

# DARSE

## Support Pathway

Have you experienced  
abuse, threats or  
violence from a  
patient or another  
staff member?



Its important we  
support all colleagues  
**to be safe.**

**DARSE** is a document designed to give you an immediate overview of the steps you need to follow to support yourself and colleagues through any incident of physical or verbal abuse.

DEVELOPED AS PART OF OUR  
Compassionate & Inclusive  
**Leadership**  
Culture  
PROGRAMME

**Unwanted physical or verbal behaviour including violence, aggression, threats, discrimination, or abuse of any kind are not acceptable here at UHDB.**

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## DARSE Support Pathway

Our values as Team UHDB includes compassion



We must support one another in such incidents and be active in helping address these behaviours if witnessed.



We know from staff survey that our Black & Minority Ethnic (BME) staff are more likely to experience harassment bullying or abuse from both patients and staff, as are our staff with disability.



This document is designed to give you an immediate overview of the steps you need to follow to support yourself and colleagues through any incident of physical or verbal abuse.

The DARSE Pathway was created to help support all healthcare professionals in the Detection, Acting, Reporting, Supporting and Evaluation of all incidents pertaining to Violence and Aggression whether they are physical and/or verbal in nature. This isn't just patients or visitors against staff but for staff against staff incidents as well.

It was created in response to the number of reported incidents within University Hospitals Derby and Burton NHS Foundation Trust (UHDB) of Violence and Aggression. It was identified there was very little guidance and support on how these incidents are Detected, Acted upon, Reported, Supported and Evaluated so, the DARSE pathway was created.

This booklet aims to provide additional guidance and support for the use of the DARSE pathway. N.B: The pathway may not account for every single conceivable scenario but it will offer a guide and does cover a majority of potential scenarios. It cannot be prescriptive and discussions amidst the person in charge and senior clinicians are recommended to determine the preferred course of action.

It is imperative that the mental capacity of the person who presents with risk behaviours or risk related behaviours is established and documented at the earliest possible convenience. It is also imperative that this is established at the time of the incident.

Throughout the pathway it is important to state that this isn't just for those who are involved in the incidents themselves but also bystanders of such behaviour, we should be acting and supporting our colleagues as well.

Throughout the pathway it is important to state that this isn't just for those who are going through the incidents themselves but as bystanders of such behaviour, we should be acting and supporting our colleagues as well.

## Bystander Involvement

At the very heart of all we do at UHDB is the desire to provide exceptional care together through compassion, openness and excellence. Our values and behaviours determine how we care for others and care for each other.

In line with our Trust values, we actively promote, support and encourage bystander involvement in any situation of violence and aggression. We have a duty of care and compassion to our colleagues and others to stand up and oppose such behaviour in support of those who are subject to such acts.

An active bystander is not just witness to an act but someone who intervenes when they observe and identify inappropriate behaviour being displayed by others.

### There are four stages of intervention:

- Notice the event
- Interpret it as a problem
- Take responsibility for acting upon
- Possess the necessary skills to deal with it

The definition of intervention is the action of becoming intentionally involved in a difficult situation, to improve it, or prevent it from getting worse. An intervention can be direct or indirect and can take place before, during or after an incident.

Whilst we actively promote, support, and encourage bystander involvement, do not put yourself in harms way and only do what you feel safe and able to do in the situation. If you are able to be an active bystander, then a strategy for intervention is listed in the next paragraph for additional support.

## The Four Ds of Active Bystander Model

This is a model that was developed by the University of Cambridge in 2023. It provides a strategy for intervention which details four options.

### DIRECT ACTION

- Call out negative behaviour, tell the person to stop or ask the victim if they are OK. Do this as part of group if you can. Be polite. Don't aggravate the situation - remain calm and state why something has offended you. Stick to exactly what has happened, don't embellish or exaggerate.

