University Hospitals of Derby and Burton NHS Foundation Trust

TRUST POLICY FOR VIOLENCE, AGGRESSION, REDUCTION AND PREVENTION

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	2.0	24/10/2024	Violence and Aggression Lead	Updated Policy
Intended Recipients: All Trust Staff				
Training and Dissemination: The policy will be available on the intranet site and in the Health and Safety Net-I pages to aid circulation to all personnel.				
To be read in conjunction with: Lone working policy, Health and Safety Policy, Risk Assessment Safety Management Standard (SMS) and Violence, Aggression, Prevention and Reduction Sanctions SMS				
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Contact for Review			Associate Director, Health Safety and Wellbeing/ Violence and Aggression Lead	
Executive Lead Signature			Amanda Rawlings, Executive Chief People Officer	

1. VIOLENCE PREVENTION AND REDUCTION POLICY

1.1 Executive summary

Every member of staff working for or on behalf of University Hospitals Derby and Burton, NHS Foundation Trust (UHDB) has the right to come to work without fear of being abused or assaulted.

Unfortunately, the environment in which healthcare workers operate means that many of them are likely to come across patients and people who may (because of their medical condition, for example) unknowingly and unintentionally be abusive or lash out at them. There are also other patients and people who knowingly and intentionally become disruptive and cause harm.

The Trust recognises that under the Health and Safety at Work etc. Act (1974) and its subordinate Regulations and Approved Codes of Practice (ACOP), proactive measures must be taken to reduce the risk of harm to its staff, whilst they are at work.

Therefore, the purpose of this policy is to help all managers, staff, and their representatives to work together to risk assess situations where it is foreseeable that staff are likely to be exposed to violence or abuse. When abuse, violence or aggression is foreseeable then reasonably practicable and proactive measures and procedures can be put in place to prevent and mitigate such abuse, emanating from whomever or whatever source.

The policy cannot provide exhaustive lists or examples or what abusive, threatening, violent or aggressive behaviour that Trust staff are likely to experience, whilst they are at work. The varying nature of incidents means that a prescriptive set of rules is not possible.

The policy does however provide a range of advice and guidance, proactive and preventative measures that can be taken to protect staff. The Trust is also cognisant that patients have an impairment of the mind or brain may be aggressive and violent and this is taken into consideration whilst managing their care needs.

1.2 Purpose

The policy sets out roles and responsibilities for every member of staff working for, or on behalf of UHDB and applies to patients, relatives, visitors and/ or other members of the public. The policy outlines procedures for dealing with physical and non-physical assaults and includes preventative measures for tackling violence and aggression.

As above, it is not possible to provide an exhaustive list of what may amount to abusive, threatening or aggressive behaviour. Further explanation is offered below but this is not meant to be prescriptive.

There is a complex amount of information around Violence and Aggression therefore to aid this policy there is a support area on NET-i Violence and aggression | z UHDB Intranet. Linked to these pages is the Violence prevention and reduction standard.

1.3 Equality, Diversity, and Inclusion Statement

The Trust is committed to providing an environment where all employees, patients, carers, and visitors experience equality of opportunity, and are treated with respect by means of understanding and appreciating the value of diversity.

See Violence and aggression | z UHDB Intranet for People Equality Impact Risk Assessment (PEIRA)

1.3 Definitions

Violence and aggression is defined as behaviour, which produces damaging or hurtful effects physically or emotionally on another person. This includes verbal or physical abuse or threats of abuse directed at another member of staff and patients and other. It can include prejudice based on age, disability, gender identity, race, religion or belief, sex, or sexual orientation, but does extend beyond this.

See link for explanations of definitions on neti

2. Operational Strategy

UHDB have an operational strategy titled Violence Prevention and Reduction Framework 2023-2025. The purpose of this is to set out a plan for UHDB to address the significant risk of violence and aggression to our workforce.

2.1 Violence Prevention and Reduction Standards

The Violence prevention and reduction standards provide a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression, and violence.

