

# Zero Tolerance to Violence against staff and Professionals who work in, or provide services to the NHS

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## 1. Policy Statement

Dartford and Gravesham NHS Trust is committed to tackling both physical and non-physical assault against staff and professionals who work in, or provide services to the NHS.

Dartford and Gravesham NHS Trust has a duty to provide a safe and secure environment for staff. Physical and/or non-physical assault will not be tolerated and decisive action will be taken to protect staff.

As a general principle the Trust will be prepared to seek the prosecution of any competent adult who physically assaults and/ in some cases non-physically assaults a member of staff during the course of their duties. Staff will be generally within their rights to refuse to treat any competent adult who physically and/or non-physically assaults them.

Where staff refuse to continue treatment in these circumstances, then the patient's Consultant or the most senior member of the medical team on duty must be informed immediately so that alternative necessary arrangements can be made.

Those patients who, in the expert judgement of the relevant clinician are not competent to take responsibility for their actions will not be subject to this procedure.

This policy has been developed in-line with the followings *secretary of State Directions on work to tackle violence against staff and professionals who work in, or provide services to the NHS 20/November/2003.*

- *National Audit Office Report on Violence in the NHS.*<sup>1</sup>
- *NHS Zero Tolerance Campaign.*

## 2. Introduction

This policy has been developed to give clear guidelines to all staff and managers of 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.

This policy details the behaviours, which are unacceptable, and the 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 period of the sanction).

Where there are concerns regarding a patient or visitor it will be important for staff in other areas who may need to be involved in the patient's care to be made

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<sup>1</sup> 'A Safer Place to Work – Protecting NHS hospital and ambulance trust staff from violence and aggression' Published March 2003

aware, e.g. a referral from A & E to Radiology/Fracture Clinic and similarly to alert internal and external [Meteor] Security.

### 3. Definitions

#### 3.1 Physical Assault

*"The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort"<sup>2</sup>*

#### 3.2 Non- Physical Assault

*"The use of inappropriate words or behaviour causing distress and/or constituting harassment"<sup>2</sup>*

#### 3.3 Unacceptable behaviour

In addition to behaviours explicit in 3.1 and 3.2 above the following are examples of behaviours that are not acceptable on Trust premises

- Excessive noise, e.g. loud or intrusive conversation or shouting.
- Malicious allegations relating to members of staff, other patients or visitors.
- Offensive sexual gestures or behaviours.
- Abusing alcohol or drugs in hospital. (However, all medically identified substance abuse problems will be treated appropriately.)
- Drug dealing.
- Wilful damage to Trust property.
- Theft

### 4. Roles and Responsibilities

#### 4.1 Managers Roles and Responsibilities

Manager must ensure:

- That all employees are aware of the contents of this policy and that they read the information applicable to them.
- The policy is monitored on an ongoing basis and bring to the attention of the Risk Management Committee any sections that require updating on the next review date.
- That an investigation is carried out after each Violence and Aggression incident in order to learn lessons, to look at trends and to look at control measures in place
- That details of the incident are recorded on the Trust reporting system to comply with Health and Safety Legislation and the Secretary of State Directions. A copy of the incident is to be sent to the LSMS (Local Security Management Specialist)

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<sup>2</sup> Secretary of State Directions on work to tackle violence against staff and professionals who work in, or provide services to the NHS 20/November/2003

- That the Nominated Executive Director (Director of Workforce Development) is contacted as soon as practicable after you have been notified of a Physical Assault on a member of staff. See Appendix C the Security Policy.

#### **4.2 The Nominated Executives Directors Roles and Responsibilities (Director of Workforce Development)**

Will ensure that:

- The LSMS is contacted as soon as practicable after a physical assault on a member of staff has occurred, in order that the incident can be reported to the CFSMS.
- 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.
- An acknowledgement of the reported incident is sent to the injured party and ensures that any necessary support arrangements for staff such as counselling or occupational health are offered. The acknowledgement should state that the matter will be dealt with, that appropriate action will be taken and that the particular member of staff will be kept apprised of progress and outcome.
- All possible preventative action is taken to minimise the risk of a similar incident recurring.
- Action on the withdrawal of treatment is considered.
- Liaison and cooperation and the monitoring of cases of non-physical assault that has been referred to and are being dealt with by the police.
- Where, a matter has been reported to the Police and they have decided not to pursue the matter, consider whether the LSMS should initiate civil proceeding, where appropriate. The Nominated Executive Director may devolve some of the above activities to an appropriate manager, but will retain accountability.

