviour Orders

Injunctions

Under the Anti-social Behaviour, Crime and Policing Act 2014, the Trust may apply, via NHS Protect, to the courts for an injunction against an individual engaging in anti-social behaviour.

A court may grant an injunction against a person aged 10 or over if two conditions are met:
on the balance of probabilities, that the offender has engaged or threatens to engage in anti-social behaviour.

- that the court considers it just and convenient to grant the injunction for the purpose of preventing the offender from engaging in anti-social behaviour.

An injunction may for the purpose of preventing the offender from engaging in anti-social behaviour:

- Prohibit the respondent from doing anything described in the injunction;
- Require the respondent to do anything described in the injunction.

Under this Act “anti-social behaviour” means: conduct that has caused, or is likely to cause, harassment, alarm or distress to any person.

A court granting an injunction may attach a power of arrest to a prohibition or requirement of the injunction if the court thinks that:

- The anti-social behaviour in which the offender has engaged or threatens to engage consists of or includes the use or threatened use of violence against other persons, or
- There is a significant risk of harm to other persons from the offender.

Criminal Behaviour Orders (CBOs)

CBOs applies where a person subject to an Injunction (“the offender”) is convicted of an offence. The court may make a criminal behaviour order against the offender if two conditions are met:

- The court is satisfied, beyond reasonable doubt, that the offender has engaged in behaviour that caused or was likely to cause harassment, alarm or distress to any person.
- The court considers that making the order will help in preventing the offender from engaging in such behaviour.

A criminal behaviour order is an order which, for the purpose of preventing the offender from engaging in such behaviour:

- Prohibits the offender from doing anything described in the order;
- Requires the offender to do anything described in the order.

The court may make a criminal behaviour order against the offender only if it is made in addition to:

- A sentence imposed in respect of the offence, or
- An order discharging the offender conditionally.

The court may make a criminal behaviour order against the offender only on the application of the prosecution.

The LSMS must be contacted if an offender is being considered for an Anti Social Behaviour Injunction or Criminal Behaviour Order.
6.4 Private Prosecutions

Where the police decide not to investigate or the Crown Prosecution Service decide not to prosecute and the Trust believes there is sufficient evidence against a suspect it may choose to take out a private prosecution against the suspect.

6.5 Sanctions Register

The Trust Security Advisor will maintain a Sanctions Register providing details about offenders containing, but not limited to, the following:

Name; address; nature of sanction; date of incident; date of sanction and; department issuing the sanction.

The Sanctions Register will be shared with, but not limited to:

- ED Management
- Site Management
- Site Manager – QMH
- Carillion Security
- Indigo Security
- Kent Police
- SECAmb

6.6 Prosecutions

Where appropriate the Trust will support the prosecution of offenders who have assaulted staff on Trust premises or in the community where the member of staff was on duty. The Trust will also support the police investigating assaults on patients and visitors.

6.7 NHS Protect Legal Protection Unit

The LPU assists health bodies with:

- legal advice on issues such as withholding treatment
- legal advice on the most appropriate sanctions available for specific cases
- legal advice on the most appropriate redress available for specific cases
- legal advice in cases of physical and non-physical assault
- drafting warning letters and acknowledgement of responsibilities agreements.

Where appropriate, the LPU, in conjunction with various health bodies, will prosecute individuals who have assaulted or abused NHS staff, in cases that have not been progressed by the police or the Crown Prosecution Service. This approach has led to the successful prosecution of a number of individuals who would otherwise have escaped justice.

6.8 NHS Protect Alerts

NHS Protect periodically issue Alerts to healthcare providers regarding individuals who do or may pose a threat to NHS staff, services or property. Alerts are issued to the Security Management Director and Trust Security Advisor. The Trust Security
Advisors ensures such Alerts are distributed internally to the appropriate services. Details of Alerts will also be placed on PAS in order to alert staff to such individuals.

Where appropriate, the Trust Security Advisor will notify NHS Protect of local offenders who are deemed to pose a risk to the NHS at a regional or national level and request that an Alert is raised.

6.9 **PAS Special Register Marker for Violence & Aggression**

This marker has been set up to inform staff of patients who may pose a risk of violence or aggression. This information will normally have been provided by other agencies where the patient has not been subject to any sanction by the Trust. The marker will, where possible, indicate whether the violence was intentional or clinical in nature. If clinical in nature, information will be provided where possible as to known underlying reasons for the behaviour.

Authorised staff for adding/deleting/amending this marker will be restricted to the Trust Security Advisor and the Operational Manager, Emergency Department. Patients issued with this marker will be reviewed monthly by the Trust Security Advisor and the Operational Manager, Emergency Department to ensure the information remains valid.

6.10 **Publicising successful convictions and sanctions**

The Trust will publicise internally anonymous details about internal sanctions issued. Where individuals have been convicted, the Trust will seek to publicise the court case through local media outlets.