2.2 Violence Aggression Prevention and Reduction Sanctions

The Violence Aggression Prevention and Reduction Sanctions (VAPRS) supports this policy by setting out the procedure for the management of patients and visitors who are violent or abusive in their behaviour towards staff, other patients or members of the public.

2.3 Safety Management Standard

A Safety Management Standard (SMS) aids policies and provides a systematic procedure and proactive approach to managing safety risks.

3. Roles and Responsibilities

Trust Board	Strategic overview and final responsibility for setting the direction of this policy.
Chief Executive	Overall responsibility for all Trust polices and ensuring appropriate processes are in place.
Executive Chief/ Deputy Chief Nurse.	Executive Lead for patient on staff issues related to challenging behaviours.
Executive Medical Director	Responsible for ensuring that there is an up to date-policy that meets both legal and best practice guidance.
Divisional Nurse Directors/ Deputy Divisional Nurse Directors and other Senior Managers	Will ensure a safe system of working environment for their staff.
Director of Estates and Facilities	Provides leadership to ensure that there are suitable and sufficient management policies, procedures, and safe systems of work in place in relation to the environment.
Chief People Officer	Executive Lead for all people matters including cultural issues, and Health, Safety and Wellbeing
Associate Director of Health, Safety and Wellbeing	Associate Director responsible for all matters pertaining to Health, Safety and Wellbeing inclusive of Violence and Aggression.
Head of Risk and Clinical Governance	Ensures that safe systems are in place for reporting.
Head of Health and Safety	The Trust's competent person with responsibility for Health and Safety for the organisation.
Head of Facilities Management	Responsible for overseeing the management of Facilities.
Head of Safeguarding	Responsible and reports to chief nurse on all matters in relation to Safeguarding and vulnerable people.
Violence Reduction and Prevention Lead	Operational responsibility, reporting to the Head of Health and Safety on all matters pertaining to Violence and Aggression.
Security Manager/ Security Management	Responsible for maintaining a safe and

Team	secure environment and all issues relating to security matters.
Health, Safety and Wellbeing Team	To provide on-going after care and support for all staff following violent incidents.
Head of Wellbeing and Workforce Health	The Trusts operational lead and responsible person for matters impacting colleague wellbeing and welfare.
Peer Psychological Support Coordinator	Responsible for the delivery of proportionate peer psychological interventions following colleague exposure to potentially traumatic incidents, including violence and aggression.
Security Personnel	To provide safety and assurance to all staff, visitors, and patients.
Legal Services	Responsible for all legal matters.
Line Managers	Ensuring staff know what is expected of them regarding handling incidents of violence-knowledge and awareness of this policy.
Accredited Trade Union Health and safety representatives	To provide advice and support for all staff and be part of consultation relating to policy documents and safe systems of work
UHDB Staff	All staff responsible for familiarising themselves with this policy, taking responsibility for their own safety and their colleagues as part of their duty of care.

4. Types of behaviour and warning signs.

There are varying types of behaviour and warning signs that can be associated as a precursor to potential incidents of Violence and Aggression. See neti for examples of the types of behaviour and warning signs.

5. Understanding the causes of abuse and violence within the healthcare setting.

It is better to prevent and reduce such incidents but where this is not possible, it is essential we ensure that controls exist to ensure that the extent of any incident is managed, to keep effects to the minimum.

The recognition and understanding of what may cause abuse and violence is vital in early anticipation, early planning and therefore being able to make an appropriate, informed dynamic risk assessment.

6. Risk assessment

There are two types of risk assessment;

A) A dynamic risk assessment (DRA) is a continuous safety practice that allows you as a worker to quickly identify hazards 'on the spot', remove them, and proceed with work safely. DRAs are performed by regularly observing and analysing high-risk or changing work environments and making quick, yet considered decisions. They should occur every time you enter in a new and or changing environment or situation.