#### **4.3 Employees Responsibilities**

Employees must ensure:

- They read this policy and understand how it will be implemented in the event of a security incident.
- That steps to be taken at the onset of a security incident are out in place to prevent the escalation of the incident in the early stages.

- They comply with instruction and training given by the Conflict Resolution Trainer.
- That they notify their Manager, the Nominated Executive Director or a relevant Colleague after being subjected to a Physical Assault.

#### 4.4 The Local Security Management Specialist

The Local Security Management Specialist is to ensure:

- That the LSMS on receipt of information concerning a Physical Assault that a PARS form is completed and forwarded to the CFSMS.

### 5. Prevention and Management of Violence and Aggression

#### 5.1 Initial action

Prevention must be the primary objective of all staff. It is recognised, however, that on occasion's prevention will not be possible, but every attempt should be made to defuse the situation.

5.2 When a patient or aggressor begins to behave in an aggressive or violent manner, the member of staff present, **the responsible person**, should attempt to:

- Adopt an open position.
- Remain calm; be objective and as non-threatening as possible.
- Continue to talk to and listen to the patient or aggressor being as reassuring as possible, unless the patient finds it aggravating.
- Make no false promises and tell no lies to the patient / aggressor.
- Place themselves in a position which allows them to escape if need be.
- Summon help if this can be done without antagonising the patient.
- Prevent others from threatening the patient / aggressor.

Staff going to the assistance **assisting people**, of the person managing a potentially violent patient / aggressor should:

- While taking care not to delay, approach the situation calmly and without rushing and threatening the patient.
- Remove items likely to cause injury – watches, pens, glasses and ties – out of sight of the patient / aggressor.

- Observe the situation they find and decide whether it is best to wait out of sight, in sight of the responsible person or the patient / aggressor or both, or takeover.
- If time allows, remove other patients, visitors etc from the scene.

Staff must be patient in attempting to resolve such situations. They should attempt to negotiate and end rather than force it upon others.

#### **6. Action to be taken when PHYSICAL ASSAULT has taken place**

- Police to be contacted immediately by the person assaulted their manager or relevant colleague.
- The LSMS is to complete a CFSMS PARS form and forward it to the CFSMS at Coventry on receipt of an incident form.
- The Nominated Executive Director (Director of Workforce Employment) to be contacted as soon as is practicable, by the person assaulted their manager or relevant colleague – see Appendix C the Security Policy.

#### **7. Action to be taken when NON-PHYSICAL ASSAULT has taken place**

- Where appropriate the police should be contacted, as soon as practicable, by the person subject of the non-physical assault, their manager or relevant colleague. The seriousness of the incident should be taken into account in deciding whether the police should be involved, **but where the incident is racially or religiously aggravated the matter should always be reported to the police.** The Nominated Executive Director may advise in the case of doubt (See Security Policy).
- A Dartford and Gravesham NHS Trust incident form is to be completed and a copy sent to the LSMS.
- The police should be given information about the assailant's clinical condition as far as it relates to the non-physical assault, if this could be seen as contributory factor leading to the non-physical assault taking place, however, the presence of a clinical condition should not necessarily preclude any appropriate action taken. This should be a matter for the police or the Trust.
- The Nominated Executive Director to be contacted, as soon as practicable, by the manager or a relevant colleague of the person suffering the non-physical assault.

#### **8. Action to be taken in the event of an abusive telephone call**

- a. The member of staff must advise the caller that they find the language unacceptable and that they will terminate the telephone call if the abuse continues.
- b. The member of staff may (following 6.1) terminate the phone call if abuse continues.

