MANAGING HEALTH AT WORK

6 - PROTECTING AGAINST VIOLENCE AND AGGRESSION AT WORK POLICY

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MANAGING HEALTH AT WORK

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1. **INTRODUCTION**

This document sets out a policy for the management of violence and aggression at work in order to ensure the maximum safety of all employees at all times and in all places.

There are over 100,000 incidents of violence and aggression towards staff reported annually in the NHS in the United Kingdom.

This equates to 1,300 incidents in NHS Highland. It is estimated that as few as 1:5 incidents are reported, so the problem is much greater than the reporting would suggest.

NHS Highland has a legal and ethical duty to ensure the health and safety of the workforce and every employee shares these duties.

There are a number of principles and values that should underpin the management of violence and aggression. They are:

- The development of a culture within NHS Highland where violence and aggression towards employees is seen as totally unacceptable and the personal safety of all employees is assured.
- Managers demonstrate their commitment to managing aggression by ensuring that adequate resources are available and that clear lines of communication and accountability are put in place.
- Effective Risk Management Systems are in place to ensure that the threat of violence and aggression is reduced to an absolute minimum.
- All employees are fully involved in the implementation of local guidelines and procedures to reduce aggression and violence towards employees.
- Appropriate and effective support systems are in place to protect and assist employees who are subjected to any form of aggression and violence.

2. **LEGISLATIVE FRAMEWORK**

The legislative framework within the UK obliges all employers to protect their employees from violence at work. The following legislation is relevant to incidents associated with violence at work.

- Health and Safety at Work Act (1974)
- Management of Health and Safety at Work Regulations (1999); and
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (1995)
Within this legislative framework NHS Highland has a duty to assess the risks associated with violence and must put in place measures to eliminate or reduce identified risks and protect staff from violence at work.

Control measures may include instruction, training, protective equipment, supervision and emergency procedures. NHS Highland must take steps to check that control measures are actually in place and should review the risk assessment regularly to ensure that the control measures are adequate.

3. STATEMENT OF POLICY ON THE MANAGEMENT OF VIOLENCE AND AGGRESSION

NHS Highland recognises that violence towards employees is unacceptable and that employees have the right to be able to perform their duties without fear of abuse or violent acts. No employee should consider violence or abuse to be an acceptable part of their employment. The purpose of this policy is to enable NHS Highland to meet its obligation to protect employees as far as is reasonably practicable.

4. MANAGEMENT OF VIOLENCE AND AGGRESSION

4.1. Scope of the Policy

This policy applies to all NHS Highland employees including temporary and agency employees, students, those on work experience and to contractors and volunteers involved in NHS Highland business. It forms an integral part of NHS Highland’s Managing Health at Work Policies and applies along with specific local guidance for managing violence and aggression in the workplace. This policy applies to all situations in which violence and aggression may occur in connection with the duties and activities of employees.

4.2. Definition of Violence and Aggression

NHS Highland subscribes to the Health and Safety Executive definition of work related violence and aggression, which is:

“Any incident in which a person working in the Health Care Sector is verbally abused, intimidated, threatened or assaulted by a patient or member of the public in circumstances relating to his or her employment”. (Health and Safety Executive 1997)

4.3. Policy Aims

This policy aims to:

- increase employee awareness of the issues relating to violence and aggression in the workplace.

- ensure that the risk of violence and aggression is assessed in a systematic and ongoing way, and that safe systems and methods of work are put in place to reduce the risks as far as is reasonably practicable.

- ensure appropriate support is available to employees who have been involved in
incidents of violence or aggression.

- ensure full reporting and recording of all incidents and injuries to employees resulting from violence and aggression.

- ensure that appropriate training is available to employees in all areas, that equips them to recognise risk and provides practical advice on preventing and managing violence and aggression at work.

NHS Highland is committed to a Zero Tolerance approach to violence and aggression towards its employees and others (see Appendix 1).

4.4. Responsibilities

4.4.1 Chief Executive

- ensuring that arrangements are in place for identifying, evaluating and managing any risks associated with violence and/or aggression at work;

- ensuring that resources are available to implement this policy;

- ensuring that arrangements are in place for NHS Highland to monitor and review the effectiveness of this policy;

- ensuring that NHS Highland has access to competent and timely advice.

4.4.2. Managers

- ensuring that all employees are aware of the policy;

- ensuring that Risk Assessments are carried out and regularly reviewed;

- implementing safe systems of work to eliminate or reduce the threat of violence and aggression;

- ensuring that all employees are provided with information, instruction, training and supervision in accordance with NHS Highland policies and procedures;

- discussing with the Health and Safety Team/Occupational Health Services/Human Resources, as appropriate, any circumstances identified to them by an employee that may affect that employee’s ability to undertake any aspect of the training required;

- ensuring that post incident support is provided to employees; this will include post incident debriefing and review, opportunities for individual discussions and onward referral to expert counselling as appropriate (see Appendix 2);

- monitoring the effectiveness of local procedures and guidance through reporting, investigation, monitoring and recording of incidents.

4.4.3. Health and Safety Team
The Health and Safety Team is responsible for:

- acting as main source of expertise and advice to employees and managers in relation to the management of violence and aggression at work;
- developing and providing training aimed at reducing the number of incidents of violence and aggression at work;
- supporting managers in investigating incidents of violence and/or aggression and investigating RIDDOR reportable incidents;
- advising managers of any circumstances where an employee has not completed or has opted-out of any part of the training programme.

4.4.4. Employees

Practical guidance for employees in relation to preventing and managing violence and aggression at work is contained in the NHS Highland booklet “A Personal Safety Guide for Employees” which is issued to all new employees (see Appendix 3).

4.4.5. All Employees are Responsible for:

- taking reasonable care of themselves and of any other who may be affected by their acts or omissions;
- following policies and procedures designed for safe working; reporting all incidents of verbal abuse, aggression and violence that are, or may be, perceived as threatening to an employee;
- taking part in training designed to meet the requirements of this policy; and reporting, to their manager, any circumstances that may affect their ability to undertake any aspect of the training;
- reporting and documenting any dangers they identify, or any concerns they may have, about potentially violent or aggressive situations or the environment in which they work.