B) A formal risk assessment, the process for managing the risks of violence and aggression is not as straight forward as that of other risk assessments completed. There may be a requirement for several different types of written assessments in place, for example: ergonomic risk assessment, overall/generic risk assessment, individual/patient- specific risk assessments, local Trust risk assessments. Risk profiling and assessment | z UHDB Intranet

7. Mental Capacity

7.1 Mental Capacity Act

The Mental Capacity Act 2005 provides the legal framework for promoting the autonomy of the individual, but also assessing a person's ability to make informed choices. It then provides the framework for acting and making decisions on behalf of individuals (over the age of 16 years old), who lack the mental capacity to make decisions for themselves. Everyone working with and/ or caring for an adult who may lack capacity to make specific decisions, must comply with the MCA when making decisions or acting in that person's best interests, when the person lacks the capacity to make a particular decision for themselves. The MCA applies to all NHS staff who have contact with patients.

8. Restraint

The Trust has a policy in place "Restrictive Practice Policy" (under consultation) in which the policy is intended to provide guidance in relation to the nature, circumstances and use of approved restraint techniques currently adopted by the Trust. This policy can be found on neti/ koha.

9. Use of Force

The Trust recognises that the use of force may be necessary in the management of a violent or aggressive incidents, any use of force should be reasonable and only be used as an absolute last resort.

9.1 Reasonable Force

The Criminal Law Act, Section 3 (1967) states that a person may use such force as is reasonable in the circumstances in the prevention of crime, or in effecting or assisting in the lawful arrest of offenders or suspected offenders or of persons unlawfully at large.

10. Legalities

There are many complex elements to the law regarding violence and aggression pertaining to those requiring health care. Complexities particularly around mental

capacity, right to treatment, preservation of life for example, further examples can be found on net-I Violence and aggression | z UHDB Intranet.

11. The process for managing the risks

11.1 Immediate action in a threatening situation

To best prepare all parties to support incidents, all staff need to be aware of this policy. All Staff and Line Managers need to be aware and familiar with the DARSE Pathway (See Violence and aggression | z UHDB Intranet

11.2 Dealing with verbal aggression

Verbal aggression can come from patients, visitors and from other staff. When this aggression is face to face, it is important that staff try to stay calm, be aware of your body language, alert colleagues where possible, anticipate that the aggression may escalate and remember that Security can be contacted at any time and will advise and develop a security plan. Escalate to the police where necessary.

All staff and managers need to be aware of this policy and be familiar with the DARSE Pathway (See Violence and aggression | z UHDB Intranet). Where possible, staff should attempt to de-escalate the situation. Staff should follow the appropriate actions from the DARSE pathway for verbal aggression including threats and intimidation.

Requests made by patients or families for a healthcare worker with particular personal characteristics that appears to be on the basis of unlawful discrimination / protected characteristics including race / ethnicity, religion and belief, gender/sex, age, sexual orientation, or disability are classed as verbal aggression in UHDB. The individual must be informed that their request is unacceptable and will not be accommodated. If they are insistent then staff should advice that this will impact on further care provided, will be noted down in medical records and may result in further actions being taken (see Violence Aggression Prevention and Reduction Sanctions [VAPRS] Safety Management Standard [SMS]). Staff should make their manager and/or other colleagues aware if dealing with this type of verbal aggression to ensure they are not individually expected to deal with this type of distressing aggression.

11.3 Dealing with physical aggression

If the situation escalates or violence is anticipated, the following steps should be taken in this instance:

- If there is an imminent or immediate threat to any member of staff or violence has broken out Trust staff are not expected to stay still and be silent, however they must not retaliate, provoke, or tackle violent individuals or deliberately place themselves in harm's way, they must:
- Immediately assess and determine the seriousness of the threat to themselves (and others) and immediately back away or completely decamp from the situation.
- Attempt to disengage themselves from the abuse / assailant and keep their distance from the perpetrator.
- Not be embarrassed to SHOUT for HELP from others.