- c. The member of staff must document and inform their manager that a phone call was terminated indicating date, time and callers name and nature of abuse.
- d. Where the incident is racially or religiously aggravated the matter should always be reported on an incident form to enable Nominated Executive Director to report the incident to the police.
- e. An incident form is to be completed and distributed as advised on the form a Photocopy is to be sent to the LSMS.

**9. Action to be taken in the event of visitors displaying unacceptable behaviour (as defined in 3.3 above)**

- Perpetrators will be asked to desist and offered the opportunity to explain their actions.
- Visitors who fail to comply with the required standard of behaviour will result in security staff and the blepholder being fast bleeped (telephone switchboard [0]). The offending individual will then be removed from Trust property.
- The excluded individual may request an immediate review of the exclusion. The General Manager (or Senior Nurse on call) will be informed of this and will be responsible for the ultimate decision.
- Any individual behaving in an unlawful manner will be reported to the police and the Trust will seek the application of the maximum penalties available in law. The Trust will prosecute all perpetrators of crime on or against Trust staff, its property or its assets.
- The relevant General Manager may decide to continue to exclude any individual removed from the premises or restrict their visiting only to specific times and, if necessary, under escort from security staff.
- All incidents must be recorded and reported so that there is accurate information and repeating offenders identified.

**10. Action to be taken in the event of competent patients displaying unacceptable behaviour (as defined in 3.3 above)**

- Following any incident the immediate manager or department head (or their deputy) will explain to the patient that his/her behaviour is unacceptable and explain the expected standards that must be observed in the future. The incident and warning should be recorded and reported.
- If the behaviour continues, the responsible manager or clinician will give an informal, but clear, warning about the possible consequences of any further repetition. The incident and warning should be recorded and reported.

## 11. Application of the Procedure for Care Order of patients who physically and/or non-physically assault staff and professionals who work in, or provide services to the NHS

11.1 Failure to subsequently desist will result in the application of the Procedure for Care Order of Individuals who physically and/or non-physically assault staff (hereafter referred to as the Procedure for Care Order) as a formal written warning of the consequences of such behaviours (A “**Yellow Card**”).

Appendix 1 outlines a Flowchart of the procedure.

Appendix 2 is a list of suitable members of staff who can authorise the Procedure for Care Order.

Appendix 3 is an outline of the procedure, which must be followed in the initiation of a Procedure for Care Order.

Appendix 4 provides an Implementation Checklist to guide the individual initiating the Procedure for Care Order in completion of all stages of the policy.

11.2 If a patient complies with the terms of the Procedure for Care Order he/she can expect the following

- That their clinical care will not be affected in any way;
- That, where substance abuse has been identified, appropriate assistance will be provided.
- That Dartford and Gravesham NHS Trust will fully investigate all valid concerns raised by the patient.
- That the Procedure for Care Order will lapse after one year.

11.3 Failure to comply with the Procedure for Care Order will, at the request of the relevant General Manager and the Clinical Director (or their nominated deputies) result in exclusion from the Trust (a “**Red Card**”). See Appendix 8 for further details.

11.4 Such an exclusion will last one year, subject to alternative care arrangements being made; the provision of such arrangements will be pursued with vigour by the relevant clinician. In the event of an excluded individual presenting at the Trust’s Accident and Emergency Department for emergency treatment, that individual will be treated and stabilised with, if necessary, security staff in attendance. Where possible, they would then be transferred immediately. However, if admission is unavoidable security staff will, if necessary, remain in attendance. An appropriate member of staff will determine the need for security attendance.

11.5 Any patient behaving unlawfully will be reported to the police and The Trust will seek the application of the maximum penalties available in law. The Trust will prosecute all perpetrators of crime on or against Trust property, assets, and staff.

## **12. Monitoring and review of the Policy**

The policy is to be monitored on an ongoing basis by managers to ensure that it meets the needs of staff working in areas where there is a possibility of Violent Behaviour taking place. The Policy is to be reviewed every three years by the Risk Management Committee.

## **13. Staff Training requirements**

There are 2 main types of training available to Trust employees:

- Security Induction Training as part of the Health & Safety Induction day.
- Conflict Resolution Training is offered to all staff to enable them to deal with and possibly diffuse a potentially a violent situation before it gets worse
- Managers are to ensure, along with the Assistant Director of Education, that appropriate staff attend initial training and updates in Conflict Resolution.