### DISTRACT

- Interrupt, start a conversation with the individual/person who presents with risk behaviours or risk related behaviours to allow their potential target to move away or have others intervene. Or come up with an idea to get the victim out of the situation – tell them they need to take a call, or you need to speak to them; any excuse to get them away to safety. Alternatively, try distracting, or redirecting the situation.

### DELEGATE

- If you feel unable to speak out for whatever reason, get someone else to step in.

### DELAY

- If the situation is, too dangerous to challenge, such as there is the threat of violence, or you are outnumbered just walk away. Wait for the situation to pass then ask the victim later if they are OK. Or report it when it's safe to do so – it's never too late to act.

Unwanted physical or verbal behaviour including violence, aggression, threats, discrimination, or abuse of any kind are not acceptable here at UHDB nor should they be tolerated.

If you witness this or experience it personally, we urge you to act.. stop and follow the steps in the DARSE Pathway.



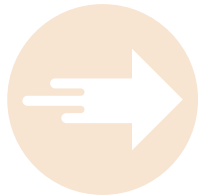
## If you are subject to and/or witness any of these types of incidents, including:

- Physical abuse
- Physical assault
- Physical violence
- Sexual assault
- Verbal abuse
- Verbal or physical threats
- Intimidation
- Intimidating behaviour
- Sexual harassment
- Discriminatory language, for example racist or homophobic content
- Discriminatory behaviour against others, for example those with protected characteristics\*

This is not an exhaustive list but the fundamental part of the first stage of the DARSE pathway is the Detection of an act of abuse or violence towards healthcare staff.

These acts themselves **DO NOT** have to be carried out. It is the threat and perception of such behaviour that can still elicit the same response and stepwise approach.

\*Protected characteristics are: age, gender, reassignment, civil partnership, marriage, pregnancy/maternity, disability, race including colour, nationality, ethnic or national origin, religion or belief, sex, sexual orientation.



# ACT



## These are the immediate actions to be taken by the person affected and/or active bystander;

If the incident is a physical assault, the immediate action is to shout for help. Where possible directly speak to the person committing the assault and if possible remove yourself. Call security, person in charge and/or police.

If the incident has been verbal in nature, the following steps should be taken;

Where possible state the behaviour is unacceptable and ask the person presenting with risk to **STOP** and inform the senior person in charge. If the situation persists, consider contacting security.

Each situation must be assessed individually, and it is not always suitable or applicable to use a blanket approach to such scenarios.

We all have different training, levels of tolerance and acceptance, and this must be respected amongst colleagues. We should also have incredibly low levels of tolerance of verbal abuse and continue to follow the DARSE pathway in all incidents.

If you are ever unsure and able, seek advice from the person in charge or senior manager and/or senior clinician.

### Requests for healthcare workers with particular characteristics;

If a request is made for a healthcare worker with specific characteristics, for example based on ethnicity, sexuality or gender, then follow the steps listed in the pathway.

In addition to this, The British Medical Association (BMA) in March 2022 developed a guide titled "How to manage discrimination from patients and their guardians/relatives." Please click on the link below to take you to the BMA guidance: [bma-guidance-on-how-to-deal-with-discrimination-from-patients-march-2022.pdf](#)

### Security

If you need to contact Security you can either do this via their mobile: **07799 337 791**, fast bleeping, contacting switchboard or pressing panic alarms if you have those located in your area. Please ensure you are wearing, using, and have activated your Body Worn Video Camera if they are being utilised in your area.

When contacting Security please clearly state where you are, the reason you have contacted them, what you need from Security and whether the person has capacity or not. Please provide as much relevant information as possible, for example if the person has a weapon, if they are intoxicated etc. The more information you provide, the more this will help the Security team in their attendance and decision making.

The incident **MUST** be led by the senior person in charge of the area or overall and clinical staff **MUST** always remain with Security throughout the incident where a patient is involved.