- Call for immediate assistance from the Security (9)999 in other hospital locations; or 999 anywhere out in the community. Where this is not possible, staff are entitled by law to use such force as is reasonably necessary to defend themselves and create a window of opportunity to escape.
- Consider contacting the police where circumstances require
- In extremis, the Trust's premises may need to be put into 'lockdown' and the Major Incident Emergency plans may need to be activated (please refer to these relevant policies).

National clinical guidelines for major incidents and mass casualty events.

11.4 Dealing with threatening/ intimidating behaviour

Staff should follow the appropriate actions from the DARSE pathway for the type of behaviour i.e., threatening/intimidating. These steps are:

- Where possible inform the aggressor, the behaviour is unacceptable and MUST STOP.
- If possible, remove yourself from the situation.
- Inform senior person in charge or line manager.
- If situation persists, consider contacting Security.
- Consider calling the Police and contact 999 where appropriate.

Attempts should be made to de-escalate such situations where appropriate to do so. Where de-escalation fails, the patient, relative or visitor should be warned of the consequences of future unacceptable behaviour. Where it is deemed appropriate to speak to a patient, relative or visitor in respect of their behaviour, this should (where practicable) be undertaken informally, privately and at a time when all parties involved are composed.

11.5 Dealing with bullying, harassment, defamation, and social media

The DARSE pathway has been constructed and applied to systematically deal with incidents of physical, verbal, threats and intimidation from patients, visitors, and staff. The pathway particularly pertains to threats, bullying, harassment with specific considerations to the protected characteristics. (See Violence and aggression | z UHDB Intranet for DARSE pathway). Members of staff should be aware that bullying by colleagues can involve violence, aggression, and attacks on protected characteristics of staff for example: racial, homophobic, ageism etc.

Members of staff subjected to such abuse are entitled to report incidents to the police. Whilst assault and abuse generally occur in physical confrontations between members of staff and others, aggression can be directed against members of staff in other, indirect, ways.

11.6 Dealing with visitors

Visitors who use abusive or threatening behaviour will be warned in relation to their conduct. Visitors who are articulating a complaint will be offered the opportunity to explain their actions.

Continued failure to comply with the required standard of behaviour will result in staff requesting the offending individual(s) leave Trust property. Individuals who refuse to leave Trust property will be informed that failure to do so will result in the Police being contacted. Any persons behaving unlawfully will be reported to the Police.

Subsequently action may be taken against those involved, including warning letters being issued in relation to the offending behaviours (see VAPRS SMS for further guidance).

11.7 Weapons

It is a criminal offence to carry an offensive weapon for example any article or device made or adapted for use as a weapon or intended for such use. It is a specific offence to carry in a public place, a blade or pointed weapon or a folding pocketknife where the blade exceeds 3 inches. Where an offensive weapon for example a knife, or firearm is discovered or suspected to be on a patient, their relatives or anyone else associated with a patient, UHDB staff must consider the safety of themselves and all other persons in the immediate area. The person in charge of the ward or department and Security staff and Police must be informed immediately. If it is safe to do so, warn other staff, prevent people entering the area and begin to move patients and visitors away from the area, seeking local support from other wards and departments as necessary.

11.8 Abusive telephone calls

If Trust staff take a phone call and they feel it fits the definition of non-physical assault: for example, the use of inappropriate words, noises or behaviour causing distress and / or constituting harassment, they should initially try and de-escalate the situation using some of the above-mentioned recommendations. Where unsuccessful, the member of staff is entitled to explain that due to conduct they will be terminating the call. A DATIX incident should be completed.

WHERE THE CALL IS A BOMB THREAT STAFF MUST TAKE THE APPROPRIATE ACTION AS OUTLINED IN THE POLICY - LINK

11.9 Stalking

For the purpose of this policy and its related procedures, the term stalking involves more than one incident of repeated, unwanted intrusion directed towards a victim. Where there is a single serious incident, a decision may be taken to invoke this Policy and Procedure without waiting for a second incident to occur.
Stalking can escalate to include a range of associated offences including:

- Death threats/ suicide threats.
- Criminal damage/ vandalism.
- Refusing to accept professional relationship is over.
- Confining a person against their will.
- Verbal threats/ gesturing or acts of symbolic violence.
- Sexually unwanted behaviours.
- Sexual and/ or violent assault.