## **14. Support for staff involved in Violence and Aggression Incidents**

If a Trust employee is subject to harassment threat or assault, the initiative for taking action lies with the employee initially, then the most senior individual on duty, although all staff present should respond to a call for assistance, if practicable.

All staff involved in incidents will receive the full support of their managers where action has been taken in good faith for the benefit and safety of the patients, client's visitors and staff.

## **15. Investigation of Violence and Aggression Incidents**

Investigations of incidents are a management Role (see Managers Roles and Responsibilities). The Local Security Management Specialist will give assistance to all managers on request.

APPENDIX 1

**PHYSICAL AND/OR NON-PHYSICAL ASSAULT FROM  
PATIENTS OR VISITORS**

**IF YOU ARE IN FEAR DO NOT HESITATE, DIAL 0 AND ASK  
FOR SECURITY TO BE FAST BLEEPED**

**WHAT TO DO.**

**VISITORS**

**1. QUIET WORD**



**2. VERBAL WARNING.**



**3. HAVE REMOVED**

CALL 0, FOR SECURITY AND THE  
BLEEPHOLDER TO BE FAST BLEEPED  
AND THEY **WILL** REMOVE.

**PATIENTS**

**1. QUIET WORD**



**2. VERBAL WARNING**  
FROM SENIOR NURSE, MANAGER OR  
CLINICIAN.



**3. PROCEDURE FOR CARE  
(YELLOW CARD)**  
BY SUITABLE MEMBER OF STAFF.



**4. EXCLUSION  
(RED CARD)**

IN EXTREME CASES AND WITH  
AGREEMENT OF GENERAL MANAGER  
AND CLINICAL DIRECTOR  
(SEE PROCEDURE FOR CARE ORDER  
POLICY)

**YOU DO NOT HAVE TO FOLLOW ALL STAGES OF THIS FLOWCHART IF THE  
SITUATION WARRANTS IMMEDIATE ACTION**

FOR FURTHER INFORMATION AND ADVICE CONTACT: Health and Safety  
Advisor / The Local Security Management Specialist on extension 8454

**If the patient is to attend other areas of the hospital e.g. Ward, X-Ray, Plaster  
Room or re-attend e.g. OPD/Fracture Clinic – please advise of the incident and  
when he/she may attend, together with internal and external security**

## APPENDIX 2

### SUITABLE MEMBERS OF STAFF TO AUTHORISE THE PROCEDURE FOR CARE

Clinical Director

Senior Clinician (registrar or above)

Director of Nursing or any other  
Director

General Managers

Modern Matrons

Member of Night Management Team  
(out of hours)

Senior Manager on Call

## APPENDIX 3 (YELLOW CARD)

### Procedure for Care Order of individuals who physically and/or non-physically assault staff and professionals who work in, or provide services to the NHS

1. In the event of inappropriate behaviour by a patient and following careful review by the individual's clinical team (or the on call team out of hours), the Procedure for Care Order of Individuals who physically and/or non-physically assault staff and professionals who work in, or provide services to the NHS (hereafter referred to as the Procedure for Care) can be instigated.
2. In the event of the senior nurse on duty in the relevant department feeling that a Procedure for Care Order may be appropriate, he/she should contact a suitable member of staff (see Appendix 4 for a list of suitable members of staff).
3. It is the responsibility of that suitable person to undertake the following:
  - Take full details of the incident and the staff member's concerns, document them on an incident form and decide whether a Procedure for Care Order is required. Wherever possible, get witnesses to the event to sign the record as true and accurate.
  - If a Procedure for Care Order is required, **it is the responsibility of the individual initiating the order to ensure that the procedure is applied correctly. This person must:**
    - ◆ Inform and seek advice from the patient's consultant or senior member of the medical team (on call team out of hours), or their GP if necessary.
    - ◆ Inform the patient of the staff's concerns and fully explain the Procedure for Care, ensuring that there is no confusion as to the standard of behaviour required or the possible consequences of failure to comply.
    - ◆ Complete all patient details on the Confirmation of Procedure for Care Order of Individuals who physically and/or non-physically assault staff and professionals who work in, or provide services to the NHS (Appendix 5).
    - ◆ Ask the patient to sign the Confirmation of Procedure for Care Order of Individuals who physically and/or non-physically assault staff and professionals who work in, or provide services to the NHS (hereafter referred to as the Confirmation of Procedure for Care). If the patient refuses to sign, this should be documented, but explained to the patient that the document will be valid with or without the patient's agreement.