The incident **MUST** also be recorded in the clinical notes of the patient if it pertains to a patient and/or their relative on the ward. The ward **MUST** also log the incident in the most appropriate way for the ward. Examples of this include ward diary, writing a statement for the ward manager or emailing them reporting the incident. The wards may need to decide the most suitable way of logging such information. However, it is imperative for clinical staff and Security that this is completed for evidence and recording of information.

Likewise, if you contact the Police please provide as much relevant information as you are able and why you have contacted them.





## How the person affected reports such incidents;

Please ensure that all acts are reported to the senior person in charge of the shift/ward/department.

If you do not feel the incident has been responded to appropriately, or don't feel able to report through your line manager, you can always speak to Freedom to Speak Up Guardians.

### Their contact details are listed below:

**You can contact the Freedom to Speak Up Guardians via the generic email; [uhdb.speakup@nhs.net](mailto:uhdb.speakup@nhs.net)**

#### DERBY

Freedom To Speak Up Guardian  
C/O Governance Office  
Level 5  
Trust HQ  
Royal Derby Hospital

#### BURTON

Freedom To Speak Up Guardian  
The House,  
Queen's Hospital Burton  
Kulbinder Gill  
Freedom to Speak Up Guardian

You can find further details on the Freedom to Speak Up Guardians on their intranet page from the link below: **Freedom to Speak Up Guardian and Champions | z UHDB Intranet**

Freedom to Speak Up Guardian



For all incidents, please ensure that you write a statement of events at the earliest possible convenience. A statement of events may be required by the Police and/or your line manager so the sooner you can do this, the easier it is to recall events.

Your line manager will act in accordance with People Services advice and guidance, relevant policies and procedures and will keep you informed at regular intervals.

If the incident is in relation to a patient and/or visitor, please ensure that alerts/markers/warnings are placed on the relevant system. Please discuss this with the Nurse in Charge/Clinician in charge prior to adding the alert.

The alert must be accurate and relevant in accordance with information governance and data protection.



Once this has been completed, please ensure that everything is documented in the patient notes.

If the police are involved, ensure you take a name and collar number for your own reference and a crime reference number that can be documented in the patient notes and also passed on to your line manager. You may wish to add this to your own statement of events.

Ensure a DCIQ/ DATIX is completed for every incident and the DCIQ/ DATIX number should be entered on to the patient notes.

If you are unsure of DCIQ/ Datix or need help, support or training in completing a DCIQ/ DATIX then please contact the DCIQ/ DATIX team for further advice.







**This is completed by the line manager/person in charge/ departmental manager. Support is available from Health, Safety and Wellbeing and our Security Team. Self-help support is also available through the Trusts comprehensive Health and Wellbeing offer;**

The link to their Neti page is listed below:  
**Health, Safety and Wellbeing | z UHDB Intranet**

The Support section looks at the steps of review and support for the person affected.

Call/contact Security for their attendance if needed. Security should only be contacted for assistance/attendance as a supportive mechanism when all other options have failed. The person in charge at the time/ line manager/senior clinician or other senior manager on duty should be contacted for support and presence.

The DCIQ/ DATIX should be reviewed/ investigated and actioned at ward level unless it needs to be taken to wider Trust groups for a more in-depth review. Further to this the DCIQ/ DATIX is to be reviewed and actioned as soon as possible, usually within 72 hours by the Health and Safety Team.

The incident will be followed up by your line manager and by a member of the Health and Safety Team.

Follow up will either be via email, phone or in person. It may include an Occupational Health referral and/ or Wellbeing support. It may involve consultation with People Services if required and may include signposting to other supportive networks and mechanisms.

In terms of Health and Wellbeing, below is an example of the type of support and assessment the team are able to offer:

Working with psychological health consultancy 'March on Stress', we are offering psychological support and assessment for colleagues across UHDB and Joined Up Care Derbyshire.