If a member of staff feels they are being stalked, they will:

- Inform their line manager.
- Complete a Datix.
- Refer to the Privacy and Dignity at Work Policy & Safeguarding for Adults Policy.

11.10 Prisoners

Clinically treated the same way as any other patient in collaboration with prison service:

- Prior to the appointment/ attendance the prison will have made contact and arrangements may be made to carry out a pre-appointment visit or request a floor plan of the department.
- Timing of visit/attendance should be by mutual agreement to minimise risk.
- Staff should refer to the risk assessment/ management plan completed by the prison service.
- Staff will expect the patient to be escorted appropriately.

11.11 Safeguarding adults and children

Where applicable Trust policies for safeguarding adults and children should be followed.

11.12 Local resolutions inclusive of de-escalation.

The primary focus when dealing with aggressive behaviour should be that of recognition, prevention and de-escalation in a culture that seeks to minimise the risk of its occurrence through effective systems of organisational, environmental, and clinical risk assessment and management.

This approach should also promote the least restrictive intervention, therapeutic engagement, collaboration with patients and the use of advanced directives. Services and staff should encourage mutual respect and recognise the need for privacy and dignity.

The use of de-escalation should involve:

- Updating of personalised care plans to include preferred effective de-escalation methods for individual patients.
- Giving clear, brief, assertive instructions negotiate options and avoid threats.
- Moving towards a ‘safer place’, for example avoid either party being trapped in a corner.
- Encourage reasoning, using open questions and enquire about the reason for the aggression.
- Questions about the ‘facts’ rather than the feelings can assist in de-escalating.
- Offering to address any issue that is appropriate to do so.
- Showing concern through non-verbal and verbal responses.

- Active listening/listening carefully and show empathy, acknowledge any grievances, concerns, or frustration.

Having recognised the signs listed above they must assess the potential of abuse or violence occurring. Trust staff may be able to quickly defuse the situation by using the skills they have learnt on their Conflict Resolution training courses.

11.13 Police Involvement

Decisions to report a matter to the Police will be made by the person in charge in possible consultation with the Security Personnel, the person in charge of the area in which the incident occurs and senior clinicians (where able and applicable).

However, it must be noted that this does not preclude a victim (patient; staff or visitor) from making their own report directly to the Police. Victims of violence, aggression, or abuse, have a right to report this to the Police and to have an expectation that the Police will investigate the matter. The victim will be supported in doing this.
The Trust will support any decisions to call the police to assist with the management of a violent or potentially violent incident, where the risks, or potential risks, make it unsafe for the incident to be managed by Trust staff.

11.13.1 Inpatient Areas

Where assistance is requested from the Police, the staff member in charge at the scene will give the police a concise and thorough briefing upon their arrival or via the telephone. Including an overview of the situation and any pertinent information relating to the individuals involved. The initial management of the situation and actions required of the police will be directed by the staff member in charge at the scene. Upon escalation of the incident the Police may take full management and control.

11.13.2 Community

Where assistance is requested from the Police, the staff member in charge at the scene will give the police a concise and thorough briefing upon their arrival or via the telephone. Unless specifically requested to participate by the police, staff members should restrict themselves to supporting the police in their management of the incident. Issues surrounding methods used by the police may be discussed in the post incident analysis.

Where further support is required in dealing with the Police, the Security Management Team should be notified who will monitor the Police action and if necessary, undertake a separate investigation with the support of senior ranking police officer and the Trusts Legal Department.

For further details on ensuring staff safety in the community please refer to Lone Working Policy.

11.14 Severe disturbance or riot

Staff must make every effort to maintain their own safety, and the safety of patients and others. The police must be contacted immediately on 999. Security must also be contacted.

11.15 Hostage situation

The Police must be contacted immediately, and they will provide specialist personnel to manage the situation. Until a Police Officer negotiator arrives, staff should observe the scene from a safe distance, but only if such observation is not likely to escalate the situation.