4.5. Assessing the Risks

Where there is an actual or potential risk of violence and/or aggression towards employees then risk assessments must be carried out in accordance with the appropriate generic and specific NHS Highland procedures. The assessment will involve identifying situations where acts of violence and/or aggression could occur. It should identify who will be affected and the control measures required to eliminate or reduce the risk to the lowest level reasonably practicable. The following details should be included:

- the extent and nature of the risks and the factors that contribute to the risk, including job content and the working environment;
- the safe systems of work to be followed to eliminate or reduce the risk.
The results of the risk assessments should be communicated to all employees involved (see Appendix 4).

The risk assessments must be reviewed at least annually or if there is any significant change in factors relating to the risk assessment.

4.6. Incident Recording and Reporting

All incidents of violence and aggression, including near misses, must be reported as soon as possible after the incident, on the Incident Reporting Forms (IR1). All RIDDOR reportable incidents, must be reported to the Health and Safety Executive as soon as possible and, at least, within ten days of the incident. Incidents must be investigated by the appropriate manager. Local incident reports and statistics should be reviewed regularly by managers.

Further information on this can be found in the accompanying guidelines and procedures (see Appendix 5).

4.7. Employee Training

NHS Highland will provide appropriate training for all employees. There will be three main levels of training:

- De-escalation training
- Disengagement training
- Restraint training

The level of training employees require will be decided through Risk Assessment and Training Needs Assessment for areas in which employees work, or may be required to work, and will be recorded on the employee’s Personal Development Planning and Review (PPDP&R) Form.

This training will be held at regular intervals in various areas throughout the Highlands. Training will be provided by the qualified and accredited training team. All trainers will be members of the National General Services Association.

Managers must ensure that all employees attend the appropriate training, including regular updates and refresher training.

Employees should not take part in any physical intervention during a violent or aggressive incident unless they are appropriately trained.

Employees who consider themselves unable to participate in any aspect of the required training should discuss their concerns with their manager in the first instance. In these circumstances managers should liaise with Occupational Health, Health and Safety or Personnel Adviser as appropriate.

4.8. Employee Support
NHS Highland will ensure that employees have access to appropriate support should they be subject to aggression and/or violence. This support may take the form of post incident de-briefing, opportunities for individual discussion and onward referral/self-referral for counselling. An independent and confidential counselling service is available to all employees through the Occupational Health Service and the Employee Assistance Help Line. Time off work will be afforded to employees who require it in order that they can receive medical attention; legal advice related to the incident or counselling through a NHS Highland approved counselling service.

Employees who feel they have been subjected to a violent and/or aggressive incident by another employee should also refer to the NHS Highland Dignity at Work Policy.

4.9. Police Involvement and Prosecution

NHS Highland is actively committed to protecting staff from violence and assault and will support criminal proceedings against those who carry out assault. All employees are encouraged to report violent incidents to the police and will be supported by the organisation throughout the process.

The Procurator Fiscal may decide to take legal action and managers must ensure that employees have access to ongoing support throughout this process. Other support may also be available to employees through Trade Unions/Professional Organisations.

Further guidance is given in the accompanying guidelines and procedures (see Appendix 5).

4.10. Compensation

The Criminal Injuries Compensation Scheme provides a system of compensation for anyone who is the subject of violent crime; claims for personal injury resulting from an assault can be made under this scheme. Should an incident result in any loss or deduction of earnings a claim can also be made to the NHS Injury Benefits Scheme. More information relating to this can be obtained from Human Resources.

An employee may suffer loss or damage to personal property as a result of an assault. A claim for compensation can be made to NHS Highland through their manager or Human Resources.

4.11. Withholding Treatment

NHS Highland reserves the right to withhold treatment from a patient where a patient’s aggressive or violent behaviour impairs an employee’s ability to undertake their duties properly or has become a threat to the safety of an employee, another patient, or hospital property.

If a patient, or someone accompanying a patient, is violent or aggressive, they will be advised of what is considered to be unacceptable about their behaviour and the possible consequences (see Appendix 6).

If the behaviour continues the patient, or person accompanying the patient will receive a written warning with details of NHS Highland Protocol and Procedure on withholding treatment, signed by a site manager/clinical director or senior nurse and copied to the patient’s GP and other professionals involved in the provision of their
care. The patient’s consultant or senior member of the medical team will advise the Chief Executive on the decision to withhold treatment on the basis of a clinical assessment.

As a last resort, the treatment will be withheld and the patient will receive a written explanation from the Chief Executive, copied to the patient’s GP, giving the reasons for exclusion. Exceptionally, treatment may be withheld immediately. The decision will be recorded in the patient’s medical and nursing notes and the patient will be informed of this. Other local NHS service providers and agencies involved in their care will be informed of the decision.

4.12. Monitoring and Review

The Area Partnership Forum will review this policy on an annual basis and ensure its implementation. Monitoring will take place on an ongoing basis and will include:

- Collation of all reported incidents by the appropriate support department e.g. Health and Safety Team / HR Services / Occupational Health Services.

- Quarterly reporting to the Area Partnership Forum, Health and Safety Committee on incident statistics and safety improvement measures which have been introduced.

- Annual reporting and recommendations for the forthcoming year to the Area Partnership Forum and Staff Governance Committee.

Appendix 1
A ZERO TOLERANCE APPROACH

Violence and aggression towards people in society is not in any way acceptable. The skilled and dedicated NHS employees expect the same respect while at work. NHS Highland employees will work together to eliminate or reduce, to the lowest level possible, the threat of violence and aggression. NHS Highland fully embraces and supports the national Zero Tolerance campaign. This includes a poster campaign and a comprehensive resource pack for all employees to use. This information is communicated to all employees at local and corporate induction. The Zero Tolerance Resource Pack is available to all employees of NHS Highland through NHS Health Scotland at www.healthscotland.com

Appendix 2

POST INCIDENT DE-BRIEF AND REVIEW
NHS Highland recognises the need for and the value of ongoing support for employees following incidents of violence and/or aggression. The need to critically review such incidents is also recognised.

Post incident de-brief and review should take place timeously and should provide and opportunity for employees to talk about their impressions of, feelings toward and reactions to the incident. It should be recognised and accepted that some employees may wish to decline the opportunity for individual discussion.

The manager/co-ordinating person should be sensitive to the varying needs of their staff.

**De-Brief**

The purpose of a post incident de-brief is to offer immediate support to employees through providing an opportunity to discuss the incident and their reactions. It may also identify any requirement for onward referral to more expert support.