**This includes:**

- 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
- To access any of these support services, or for more information please contact the team. Email: [uhdb.support@nhs.net](mailto:uhdb.support@nhs.net)

## EAP Support

The EAP from Health Assured provides a free, confidential support and guidance service, supporting colleagues with personal and/or professional related problems that may affect their overall health and wellbeing. **Support for colleagues includes:**

- **24/7/365 Helpline** - unlimited access to our 24/7/365 confidential UK based telephone helpline for you and your immediate family members\* by calling **0800 028 0199**.
- **Counselling** - access to up to 6 sessions of face to face and telephone counselling, per person, per issue, per year; including access to menopause specific counselling and support for anxiety and depression. Four sessions of life and leadership coaching are also available as part of the EAP.
- **Financial Support** - information, help and guidance for financial issues such as debt management, budgeting, mortgage advice, benefits, and grants.
- **Legal information** - support with legal matters such as divorce, wills and probate, motoring issues and personal injury, in addition to consumer, property, or neighbour disputes that can cause emotional distress.
- **Bereavement Support** - advice, guidance, and counselling for grief in bereavement, as well as legal support for grief related legal matters.
- **Medical Information** - practical advice, guidance, and support from qualified nurses for a wide range of medical related health issues.
- **Active Care** - effective intervention on the very first day a fit note is received for a stress related absence.

**For further information please click on the link below:  
Counselling and support and Employee Assistance Programme (EAP) | z UHDB Intranet**



## It is expected that the lead or manager from the ward/ department/area will lead this review with support.

There are mechanisms available in place to support staff and line managers.

The first step is to establish at the time of the incident, whether it was deemed that the individual/person had mental capacity. This is imperative as the next steps in evaluation are dependent on whether the person is deemed to have capacity. If it was not established or if you are uncertain then please follow the **"YES"** section. It would rather be assumed that the person at the time of the incident has capacity and sanctions can be applied. This can also be downgraded later if proven they did not have capacity.

If they are deemed NOT to have capacity, then follow the **"NO"** section. However, if it was deemed that the person DID NOT have capacity at the time of the incident this does not necessarily mean that the actions are defensible or excusable even if it was deemed, they lacked capacity at the time.

The lead/ward manager in the evaluation should contact Police 101 dependent on the severity of the incident. We should be encouraging ALL staff to report ALL incidents of assault and abuse to the Police if deemed appropriate. This should be done regardless of capacity at the time as the Police can then follow up on this incident as required.

### Conclusion

The DARSE Support Pathway has been designed and implemented to support staff throughout a variety of incidents pertaining to a variety of individuals and scenarios.

It should be noted, the pathway cannot account for every scenario, but it does cover a wide range of scenarios. It cannot be prescriptive and discussions amongst the person in charge and senior clinicians may need to occur to decide on the best course of action.

Listed throughout the booklet is the name and numbers of those who are available to help support.

The aim of this pathway is to provide support and guidance to all those who sadly and unfortunately find themselves victim to violence or aggressive incidents.

#TeamUHDB

### Contacts:

**Freedom to Speak Up Guardians:**  
uhdb.speakup@nhs.net

**Health and Safety/ Violence Reduction and Prevention Lead:**  
dhft.healthandsafety@nhs.net

**Health and Wellbeing:**  
uhdb.support@nhs.net

**Safeguarding:**  
uhdb.safeguarding@nhs.net

### Security:

**Security Team - Royal Derby Hospital**  
Telephone: 01332 7 83580 / 0779 337 791  
Bleep: 1332  
Emergency response dial: 3333

**Security Team - Florence Nightingale Community Hospital**  
Telephone: 01332 265 500 (ext 58016) / 07799 337 790  
Bleep: 2222  
Emergency response dial: 3333

**Security office - Queen's Hospital Burton**  
Telephone: 01283 511 511 (ext 5350)

# DARSE

## Support Pathway

**Click here** to visit the  
Violence and Aggression  
page on Net-i for more  
information, additional guidance  
and tools for this pathway.



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