It is essential that any staff member who is held hostage does not struggle or attempt to escape, as this may aggravate the situation. The trained police hostage negotiator must be given the opportunity to control the situation. It is accepted that the hostage may be stressed and may not be able to act in accordance with this guidance.

12. The Use of the body worn cameras

The primary purpose of the use and activation of Body Worn Cameras (BWVC) within UHDB is to improve the safety of patients and staff. Evidence indicates that the use of video recording devices may reduce the incidence of aggression and violence whilst also providing greater transparency and enabling increased scrutiny for any subsequent actions taken in response to such occurrences.

The use of BWVC has been tested and evaluated in high risk areas including Emergency Department and is found to be acceptable to patients, visitors, and staff. Security Personnel continually wear BWVC however BWVC are also worn by clinical staff in certain areas as well.

13. Reporting and recording

It is imperative that in all incidents of Violence and Aggression that a DATIX is completed. The completion of DATIX allows senior management to review incidents and to ascertain trends and themes. The data collection formulates the basis to which numerous reports are generated and presented at Trust Board Level. This reporting enables "hotspots" to be determined and appropriate actions can be taken. Data is reviewed, with visits to affected departments/staff where violence reduction and prevention measures can be explored.

14. Post Incident Management

14.1 Debrief/ review

Any incidents of violence and aggression can be very challenging, difficult, and traumatic, not just for those directly involved but for those who also witness such events. It can be difficult and challenging for the ward/department and all staff as a collective. Even those staff not directly involved in a violent situation can be distressed and will require information regarding any follow up actions taken or signposting to appropriate sources of support.

It is therefore important, that other Trust staff are informed as soon as possible of the basic details of the incident and any counter measures planned. Managers must offer both Peer Support and counselling services available to all Trust staff via the Occupational Health and Wellbeing teams. They must be fully supportive to these staff through any periods of sickness and recuperation, allowing them to attend any such Occupational Health Department, GP, or other clinic appointments for the member of staff to fully recover from their ordeal.

14.2 Staff Assault

In all cases, the police should be informed by the victim, line manager or designated person in charge as soon as the incident has occurred. Following a physical assault where an injury has been sustained that requires further medical assistance, staff must be encouraged to attend an Accident and Emergency Department. They must also be encouraged to attend a hospital and/or their General Practitioner if an injury is not apparent, but discomfort is experienced. If a member of staff is too distressed to travel home by normal arrangements, then their manager, or substitute, should ensure that arrangements are made to send them home by taxi or alternative arrangement with or without support as required.

Staff may feel very isolated if they are away from work and unable to discuss the events. Managers should also check how the staff are feeling when they return to work and at intervals following the incident.

Following any incident of intentional violence or abuse on the organisation's premises or directed at staff, the immediate manager present will make a judgement as to how the incident will be managed. Having reported through the Datix incident reporting system the Health and Safety Team will contact the victim to offer support and signpost or make appropriate referrals to health and wellbeing.

The line manager is to ensure that the assault has been investigated and the necessary actions taken. This may lead to the development of sanctions, whether internal, criminal, or civil against the service user. The line manager will be fully supported in this from Health, Safety and Wellbeing.

14.3 Health, Safety and Wellbeing

Occupation Health, Safety and Wellbeing play such an important and vital role in helping to keep colleagues healthy, safe, and well. The Health, Safety and Well-being department work collaboratively to support colleagues, managers, leaders, and the trust to support their physical, mental, and emotional health across all professions in all locations of UHDB.

The collaborative working is vital regarding violent and aggressive incidents and the post incident support available for all staff.

Health and wellbeing team can offer:

- REACTmh – Mental Health conversation training
- Sustaining Resilience at Work (StRaW) – Individual mental health support

- Trauma Risk Management (TRiM) – Trauma support
- Reflective Practice services – Guided group reflections

Please visit the Health, Safety and Wellbeing Neti page for further information emotional and mental wellbeing

14.4 Alerts on patient record

If a patient, relative and/or visitor displays any violent or aggressive behaviour is it imperative that an alert is placed on their care record to inform other staff of the potential of similar behaviour on further episodes of care.