Common feelings experienced can be:

- self blame
- anxiety
- shock and disbelief
- disturbed sleep
- anger
- low mood
- absenteeism
- loss of confidence at work

It is important that employees are aware that there may be some after effects and understand the support mechanisms available to them.

**REVIEW**

**Post Incident Review**

The purpose of post incident review is to ascertain facts and learn lessons for the future. Through this process the manager/co-ordinating person can piece together all perceptions and provide an opportunity for all contributions in order to build a comprehensive picture.

The questions below outline a useful framework for review and should form the basis of a report and action plan.

- What was happening?
- What were the triggers that heightened the situation?
- What were people doing or saying/
- Where were they?
- Who was present?
- What training did they have and when?
- What actually happened during the incident?
- What was done to try to resolve the incident and by whom?
- What were the outcomes?

In addition, any such review should also identify what went well and what could have been done better.

The review should be recorded by the manager/ co-ordinating person. A copy should be retained in the department and a copy sent to the Health and Safety Team.
FOREWORD

The personal safety of employees, patients and visitors to NHS Highland's properties is an important issue.

NHS Highland is committed to the provision of a safe working environment, which involves providing a safe place of work and also safe systems of work. In achieving these aims it is important that all people, including NHS independent contractors, management and staff work together.

Further details of staff and management responsibilities are contained in NHS Highland’s Health and Safety Policy and NHS Highland Security Policy documents and other documents mentioned in this booklet.

These guidelines contain indicators of good practice, which will be helpful to you. It should be recognised that personal safety issues cover all aspects of NHS Highland’s activities i.e. working alone in the community, dealing with potential violence, verbal abuse or threatening behaviour in clinics etc., and are relevant to all staff.

Safety is everyone's business.

INTRODUCTION

These guidelines contain information about personal safety, which is relevant both in your private life and in your place of work. Additional information is available from your line manager, the Health and Safety Department and your local Police Community Safety Officer.

It is sensible to be aware of the dangers that exist in the workplace and to adopt a realistic approach to dealing with situations that may arise.

Patients and their families, especially those in a distressed and vulnerable condition, may become aggressive. They may feel aggrieved at what they perceive as a lack of interest or consideration to their particular illness or injury or lack of communication by staff about their concerns.

Statistically, crimes of violence are less common than many of us imagine them to be, but this does not mean that we should become complacent or disregard the risks. The fear of becoming a victim of violent crime is real and hopefully by reading this you can be better prepared for any of the potential risks.

ARE STAFF SAFE?

Risk assessment is a legal requirement. This process does not just mean that managers must identify risks, but also that suitable precautions are put in place to protect staff and others for whom NHS Highland has a responsibility.

All staff should be encouraged to participate in identifying and finding solutions to risks.
Consider the following as possible solutions:

- Design reception/waiting area to lessen risk to staff and others
- Ensure reception/waiting areas are visible to staff
- Ensure people are responded to as soon as possible
- Where a delay occurs make people aware of the reason
- Restrict access to non public areas
- Fit panic alarms linked to areas where staff are able to respond
- Work out a plan to cover possible danger situations
- Take advantage of training in the management of violence and aggression.

Identification

- All staff must wear an identification badge
- Staff badges must not be left lying around
- Ask for identification from anyone if you have suspicions or the person is unknown to you.

THINK SAFE

Potentially inflammatory situations do arise, BUT NOT often without warning. Try to be aware of what is happening around you.

Read the Signs

- Increased restlessness
- Pacing/erratic movements
- General body tension
- Increased volume of speech
- Discontent/irritation
- Thought processes unclear
- Withdrawal
- Poor concentration
- Refusal to communicate
- Tense/angry expression.

If any of the warning signs above become apparent during a situation take appropriate action.

Some Important Do’s

- Treat everyone with courtesy, tolerance and respect. Try to understand people’s concerns and worries
- Avoid behaviour that may provoke a violent reaction or an escalation of aggression
• Keep calm
• Discuss security issues with your colleagues and reduce the risks to ascertain a level is possible
• Contact the Police if necessary.

Some Definite Don’ts
• Don’t exert unnecessary authority or show signs of annoyance, impatience or irritation
• Don’t show hostility or use provocative words or actions
• Don’t raise your voice or adopt an aggressive stance
• Don’t try to deal with violence alone - seek assistance.

IS YOUR AREA SAFE?

? Do you or any other staff work alone especially out of normal hours?

? Are there areas at work where you or others feel uneasy e.g. out-of-the-way offices, corridors, poorly lit entrances, car parks etc?

? Is the office or work area poorly laid out e.g. with possible escape routes blocked by a desk, chair, filing cabinet etc?

There are several easy and immediate ways to improve personal safety and security of work areas:

• Review the safe layout of work areas and change if appropriate
• Ensure doors and windows are secured effectively and locked by the last person to leave
• Keep keys/key codes safe and do not give them to unauthorised staff
• Report faulty or insufficient security lighting
• Properly mark valuable equipment as appropriate and keep secure at all times.

CASH AND VALUABLES – HANDLING AND MOVEMENT

Some employees may handle cash belonging to either NHS Highland or patients. NHS Highland has fully detailed procedures on how this should be done and these must be followed. Do not handle cash or valuables if you are unsure of these regulations.

Patients Cash and Valuables:

• Never take or return items from/to a patient without a receipt
• Always ensure cash and valuables are locked in the safety receptacle provided and sealed in a NHS Highland pouch
• Where patients wish to retain personal items of value, always obtain a signed disclaimer
• Do not accept personal cash donations from patients
• If in doubt ask a more senior member of staff or contact the Finance Department.

**NHS Highland Cash Collection and Income:**

• All monies must be collected in accordance with procedures.
• Monies should be collected by two members of staff.

**Useful Tips:**

• If challenged, hand over cash; do not "have a go". Remember as much detail of person(s) as possible.
• Change routes and times wherever possible.
• Always ensure collected cash is held in a secure location.

Remember - *Never put yourself at Risk*

**VALUABLE PERSONAL PROPERTY**

• Keep personal property at work to an absolute minimum.
• Securing your bag etc away in lockers provided, or in secure cupboards or drawers will reduce the opportunity for theft.
• Report anything suspicious immediately to your supervisor.
• Staff should be vigilant regarding patient's property.

**WORKING ALONE** *(Please also refer to our NHS Highland – Protecting the Health, Safety and Welfare of People Working Alone Policy)*

Some jobs, by their nature, necessitate working alone and without support at times.