7. **Training and Implementation**

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Training</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>All new staff</td>
<td>General overview of policy</td>
<td>Trust Induction</td>
</tr>
<tr>
<td>Matrons &amp; Site Managers</td>
<td>In-depth training on policy</td>
<td>Once policy has been ratified; Significant Changes to Policy Local Induction for new starters Every 3 years</td>
</tr>
<tr>
<td>All front line staff</td>
<td>Conflict Resolution Training</td>
<td>Induction and Refresher (3 yearly)</td>
</tr>
<tr>
<td>Medical staff</td>
<td>Conflict Resolution Training</td>
<td>Induction and Refresher (3 yearly)</td>
</tr>
<tr>
<td>Security Staff</td>
<td>General overview of policy</td>
<td>Trust Induction</td>
</tr>
</tbody>
</table>

8. **Equality Impact Assessment**

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

In order to meet these requirements, a single equality impact assessment is used to assess all its policies/guidelines and practices. This policy was found to be compliant with this philosophy.
9. Monitoring Compliance with this Policy

<table>
<thead>
<tr>
<th>What will be monitored</th>
<th>How/Method</th>
<th>Frequency</th>
<th>Lead</th>
<th>Reporting to</th>
<th>Deficiencies / gaps recommendations and actions</th>
<th>Implementation of any required change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number &amp; type of incidents Trust-wide</td>
<td>Written Report</td>
<td>3 monthly / annual</td>
<td>Trust Security Advisor</td>
<td>Security Committee</td>
<td>As determined at committee</td>
<td>As determined at committee</td>
</tr>
<tr>
<td>Review of incidents, outcomes, lessons learned</td>
<td>Written Report</td>
<td>3 monthly</td>
<td>General Managers</td>
<td>Security Committee</td>
<td>As determined at committee</td>
<td>As determined at committee</td>
</tr>
<tr>
<td>Attendance at Conflict Resolution Training</td>
<td>Written Report</td>
<td>3 Monthly / annual</td>
<td>Core Skills Trainer</td>
<td>Security Committee</td>
<td>As determined at committee</td>
<td>As determined at committee</td>
</tr>
<tr>
<td>Security officer training</td>
<td>Written Report</td>
<td>6 monthly</td>
<td>Trust Security Advisor</td>
<td>Security Committee</td>
<td>As determined at committee</td>
<td>As determined at committee</td>
</tr>
<tr>
<td>Use of physical intervention</td>
<td>Written Report</td>
<td>3 Monthly / annual</td>
<td>Trust Security Advisor</td>
<td>Security Committee</td>
<td>As determined at committee</td>
<td>As determined at committee</td>
</tr>
</tbody>
</table>

10. Associated Documents/Further Reading

- Security Policy
- Policy on Restrictive Interventions by Security Officers relating to Non-clinical Incidents
- V&A-001 Guidance on de-escalating conflict
- V&A-002 Procedure for the issuing of Yellow Card warnings and Red Card sanctions
- Security Guidance on Working with the Police regarding incidents on Trust premises or involving Trust staff in the community
- Security Guideline 001 - Possession of Offensive Weapons on Trust Premises
- Policy on Management of Patients with Challenging Behaviour
- Policy on Restrictive Interventions on Patients exhibiting Challenging Behaviour
- MCB-CG01 - Understanding Clinically Related Challenging Behaviour
- MCB-CG02 - Managing Risk & assessing behaviours
- MCB-CG03 - Core Strategies
- MCB-CG04 - Medical Assessment & Management
- MCB-CG05 - Communication & Information Sharing
- MCB-CG06 - Use of Physical Interventions on patients exhibiting challenging behaviour
- MCB-CG07 - Management of Adult Mentally Disturbed / Violent Patients in the Emergency Department (including the use of Rapid Tranquilisation)
- VRA-001 Ward / Departmental Violence Risk Assessment Form

11. References

- NHS Protect, 2011Tackling Crime against the NHS: A Strategic Approach
- NHS Protect secure extranet Security Manual SA 8 – Non-physical assaults
- NHS Protect secure extranet Security Manual SA 11 – Physical assaults
Appendix A

External Agencies’ Responsibilities for Security Management within the NHS

**NHS Protect**

NHS Protect is a division of the NHS Business Services Authority and has overall responsibility for all strategy, policy and operational matters related to the management of security within the delivery of NHS services in England.

The aim of the NHS Protect is to protect the NHS so that it can better protect the public’s health. The strategy seeks to ensure:

- The protection at all times of staff, patients and visitors, including other employees and contractors, from physical assault, non-physical assault and anti-social behaviour.
- The protection of NHS property against malicious and negligent acts, damage and trespass.
- The prevention of loss of NHS assets as the result of crime.
- Prevention of financial loss through failure to comply with legislation and subject to penalties imposed by statutory bodies with enforcement powers.
- To produce a safe environment in which the uninterrupted delivery of quality health care can be guaranteed.
- To work in partnership, with local agencies, e.g. police, CPS and local authority, to attain a safe and secure environment within all Trust locations.

Distribution of Security Alerts to health care providers regarding individuals who may or do pose a threat to NHS staff or patients.

**The Health & Safety Executive (HSE)**

The HSE is the statutory body with remit to reduce work-related deaths, injuries and illness. In respect of its role within the role of security management in the NHS its primary focus is, but not limited to, the management of violence against staff.