The alert must be accurate, factual and concise and in accordance with The General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA18) (See link for further information: **Data Protection Law | z UHDB Intranet)**

It must not be:

- Biased
- Judgmental
- Derogatory (Unless note exact terminology and language used by the person at the time of the incident.)
- Opinionated

If the patient is being transferred within UHDB and outside of the Trust, the significant episode of Violence and Aggression should be appropriately communicated. The communication must remain factual, accurate and concise again in accordance with the above legislation.

14.5 Support in criminal pursuit

The Security Management Team and Health, Safety and Wellbeing inclusive of the Violence Reduction and Prevention Lead will provide support/ advice upon alert of a physical/non-physical assault. Reports of physical/non-physical assault received can typically be divided into two categories:

- Those being pursued by the police and require monitoring by Violence Reduction and Prevention Lead.
- Those which require attention/advice/support from the Security Management Team, Violence Reduction and Prevention Lead.

15. Applications of sanctions and treatment withdrawal

It is important that decisions regarding sanctions are based on reliable and sufficient information and that accurate records are maintained in case decisions are challenged and are required to be reviewed. All instances of violent, abusive, harassing, or aggressive behaviour must be recorded on DATIX. In the case of abusive, offensive, or threatening telephone calls staff should make a factual written record of the conversation, recording as far as possible the words used. This can be added onto the DATIX incident record.

Every attempt should be made to de-escalate a situation that could potentially become abusive. Where de-escalation fails, the patient, relative or visitor should be warned of the consequences of future unacceptable behaviour. Where it is deemed appropriate to speak to a patient, relative or visitor in respect of their behaviour, this should (where practicable) be done informally, privately and at a time when all parties involved are composed.

The VAPRS SMS outlines the procedure for the management of patients and visitors who are violent or abusive in their behaviour towards staff, other patients or members of the public. It explains the circumstances in which staff can place an alert or invoke a formal verbal warning or yellow card (written warning) process to sanction patients demonstrating inappropriate/ unacceptable behaviour/ abuse/ racism, up to and including the red card sanction of withdrawing or excluding patients/ public who present an unacceptable risk to staff and patients.

Please refer to the VAPRS SMS for further guidance and template documents via net-i VAPRS SMS

15.1. Clinical input into decision making regarding sanctions.

Each case will have its own unique circumstances so any decision-making process must consider whether:

- The behaviour complained of may have been caused by a medical condition, mental health illness or a reaction to medical treatment, or,
- The action being considered may have an adverse effect on the patient's health.

For patients who have a pre-existing mental health condition or medical condition that can adversely affect their behaviour, or they are not deemed to have capacity to take responsibility for their actions, the sanctions detailed below will not apply. Instead, staff should seek advice and support from specialist teams (e.g., MCA/MHA team; Liaison, Psychiatry; Learning Disabilities Team and Safeguarding).

In all cases where a sanction is being considered advice can be sought from the legal department, Violence Reduction and Prevention Lead, Divisional Nurse Directors, General and Line managers. It is essential to warn the person about the possible further action that may be taken should the unacceptable behaviour be repeated.

15.2 Clinical care of abusive or aggressive patients

It is recognised that in emotionally charged situations and/or situations where patients are not in full control of their mental faculties (for example they may have had a head injury, a stroke, or their medication or addiction may be causing a mental disturbance) then a patient may lash out, act aggressively, swear or use sexually provocative words or actions. This cohort of patients may require very personal and intimate treatment, and it is when the nurse or healthcare therapist is providing such care that they are at a higher risk of being abused/ assaulted.

In cases where the patient/offender has a disorder of mind or brain, then the line manager and clinical lead must review the risk to staff and put in place a patient management care plan to reduce the risk of further incidents.