**This Can Involve:**

• Working on health service premises outwith normal hours
• Working in patient's home
• Being in transit / in the street / or in a car.

**In Order to Assess the Degree of Risk Involved Consider:**

• Can you summon assistance if you require it?
• Does someone else know of your whereabouts?
• Do you feel adequately equipped to deal with any situation that may arise?

When Working Alone at Your 'Base' Location Consider:

• The layout of your work area and how you can make an escape if required?
• Establishing a 'panic' link with another staffed area which could respond in a pre-arranged manner to any situation,
• Periodic 'incident' drills should be held involving relevant staff to test the effectiveness of these arrangements,
• Where no 'panic' link has been established, raise the alarm by shouting 'fire'. If others are close by, this could be effective.
• In extreme situations, where you feel your life may be in danger, and no other panic system is available to you, set off the fire alarm.

THE USE OF PERSONAL ATTACK SYSTEMS AND HAND-HELD PERSONAL ALARMS

There may be personal attack buttons connected to systems within the work environment. Local procedures should be in place for response if these are activated. Systems should be regularly tested by relevant staff who may need to use them. New or temporary staff should be made aware of any existing protocols.

Points to Note Regarding Hand Held Personal Attack Alarms:

• Decide when to carry an alarm in your hand and know how to use it.
• Alarms with simple pull pin activation, which have 130 dB sirens and operate on 9v batteries are effective. These can look like small pagers and are not cumbersome.
• Check batteries regularly and replace at the first sign of weakness in sound.
• The alarm can be used in your hand with the cord around your wrist or clipped to a belt, waistband or pocket.
• Use of an alarm may shock and disorientate your assailant. This could provide seconds to get away.
• The alarm can sometimes inflame the situation!

COMMUNITY VISITS

If working alone in the community, staff face a range of different personal security problems which they may not be exposed to while working on health service premises. To enable staff to work effectively without feeling threatened by isolation certain measures should be taken.
These Are as Follows:

- Keeping an up to date and detailed plan of staff whereabouts and movements.
- Staff periodically reporting to base, supervisor or contact person as appropriate.
- Following procedures for assessing potential or actual risk from new/existing patients. Updating information in care plans on changes in behaviour/mood/medication/aggressive outbursts.
- Providing information on patient risk and on 'high-risk' geographical areas to all staff, but particularly for new and deputising staff.
- Adopting extra security procedures when visiting 'high risk' patients. For example can the patient be seen on NHS Highland’s premises or can the time of the visit be reviewed to coincide with other staff availability?

The following information is aimed at the routine home visits as well as 'Out of Hours' visits:

- Make sure that you are prepared well in advance; check you have all the necessary equipment, drugs, medication and appropriate documentation.
- Ensure that you tell someone where you are going, the time you anticipate your visit will end and the estimated time of return. Advise key people of any changes in your plans.
- Ensure that your vehicle is well maintained and has sufficient fuel for the journey and that your spare tyre is fully inflated.
- Don't make it obvious that the vehicle is being used by health care staff.
- If you have to leave drugs, documents etc. at any time in your vehicle, lock them out of sight in the boot.
- Use a mobile telephone, although you must ensure that the service provider covers the area in which you require to operate.
- Plan your journey, avoiding dark side streets where possible and by ensuring you have maps or plans of your area available.
- Where possible, check all available records and information on a patient who is unknown to you to satisfy yourself that you are aware of the risks.
- Visit in twos, and for the first visit if possible.
- You may also contact the Police if you feel that a home visit would put you at risk. It may be possible that a Police officer is available to assist you.

DON'T TAKE CHANCES

SECURITY OF DRUGS

Security of Medicines
• Medicines (especially those classified as controlled drugs), and medical sundries are attractive to the opportunistic thief. Care should be taken to ensure all medicines are locked away when not in use and medical sundries are stored in areas inaccessible to patients/visitors.

• If you find any Medicines (or medical sundries) left unattended at work, report it to the person in charge of the area who should ensure they are locked away and a Pharmacist is contacted regarding the appropriate course of action. If you believe it is an illegal substance you should report this in the first instance to appropriate Management personnel as an urgent matter and follow their advice regarding temporary safe keeping. (Patient confidentiality should be ensured at all times)

• If you are threatened or intimidated to prescribe or supply drugs you must inform appropriate Management personnel and the Police, and complete an IR1 form.

• If you know or believe drugs/prescriptions to have been stolen, you must contact the following:
  1. Pharmacy Department for stolen prescription.
  2. The Police and Pharmacy for stolen drugs.
  3. An incident report form must be completed in both eventualities.

Transportation

• When it is essential for drugs to be transported outside NHS facilities, they must be kept secure at all times. If the transporting vehicle requires to be left unattended, the drugs must be out of sight and the vehicle locked.

• If at any time a member of staff is concerned for their safety they should leave the environment and contact an appropriate member of Management/Police if appropriate.

Prescribing

• **DO NOT** under any circumstances pre-sign prescriptions or use prescription forms as message pads.

• Ensure completed prescription forms are not accessible to patients/visitors.

• Ensure dispensed prescriptions are stored securely until given to the patient.

• To prevent prescription fraud, ensure prescribing complies with the Medicines Act. It is essential to cancel unused spaces on all prescription forms.

**USE OF VEHICLES**

An important aspect of personal safety relates to procedures for the safe use of vehicles.

**Consider the Following:**

• Ensure vehicles used are kept in good condition.

• If possible don't advertise that a vehicle is being used by health care staff.

• Don't keep drugs or documents in the glove compartment of the vehicle.

• Keep the amount of medical equipment in vehicles to a minimum.
• Plan routes and keep to them.

• Staff whereabouts should be known. A staff schedule should be kept, especially documenting estimated time of return. Changes in plans must be advised.

• If you feel you are being followed, if possible, drive directly to a busy area or the nearest Police Office. Use a telephone to summon help, if possible.

• Never give lifts to people who are unknown to you.

• Have your keys ready when approaching your vehicle and check the interior before entering it. If there is evidence of interference, contact the Police.

*If approached or in danger, lock the vehicle doors and sound the horn. This may scare off anyone who may be a threat and attract helpful attention.*

**INCIDENT REPORTING**

In relation to personal safety issues, it is essential that every incident is reported. NHS Highland’s Management Teams want to know about ALL incidents.

This duty to report incidents exists whether there has been actual personal injury or not. This is to ensure the appropriate action is taken.