- ◆ Ensure that a suitable member of staff (any doctor or registered nurse) witness the explanation to the patient and signs the Confirmation of Procedure for Care.
- ◆ Give the patient a copy of the Confirmation of Procedure for Care Order and of the policy itself.
- ◆ Inform the suitable person.
- ◆ Ensure that copies of the fully completed Confirmation of Procedure for Care Order and the incident report which resulted in initiation of the Procedure for Care Order are forwarded to;
  - The General Manager, who will maintain directorate records of all patients subject to Procedure for Care Orders;
  - The patient's Consultant
  - The Health and Safety Advisor/LSMS;
  - The Department Manager;
  - The Director of Nursing, who will ensure that
    - A copy of the standard letter (Appendix 6) is issued to the patient's GP.
    - A copy of the standard letter (Appendix 5) is issued to the patient.

The Director of Nursing will sign letters relating to yellow cards  
The Chief Executive will sign letters relating to red cards
- ◆ Ensure that a copy of the fully completed Confirmation of Procedure for Care Order is kept in the patient's notes.
- ◆ The full process must be recorded in the patient's medical and nursing documentation.
- ◆ Where others in the hospital may become involved in the continuing care, immediately or in the future [e.g. Outpatient attendance/Fracture Clinic] then those staff must be made aware so they can act accordingly when the patient presents. Similarly both Carillion [internal security] and Meteor [external security] must be informed.

## APPENDIX 4 (YELLOW CARD)

Procedure for Care Order of individuals who physically and/or non-physically assault staff and professionals who work in, or provide services to the NHS

### IMPLEMENTATION CHECKLIST

**IF A PROCEDURE FOR CARE ORDER IS REQUIRED IT IS THE RESPONSIBILITY OF THE INDIVIDUAL INITIATING THE ORDER TO ENSURE THAT THE PROCEDURE IS APPLIED CORRECTLY:**

◆	Inform and seek advice from the patient's consultant or senior member of the medical team (on call team out of hours), or their GP if necessary.	
◆	Ensure that the incident triggering the procedure is documented in full, and signed by the member of staff and any witnesses.	
◆	Inform the patient of the ward staff's concerns and fully explain the Procedure for Care, ensuring that there is no confusion as to the standard of behaviour required or the possible consequences of failure to comply.	
◆	Complete all patient details on the Confirmation of Procedure for Care Order of Individuals who physically and/or non-physically assault staff and professionals who work in, or provide services to the NHS (Appendix 5).	
◆	Ask the patient to sign the Confirmation of Procedure for Care. If the patient refuses to sign, this should be documented, but explained to the patient that the document will be valid with or without the patient's agreement.	
◆	Ensure that a suitable member of staff (any doctor or registered nurse) witness the explanation to the patient and signs the Confirmation of Procedure for Care.	
◆	Inform the site manager	
◆	Give the patient a copy of the Confirmation of Procedure for Care Order and of the policy itself.	
◆	Ensure that copies of the fully completed Confirmation of Procedure for Care Order and the report of the incident which resulted in initiation of the Procedure for Care Order are forwarded to/ retained as follows: <ul style="list-style-type: none"> <li>◆ The General Manager</li> <li>◆ The patient's Consultant</li> <li>◆ The Health and Safety Advisor/LSMS</li> <li>◆ The Department Manager</li> <li>◆ The Director of Nursing</li> <li>◆ The patient's medical and nursing notes</li> </ul>	
◆	Have other departments been made aware if the patient is to be admitted – referred e.g. to X-Ray or will return [e.g. outpatients/fracture clinic]	

**APPENDIX 5**

Darent Valley Hospital  
Darent Wood Road  
Dartford  
Kent DA2 8DA

Tel: 01322 428100  
Fax: 01322 428259

Patient's Name:.....  
Patient's Address.....  
.....  
.....  
.....  
Hospital Number:.....