The HSE provides advice on health and safety matters, and has the ability to carry out workplace inspections, make recommendations and if appropriate issue enforcement and prohibition notices. It may also conduct prosecutions against employees who fail to comply with health and safety legislation.

The HSE is a signatory to the joint information sharing protocol with NHS Protect.

**The Care Quality Commission (CQC)**

The CQC is the independent regulator of all health and social care services in England. It inspects hospitals, care homes, GP surgeries, dental surgeries etc. As such, it checks all hospitals in England to ensure they are meeting national standards, and the CQC shares its findings with the public.

There are two CQC Outcomes that relate to security management:

- **Outcome 7**: Safeguarding people who use services from abuse. “Abuse”, in relation to a service user, means—
  - sexual abuse;
  - physical or psychological ill-treatment;
o theft, misuse or misappropriation of money or property; or
o neglect and acts of omission which cause harm or place at risk of harm

- Outcome 10: Safety and suitability of premises. Service users and others having access to premises are protected against the risks associated with unsafe or unsuitable premises, by means of—
  4.18 suitable design and layout;
  4.19 appropriate measures in relation to the security of the premises

The CQC is a signatory to the joint information sharing protocol with NHS Protect.

The CQC will assume powers to ensure that health care providers comply with the DH guidance regarding use of physical interventions.

**NHS Litigation Authority (NHSLA)**

The NHSLA manages negligence and other claims against the NHS in England on behalf of our member organisations.

- Help to resolve disputes fairly
- Shares learning about risks and standards in the NHS
- Helps to improve safety for patients and staff

The NHSLA produces risk management standards based on the causes of claims against which trusts are assessed and provide financial incentives to trusts that demonstrate compliance with them; two of which standards are the Secure Environment and Management of Violence and Aggression.

The NHSLA is a signatory to the joint information sharing protocol with NHS Protect.
Appendix B

Victim Consent Form for disclosure of information Template

Dartford and Gravesham NHS Trust

Darent Valley Hospital
Darenth Wood Road
Dartford
Kent DA2 8DA
Direct Line Tel: 01322 428100 ext [XXXX]
Email:[insert nhs.net address]

Victim Consent Form for disclosure of information

Date and time of Incident:
Location: [NHS location]

Police log and/or Crime Reference no.:

I, [insert name and date of birth of victim] am the victim of the above incident. I give my consent for Kent Police to provide information relating to the above incident directly to [insert name], Trust Security Advisor, Dartford & Gravesham NHS Trust I also consent for the police and/or CPS to provide updates on the progress of the case to [insert name], Trust Security Advisor.

I have been made aware of the duties of the police/CPS to provide information and I understand that by agreeing to this arrangement the police/CPS will have fulfilled their duties to notify me of developments.

Signed:
Date:

I, [insert name], agree to receive information on behalf of the above and accept responsibility for passing this information on promptly.

Signed: Trust Security Advisor
Date:

Date received (Police Use):
Officer receiving signature:
## Equality Impact Assessment Tool for this Policy

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval. The relevant legislation is the Equality Act 2010, which supersedes earlier legislation. The Equality Act sets out the protected characteristics as: age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation.

**Policy Name:** Prevention and Management of Violence and Aggression against staff  
**Name of Assessors:** Mark Dunnett

<table>
<thead>
<tr>
<th></th>
<th>Yes/No/Possible</th>
<th>Comments (Positive/Negative)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Does the policy/guidance (even if unintentionally) discriminate against any of the following groups or put them at a disadvantage?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Disability – learning disabilities, physical disability, sensory impairment and mental health problems</td>
<td>No</td>
<td>Provision made in other policies, to which this policy makes reference.</td>
</tr>
<tr>
<td>Gender</td>
<td>No</td>
<td>This policy affirms positive action with regard to hate crime.</td>
</tr>
<tr>
<td>Gender reassignment</td>
<td>No</td>
<td>This policy affirms positive action with regard to hate crime.</td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td>No</td>
<td>This policy and its implementation is designed to protect staff, patients &amp; visitors from violence</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>No</td>
<td>This policy and its implementation is designed to protect staff, patients &amp; visitors from violence</td>
</tr>
<tr>
<td>Race</td>
<td>No</td>
<td>This policy affirms positive action with regard to hate crime.</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>No</td>
<td>This policy affirms positive action with regard to hate crime.</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>No</td>
<td>This policy affirms positive action with regard to hate crime.</td>
</tr>
<tr>
<td><strong>2.</strong> Is there any evidence that some groups are affected differently?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>3.</strong> If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>4.</strong> Is the impact of the policy/guidance likely to be negative?</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
If you have identified a potential discriminatory impact of this procedural document, please refer it to the Trust Safeguarding Manager, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the Trust Safeguarding Manager.

**Additional Comments:**
All line managers have a responsibility to ensure that every member of staff that they manage has access to Trust policies and is supported to understand policies and their implications. Line managers must ensure that any member of staff with a disability that may affect their access to policies (e.g., sight impairment) or with another health condition that may limit their access to or understanding of policies, is provided with any required additional support. Line managers can contact their HR Business Partner for further advice.