**Note the following:**

• In all instances a NHS Highland Incident Form (IR1 Form) should be completed and forwarded to NHS Highland’s Head of Health and Safety.

• To be of most benefit incident reports should always be completed as soon after the incident as possible (as recollection deteriorates with the passage of time).

• It is essential that, where serious incidents affecting personal safety have occurred, a formal debriefing is carried out by the Manager/Human Resources Advisor and where appropriate Occupational Health Services.

**CONTACTS FOR ADVICE AND SUPPORT**

Head of Health and Safety 01463 706882
Violence and Aggression Advisor 01463 706884
Health and Safety Advisor 01463 706868
Occupational Health 01463 704698

**USEFUL REFERENCES**

1. Health and Safety Policy
2. Protecting against Violence and Aggression at Work Policy
3. Protecting the Health, Safety and Welfare of People Working Alone Policy
4. Personal Safety at Work for you (Suzy Lamplugh Trust)
10 KEY POINTS

- Participate in identifying what is at risk and finding solutions.
- Always wear your identification badge and seek ID from others. In restricted areas, ask strangers to identify themselves.
- Read the warning signs and take appropriate action.
- Report all suspicions immediately, no matter how trivial. (Always follow this up with a written report on a NHS Highland IR1 Form)
- Ensure doors and windows are effectively secured when areas are left unattended.
- Keep keys and key codes safe and secure.
- Report faulty or insufficient security equipment such as lighting, locks or alarms.
- Always maintain the security of your own and NHS Highland property and vehicles.
- Be aware of the safety and security issues of working alone.
- Be vigilant. Don't take chances.

Appendix 4

RISK FACTORS FOR WORKPLACE VIOLENCE

CHECKLIST

This checklist is an awareness raising tool. Managers / Team Leaders / Supervisors / Practitioners are responsible for ensuring that measures are implemented which reduce or eliminate concerns identified.

1. THE WORKPLACE

1.1. Outside

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there uncontrolled access to the site?</td>
<td></td>
</tr>
<tr>
<td>Is there uncontrolled access to buildings and work areas?</td>
<td></td>
</tr>
<tr>
<td>Are bus stops and car parks close to the buildings?</td>
<td></td>
</tr>
<tr>
<td>Are there appropriate footpaths?</td>
<td></td>
</tr>
<tr>
<td>Are areas well lit with good all round visibility?</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Are there areas where people can hide or move unnoticed? (e.g. trees, shrubs, waste, storage areas)</td>
<td></td>
</tr>
<tr>
<td>Are signs clear, appropriate and visible?</td>
<td></td>
</tr>
<tr>
<td>Is there a security patrol?</td>
<td></td>
</tr>
</tbody>
</table>

1.2. **Inside**

| Are there physical barriers to restricted areas? |
| Are these areas suitably signed? |
| Can employees make unobstructed rapid exits if necessary? |
| Are existing security installations working and maintained? |
| Are signs clear, appropriate and visible? |
| Is the lighting sufficient or are these dark or shaded areas? |

1.3. **Interactive Areas** (e.g. Waiting Areas)

| Is there enough space to prevent overcrowding? |
| Are there private rooms available to deal with sensitive issues? |
| Are waiting areas separated from other activities? |
| Do employees have a good view across the area? |
| Is the layout appropriate? |
| Is there physical separation for employees which does not appear intimidating? |
| Is seating comfortable and is there enough? |
| Is the area noisy? (e.g. trolleys, banging doors) |
| Are there systems to keep patients informed? (e.g. delays) |
| Are there ways to help reduce anxiety and boredom? |

1.4. **Lighting, Decoration and Furnishings**

| Is the lighting harsh or glaring? |
| Are there any potential weapons and/or missiles? (e.g. chairs, pictures, pot plants, crockery, walking sticks etc.) |

2. **WORKPLACE PROCEDURES AND THE ORGANISATION**

2.1. **Outside**

| Are there enough employees who have been trained to deal with any violence and/or aggression? |
| Are there special arrangements for higher risk employees? (e.g. young workers, pregnant workers, disabled employees, new or inexperienced employees) |
| Are there procedures for bank/agency employees? |
| Are there any lone workers? |
| Are there precautions in place for lone workers? |
| Is appropriate information available to employees on potentially aggressive or violent patients, family or others? |
| Are emergency arrangements in place? |
| Do employees have to travel alone? |
| Do employees have a mobile workplace? |
| Do employees work in a community based setting? |
| Do shift patterns involve employees working alone or in small numbers? |
| Do shift patterns involve employees working late at night or during the...
early hours of the morning?
Do employees handle valuable property or possessions?
Do employees have materials which are a target for theft? (e.g. drugs)
Do employees deal directly with verbal complaints?

### 2.2. Communication

<table>
<thead>
<tr>
<th><strong>Can employees get immediate support?</strong></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there systems in place for employees to summon help if alone or working off site?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are systems in place to pass on information on incidents about patients to other involved employees?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2.3. Employee Training

<table>
<thead>
<tr>
<th><strong>Have employees attended the NHS Highland Violence and Aggression Training Programme?</strong></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are employees aware of incident forms and how to fill them in?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do employees have the opportunity to discuss specific concerns about the management of Violence and Aggression in their department/work area/ward?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3. PATIENTS, FAMILY, FRIENDS AND PETS

<table>
<thead>
<tr>
<th><strong>Is there a possibility of alcohol and/or drug abuse?</strong></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there noisy or over anxious groups of people accompanying patients?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there situations which may lead to patients or others becoming stressed or angry?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a possibility of confusional states or psychiatric disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there situations which patients or others may be seen as threatening?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a possibility of patients and/or others being unstable or volatile?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there long waiting times. (e.g. clinics, A&amp;E)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Appendix 5

**GUIDANCE AND PROCEDURES**

1. **ASSESSING THE RISKS**

Risk assessments must always include the risks from violence and aggression. There are a number of measures that can be taken when the risks have been assessed.

Some examples of these are shown below.

1.1. **The Environment**

- Ensuring areas are designed to reduce stress, such as appropriate furnishings, décor and space;
- Appropriate security devices are available and are used, such as keypad locks, CCTV, Pinpoint Alarms, etc;
- Information provided is communicated effectively, regularly and in a timely manner;
• Ensuring there are measures in place to prevent employees getting trapped.