If a doctor decides that sedation of an aggressive patient is inappropriate on the grounds that the violent behaviour is intentional and persuasion or firm cautionary advice fails to persuade the patient to desist, then a breach of the peace has taken place and the security staff and possibly the police may need to be called (as a last resort) to deal with this situation.

Where risk assessments indicate that staff could be expected to hold and control patients in the course of their work, only those who are adequately trained to do so and receive refresher training on regular basis in its application and certified as being competent and permitted to effect restraint. There may be occasions when patient with a disorder of mind and brain require sedation. In these circumstances the attending physician and/or the appropriately trained mental health staff will instigate their clinical protocols and maintain close supervision of the patient until they have been sedated, are calm and more able to engage in their treatment.

15.3 Exceptions to issuing a written warning

Those patients who, in the professional judgement of the relevant clinician (Registrar level and above) or senior nurse / therapist, are not competent to take responsibility for their own actions, will not be denied treatment or be presented with sanctions. This is not an exhaustive list, but examples include:

1. Patients who, in the expert judgement of a relevant clinician, lack the mental capacity to take responsibility for their actions e.g., an individual who becomes violent or aggressive because of an illness or injury. Where this is the case a decision specific mental capacity assessment should be undertaken.
2. Patients who are experiencing a mental health episode or have a diagnosed mental health condition affecting their insight and may be under the influence of prescribed or illicit drugs and/ or alcohol.
3. Patients who, in the expert opinion of a relevant clinician, require urgent treatment
4. Patients who are at risk of abuse from others and are within the hospital as a place of safety

15.4 Other actions against persistent or nuisance persons

There may be occasions where the unacceptable behaviour does not take place face to face but by letter, telephone, or other means of communication. In such cases it may not be necessary to restrict or prevent attendance at premises in person and alternative action may be required to address the behavior.

16.Education and Training

Education is paramount in violence and aggression. The word education covers a broad-spectrum possibility from education in a classroom to educating oneself around why someone may be behaving in the way they are. All UHDB staff receive conflict resolution training when they first join UHDB, with refresher training on a regular basis.

17. Media

For any Violent and Aggressive incidents in terms of media enquiries they must all go through the communications department.
Part of bringing awareness to Violence and Aggression, Reduction and Prevention must include a comprehensive, detailed media campaign. This is to promote awareness, important messages such as "Violence will not be tolerated." This promotion should also detail the work that UHDB are doing and continue to do reduction and prevention violence and aggression.

18. Lone Workers

It is recognised that lone workers face increased risks of violence and aggression due to the circumstances in which they work, without the support of colleagues. The Trust has a separate Lone Worker Policy - see this policy for further information.

19. Process for Review of this document

This policy will be reviewed every 12 months or whenever there are changes to legislation, regulation, and standards relevant to this area.

20. Dissemination and Implementation

The policy is agreed by the UHDB Health and Safety and Wellbeing Group and then to be ratified by Trust Delivery Group and then is accepted as a Trust wide policy.

21. Monitoring compliance with and the effectiveness of this policy

The Trust's level of compliance with the violence prevention and reduction standard will be the key performance indicator with regards to monitoring the effectiveness of this policy. In addition to this key standards / performance indicators are:

- How the organisation carries out risk assessments for the prevention and management of violence and aggression.
- Review of risk assessments following incidents of violence and aggression scoring amber or red.
- The violence prevention and reduction standard.

21.1 Retention of Records

This policy, previous and subsequent versions will be retained by the Trust in accordance with its required standards, as will all Trust security related records.

21.2 Monitoring Requirement:

- To undertake appropriate risk assessments for the prevention and management of violence and aggression.
- Arrangements for ensuring the safety of lone workers.

22. Documents to support this policy

- People Equality Impact Risk Assessment
- DARSE POSTER
- DARSE BOOKLET
- VAPRS SMS
- VAPRS Flowchart
- Flow Chart - Response to Threatening Behaviours
- Mental Capacity Assessment Flow Chart

Violence and aggression | z UHDB Intranet - link to above documents