Date:

Dear.....

Procedure for Care Order for individuals who physically and/or non-physically assault staff and professionals who work in, or provide services to the NHS

This is to formally confirm that due to your unacceptable behaviour on..... at..... You are now subject to the conditions outlined in the Procedure for Care Order of Individuals who are Violent or Abusive.

The first stage of the Procedure for Care Order has been applied to you and you should have received an explanation as to why you are subject to this Procedure. You should also have a copy of the Procedure for Care Order to read.

Should on any occasion in the future, you fail to comply with the expected standards of behaviour explained to you by..... and outlined in the Procedure for Care, you will become subject to the next stage of the Procedure which may involve your immediate exclusion from the Trust premises by our security staff/police. Such an exclusion from Trust premises would not mean that you would not receive care, as your responsible clinician would make alternative arrangements for you to receive treatment.

Yours sincerely,

Name  
**DIRECTOR OF NURSING**

CC: General Manager  
Patient's Consultant

**APPENDIX 6**

Date

**PRIVATE AND CONFIDENTIAL**

GP's name and address

Dear

Re: Patient's name  
Patient's address  
Patient's date of birth  
Patient's hospital health records number

The above individual is currently an inpatient on .....ward / recently attended the ..... Department at Dartford and Gravesham NHS Trust.

In order to protect the ward environment for other patients and members of staff, it has been necessary to instigate a Procedure for Care Order of Individuals who physically and/or non-physically assault staff and professionals who work in, or provide services to the NHS for the above-named patient (a **Yellow Card**, see enclosed).

If you have any queries, please do not hesitate to contact:

.....(name and tel. no. of patient's consultant),

or

.....(name and tel. no. of General Manager)

Yours sincerely

Signature  
Name  
**DIRECTOR OF NURSING**

**APPENDIX 7**

**Confirmation of Procedure for Care Order of individuals who physically and/or non-physically assault staff and professionals who work in, or provide services to the NHS**

HOSPITAL..... WARD.....

**Patient Information:**

SURNAME	.....	FORENAME	.....
HOSPITAL NUMBER	.....	DATE OF BIRTH	.....
HOME ADDRESS	.....		
TELEPHONE NUMBER	.....		

**Patient's Next of Kin Information:**

NAME	.....	ADDRESS	.....
	.....		.....

**Patient's GP Information:**

NAME	.....	ADDRESS	.....
TEL. NO.	.....		.....

The consequences of a failure to comply with the Procedure for Care Order have been fully explained. I understand my GP will be informed.

\*I agree to comply with the expected behaviours, set out in the policy, under which care will be provided at Dartford and Gravesham NHS Trust.

Signed.....Date.....

\*Delete if refused

**Witnesses for the Trust:** (Department Manager and Suitable Manager)

NAME	.....	NAME	.....
DESIGNATION	.....	DESIGNATION	.....
SIGNED	.....	SIGNED	.....
DATE	.....	DATE	.....

## APPENDIX 8

### “RED CARD”/EXCLUSION-PROCEDURE CHECKLIST

1. The decision to exclude can only be taken by both the relevant General Manager and the Clinical Director (or in their absence their nominated deputies), once alternative care arrangements have been made. This does not preclude the relevant clinician discharging a patient who no longer requires in-patient care in the normal manner.
2. The responsible consultant must be informed and write to the patient's GP detailing the exclusion and the reasons for it.
3. The patient must be informed that they may challenge an exclusion via the established complaints procedure.
4. The Nominated Executive Director must be informed and they will facilitate the dispatch of a written confirmation from the Chief Executive to the patient's home.
5. The Head of Security, Carillion Services, Meteor and the site managers must also be informed.
6. A detailed record of the rationale for exclusion and of the alternative arrangements for care should be kept in the patient's medical and nursing documentation.
7. If an excluded individual returns in any circumstances other than a medical emergency, security staff should be called immediately. The Trust will subsequently seek legal redress to prevent the individual from returning to Trust property.