1.2. The Organisation

• Ensure that there are appropriate numbers of employees on duty, especially at night;
• Employees should be trained in the Management of Violence and Aggression;
• Ensure that there are minimal waiting times for patients;
• Clear information is given on a regular basis if patients are kept waiting;
• Employees must familiarise themselves with the Management of Violence and Aggression policy and should know what to do in the event of an incident.

1.3. Communication

There is a legal duty for all employees to be informed of risks. This should be done when:

• New employees become involved in the care of a patient where a risk has been identified;
• Employees commence work in a new area;
• New patients are admitted;
• Patients are transferred from one department to another, or one agency to another;
• There has been a change in the patient’s physical/mental health status.

2. TELEPHONE ABUSE

There are many forms of verbal abuse, all of which are unacceptable. Unfortunately employees can experience verbal abuse at work. This form of aggression can be just as frightening as a physical assault and should be treated very seriously. It is an offence under the Telecommunications Act to use the telephone for any communication that is grossly offensive or of an indecent, obscene or menacing nature or to send a message which is known to be false for the purpose of causing annoyance, inconvenience or needless anxiety. Any employee subjected to such calls should report the incident to their manager and complete an IR1.

2.1. Malicious, Indecent or Obscene Calls

• Hang up immediately and do not give any details about yourself or show any emotion to the caller. Make a careful note of exactly what was said. Inform your manager or supervisor and decide whether to contact the police.
2.2. **Aggressive Calls**

- Use de-escalation techniques as far as possible. If the aggression continues, advise the caller that you find their behaviour unacceptable and that if it continues you will hang up. If it continues, then hang up.

2.3. **Serious Threats**

- Serious threats such as threats to life must be reported to the manager and to the police. The exact words used should be noted and logged. All other information known about the caller should be noted and reported.

3. **INVOLVING THE POLICE**

3.1. **Calling the Police**

Each situation is different. The following list is not exhaustive, however the police should be informed should any of the following situations occur:

- the situation is unlikely to be controlled by employees;
- anyone could be seriously injured;
- a weapon is involved;
- an intruder refuses to leave;
- serious threats have been made;
- the aggressor is causing fear.

3.2. **How to Contact the Police**

- In an emergency call 999 (using 9 first for an outside line if need be) In certain areas (e.g. A & E Departments) there may be a direct line to the local Police Station.

3.3. **Waiting for Police Arrival**

- If possible, wait for the police to arrive rather than attempting to intervene;

- If physical intervention is considered necessary, staff should assess the situation and only use techniques they have been taught at NHS Highland Management of Violence and Aggression Training courses;
- If an employee has not been trained they should not attempt to physically intervene but use any other measure which could assist the situation.
- In incidents involving robbery or vandalism employees should not intervene under any circumstances and should await Police arrival.

4. **REPORTING INCIDENTS**

Incidents of Violence and Aggression must be reported through NHS Highland’s Incident Reporting Procedure, via the IR1 form. This form is available in all wards, departments, bases and offices. Guidance on completion of forms is available through the Health & Safety Team.
4.1 Who Should Report an Incident?

- Normally it would be the person involved in the incident. If there are a number of people involved then either the person principally involved or the most senior person.

- If the person involved is unable to report the incident, for whatever reason, then a colleague should do it on their behalf.

4.2 When to Report Any Incident

- As soon as possible after the incident. The memory is a fragile thing and employees may not recall the details of an incident clearly after some time has elapsed.

4.3 What Should be Reported?

- All incidents should be reported on the IR1 forms.
- Incidents

5. AFTER AN INCIDENT

Although most incidents will cause no injury to any party, individuals may still be upset or affected by the incident and may be in need of support.

5.1 Care of Patients

- Any injuries must be attended to;
- Others may need re-assurance;
- The aggressor may need ongoing care and treatment or support;
- The incident must be communicated to other employees.

5.2 Care of Colleague(s)

- Arrange for the treatment of any physical injuries;
- Provide re-assurance to any colleague involved in the event;
- Offer to take over colleagues’ urgent duties;
- Give the colleague time and space to talk over the event if they wish to. Remember that some people may prefer not to talk about an incident.
5.3. The Manager/Supervisor’s Role

- Ensure that any physical injuries are attended to;

- Ensure that all persons involved in the incident are being looked after. Although some people who were present may not appear injured they may be upset and should be assured of support and their immediate wishes should be sought;

- Discuss any practical assistance that may be required such as transport home or contacting a relative or a friend;

- Inform all relevant departments of the incident. Depending on the severity of the incident this may include Health and Safety Team, Human Resources, Occupational Health;

- Ensure an incident report form is completed. Consideration should be given as to whether a report should be made to the police (if they are not already involved) with a view to prosecution of the aggressor;

- Inform NHS Highland Communications Team if there is any likelihood of the media becoming involved;

- Conduct a review of the incident in order to extract lessons for the future and to determine whether any changes to the aggressor’s care should take place. The review should take place as soon after the incident as possible (see Appendix 2).

Appendix 6

WITHHOLDING TREATMENT

1. Once every other option has been exhausted then it may be necessary, following the correct protocols and procedure, to withdraw, on a temporary basis, treatment from an individual, or to exclude friends or relatives of the individual. Outlined are a number of reasons for undertaking this course of action.

The person’s behaviour will:
• prejudice the benefit from care or treatment they may receive;
• prejudice the safety of anyone involved in providing their care or treatment;
• lead employees to believe that they are no longer able to carry out their duties fully;
• result in damage to property;
• prejudice the safety of other people present.

2. There are areas where exclusion is not really possible. This may be where the following apply:

• Persons who are not competent to take responsibility for their actions. This may be that they display aggression due to illness or injury;
• Mentally ill people who may also be under the influence of alcohol and/or drugs;
• People requiring emergency treatment;
• Young people under the age of 16 years (other than in exceptional circumstances).

3. PROCEDURE

3.1. Each case will be considered individually to ensure that the need to protect employees is balanced with the need to provide health care.

3.2. One-off, less serious incidents will not usually result in this type of formal action.

3.3. An explanation of the sanctions will include the following:

• A verbal explanation of the unacceptable behaviour and the consequences of any repetition of such action by the individual(s). At this stage the individual(s) should be issued with an explanatory leaflet containing information on the withholding of treatment;

• If the behaviour exists, this would be followed by a written warning. This letter should be issued by the patient’s consultant, Hospital Doctor, General Practitioner, or Dentist and copied, to the patient’s General Practitioner in all instances, except where the letter is written by the person’s General Practitioner;

• Any repetition of the unacceptable behaviour will result in the exclusion of the person from treatment. A letter will be issued by NHS Highland’s Chief Executive. It will give the reasons for the exclusion and the period for which the exclusion will last. This letter will also be copied to the patient’s General Practitioner.

• In exceptional circumstances treatment may be withheld immediately.

3.4. The decision to withhold treatment will always be based on a full clinical assessment and on the advice of a senior member of the patient’s medical/dental team.
3.5. The time limit should be for no more than 12 months.

3.6. This guidance is not intended to supplant any legal requirement in respect of consent.

3.7. The individual may seek a review of the decision via the local Complaints Procedure and must be informed of this.

3.8. Treatment may be withheld from a patient in exceptional circumstances due to the behaviour of a relative or friend. The procedure for this will be the same as that for withdrawal of treatment due to the unacceptable behaviour of the patient.
Management of Violence and Aggression

Information Pack

Working with you to make Highland the healthy place to be

MANAGEMENT OF VIOLENCE AND AGGRESSION

BACKGROUND

Accurate estimates of the extent of aggression within the NHS are difficult to obtain due to the under reporting by staff. It would appear that, there are approximately 100,000 violent incidents involving NHS staff in the UK (2004).

NHS staff have a 1 in 125 chance of injury due to aggression whilst at work. This compares to a 1 in 5,300 chance for males and a 1 in 25,000 chance for females in everyday life. The chances of encountering aggression are increased depending on where people live and what sort of lifestyle they lead.
In healthcare the areas differ also. The highest area is learning difficulties, then acute psychiatry followed by A&E, due to the increased number of reported incidents in the general hospital environment, medical wards are next followed by community services.

**KEY POINTS**

The successful Management of Violence and Aggression is a shared responsibility between management and staff. Management has a responsibility for ensuring the health, safety and welfare of staff. They will assess the level of risk to staff and take action to prevent aggression towards staff.

This is done through the risk assessment process, training and record keeping. Staff will be supported if incidents do occur, this could include de-briefing and counselling. Staff also have a responsibility, which includes identifying and reporting risks, agreeing and following action plans, completing incident reports and becoming competent in de-escalation and physical skills.

It appears the rules of society are changing. Whereas before people would not assault a NHS member of staff, now staff are seen as legitimate targets by some.

Alcohol and drug misuse aggravates the issue. Research has shown that the most common assailant will be male, unemployed and between 16 and 25. However, anybody can become aggressive or violent given the right circumstances.

Aggression is not abnormal; indeed it can be very useful in some sports for example.

Often it can be unhealthy. We have all, at one time or another felt aggression well up inside us. This does not offer an excuse for aggression, rather to acknowledge that stress or worry can be enough for someone to lose control and become violent or aggressive.

**THEORIES OF AGGRESSIVE BEHAVIOUR**

Outlined are a few examples of the theories of aggressive behaviour.

**The Instinct Theory**

Described by Freud and Lorenz (1961, 1966). They suggested that aggressive urges are unlearned, spontaneous and innate. They must be expressed directly or indirectly. The result is a build up of aggression, which needs to be expressed in socially acceptable or unacceptable ways.

**Physiological Factors**

There could be a number of reasons physiologically; Epilepsy, XYY chromosome combinations, thyrotoxicosis, brain damage, alcohol, drugs, pain, chemical imbalance.

**Environmental Factors**

There are factors which we may have little or no control of; being kept late for appointments, delays in public transport, the weather etc…
Previous Experience

This refers to learned behaviour, perhaps from observing others. Learning through the media (copycat). Learned behaviour which in the past has offered some reward. It may develop with the need to be loved, understood or things of our own choosing are not fulfilled.

Psychiatric Disorders

Mentally ill or disturbed people often exhibit unpredictable behaviour. Their perception of reality may differ substantially to our own. This, in turn will lead to heightened fear and arousal on their part and on the part of those around them.

TYPES OF AGGRESSION

Broadly speaking there are three types of aggression.

Verbal

Active: Insulting or being derogatory about another person. Shouting, swearing, being verbally threatening towards someone or something.

Passive: Uncooperative behaviour by refusing to interact verbally with others.

Physical

Active: The act of being physically aggressive or violent towards someone or someone.

Passive: Being uncooperative, for example, the sit down protest.

Self Harm

Active: Harming oneself, for example, slashing ones wrist.

Passive: Being uncooperative, for example, the sit down protest.

There are two broad categories of aggression.

Instrumental Aggression

This is aggression with some goal or aim in mind. Examples of this are the waging of war, rape, and robbery.

It is normally premeditated.

Emotional Aggression

This is aggression as a result of an emotional upset or disturbance. Examples of this are being detained in hospital against ones will, frustration, pain.
It is not normally premeditated.

DE-ESCALATION TECHNIQUES

In the Management of Violence and Aggression good de-escalation techniques are based on practised communication skills. These can be developed with practice.

Some tips in de-escalation are shown below.

**Attitude and Approach**

- **Listening:** This should be non-judgmental, there should be no precognition, there should be singular attention. Nods should be used.
- **Empathy:** This is the ability to perceive another’s feelings and be in concord with them.
- **Warmth:** Staff should show a genuine warmth towards others in a potentially aggressive situation.

**Body Language**

- **Posture:** There are various issues to consider in this the most important aspect of our communication.
- **Gestures:** Our gesticulations, whether we are pointing, touching or however else we may gesticulate.
- **Eye contact:** This will include the length of eye contact and the level at which we make eye contact.
- **Expressions:** These are important as we convey much about our feelings through our facial expressions.

**Verbal**

- **Speech:** Type, tone and volume, all contribute to the way we communicate. The content of what we say is also important.
- **Checking:** Make sure we and the aggressor understand what each other is saying.
- **Re-iteration:** This will assist clarification.

**DE-ESCALATION ISSUES**

There are no hard and fast rules on how to prevent the escalation of aggression. There are a number of reasons for this. Both the aggressor and the staff member bring their own personal characteristics. Having previous knowledge of the aggressor may well be of assistance to the staff member. What follows are some guidelines.

1. **Managing the Environment**

   There are two types of environment.
a) The Physical Environment

This should include the general décor of the environment. Consideration should be given to patient comfort and the issuing of timeous and accurate information. What sort of monitoring equipment is available such as CCTV or pinpoint alarms? Do staff have mobile phones? Are there dark areas in the ward or hospital? What sort of arrangements are there for staff who are called out at night?

b) The Person Environment

Are staffing levels adequate? Are staff trained in the management of violence and aggression?

There are other issues to consider. In an aggressive situation, it may be possible to direct others away from the area. This may be done by asking them to leave, or getting a colleague, or even another patient to direct them away. Alternatively, it may be possible to direct the aggressor to a quieter area. Staff should be aware though that they may be leaving themselves in a vulnerable situation by being alone with the possible aggressor.

A pre-arranged system of codes may be of help between yourself and your colleagues if an aggressive situation arises. It would be important to ensure that everyone is aware of the ‘signals’.

A staff member may excuse him or herself, saying perhaps “I’m not the best person to deal with this, but I’ll get the Charge Nurse/Doctor/Receptionist/etc. They should be able to help”. This may be true. It can also be used to get away from the situation or to summon help. This may be the case during a community visit by a district nurse.

2. Distraction or Focusing

The aggressor should be encouraged to use thought instead of emotion. This can be done by the staff member asking about facts rather than feelings. To ask when did the incident occur or how can we solve it gives the aggressor a clearer focus than asking why someone is angry.

3. Give Clear Instructions

When any situation becomes highly charged, clear communication is absolutely vital. If you want someone to stop shouting, put a weapon down, stop pacing up and down, or some other aggressive activity then it is important to speak to that person clearly, assertively and concisely. It may also be appropriate to issue an ultimatum such as “I am not prepared to listen to you if you keep waving your fists about like that”. Negotiation not confrontation must always be the priority. It is not advisable to issue threats such as “If you hit me then I’ll hit you back!” Do not invite assault by saying things like “Go on then, hit me”.

4. Eye Contact and Body Posture

This is a very powerful technique and is potentially the most important area of de-escalation.
Try to adopt an open stance and, if possible try to be at about a 45-degree angle to the aggressor. Always try to remain at the same level as the aggressor. If you invite the person to sit and they refuse, you must remain standing also. Give the person more room; it is known that aggressive people need more personal space. Touching may also be considered as an invasion of their personal space. Active listening will show the person he or she is being taken seriously, nodding now and then, raising the eyebrows, saying appropriate words on occasion is helpful.

5. Personalise Yourself

This technique can be useful at certain times. The staff member should remind the aggressor who they are using words like ‘us’ and ‘we’ are also helpful. It gives the aggressor encouragement to focus on the issues and a chance to start to resolve things.

6. Provocative Phrases

It is tempting to say, “calm down” or “settle down”. Phrases like this are known to be potentially threatening to an aggressor. Staff should not talk down to someone or be dismissive of their concerns, no matter how trivial they may seem. Another potentially inflammatory gesture is a sigh from the staff member, it displays impatience and irritation.

7. Mood Matching

This skill combines a number of techniques. The aim is for the staff member to match the level of arousal of the aggressor and to gradually reduce it. The staff member must not match the level of emotion. That is not meeting anger with anger. By showing a certain level of emotion then the message conveyed is one of concern and interest.

Conclusion

There are a number of issues illustrated above. None are prescriptive. Some staff will be able to demonstrate skills in some areas, but may need to work on others. Nobody will be the complete package but staff should strive to enhance their skills in all areas.

LEGAL ISSUES

Introduction

The physical restraint of a fellow human being is a highly emotional and legally complex issue. Breakaways are also legally complex and sometimes highly charged issues. You may also ask yourselves questions regarding legal issues and where you stand if you have to restrain a patient or relative. You may also be concerned about injuring the other party or yourself.

We will look for definitive answers where none exist, as each incident is an entity on its own. The law is extremely complex resulting in that concise answers cannot be given.
The Concept of Reasonableness

Put simply, an action would be deemed reasonable if the majority of society would see it as so. This is not a clear definition but the restraint and breakaway issues are judged by this concept.

What constitutes reasonable behaviour changes as time passes. A number of years ago sometimes harsh restraint was seen as reasonable. This was perhaps when there was lack of appropriate drug treatment and inadequate training. This does not mean to criticise the past but merely to illustrate the changing viewpoints within society.

It may seem clear that murder would always be seen as unreasonable, however, society sees murder as reasonable in time of war, or in certain instances of self defence. If a nurse is attacked in a dark corridor and in defending herself, injures the attacker quite badly, this may be seen as reasonable. If she is in the same situation in the middle of a busy ward where plenty of help is at hand then her actions would need to reflect the closeness of competent assistance. Provided the assistance was able and competent.

A number of factors would always need to be taken into account when a judgement is being made. This would include:

- The incident itself
- Who was involved in it
- Others perception of the incident

There are various definitions of the concept of reasonable behaviour. One is that an action is deemed reasonable if the party/ies involved thought the action reasonable at the time, whether it turned out to be the case later on. This means that if a staff member saw a gunman and hit him on the head from behind, then this would probably be deemed reasonable, even if later it was discovered that the gun was a replica.

Who Will Make a Judgement

The employer will decide whether an action or actions are reasonable or not. The courts will also make a judgement. A professional body will also make a judgement. To further complicate the issue each could make a different judgement. The employer could find the staff member’s action reasonable, the court could find it unreasonable and the professional body could support the staff member.

Courts very seldom find against a staff member as they realise the often very difficult circumstances under which the NHS operates.

A staff member may charge a patient or relative with assault and would normally be supported by their employer and professional body. A patient also has the right to charge a staff member. Everybody has the right to ask police to investigate any incident during which harsh physical contact has been made. In Scotland, if the police feel there is sufficient evidence then they will refer the matter to the Procurator Fiscal to decide whether to bring charges against an individual or group of individuals. In England the matter is dealt with by the Crown Prosecution Services.

Usually the Procurator Fiscal will only press charges if it is clear that staff have grossly overacted. Another point to note is that NOT taking action can also lead to an injury taking place and can be seen as neglect. This is an important point to remember.
Conclusion

As illustrated, it is impossible to give rigid definitions of acceptable and unacceptable behaviour. You may insist that rigid definitions should be given. This cannot be done.

What should be stressed is that if you follow what you have been taught during the course then you will be in the safest possible position.

GOLDEN RULE

EXERT THE MINIMUM AMOUNT OF FORCE REQUIRED TO RESOLVE THE SITUATION