YELLOW/ RED CARD (for patients) and VISITOR (warning & eviction) POLICY (Violence and Aggression)

Subject: Yellow / Red Card policy
Policy Number: AAC/11/037
Ratified By: Executive Management Board
Date Ratified: 19th January 2011
Version: 4
Policy Executive Owner: Director of Nursing
Designation of Author: Local Security Management Specialist
Date Issued: March 2014
Review Date: March 2017 or as required
Target Audience: All staff

Other Linked Policies:
- All Medical staff
- All Care Group staff
- Information department
- Risk Management department
- H&S Staff
- Security Staff

Key Words: Yellow Card, Red Card, Exemptions, PAS, Patient’s Case Notes

Responsible Committee: Health and Safety Committee
Name of Committees & Meetings consulted: Safeguarding Adult Board (to be submitted)
Designation of Individual Staff Members or staff groups consulted: All staff
Designation of other stakeholders consulted: 

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Yellow, Red Card for patients and Visitors Policy Ver 4
Author: Lynn Taylor LSMS
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<td>Liz Martin, Meriel Clarke</td>
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<td>December 2007</td>
<td>S. Gentleman</td>
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<td>Lynn Taylor</td>
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1. Introduction

1.1 The North Middlesex University Hospital NHS Trust has a duty to provide a safe and secure environment for patients, staff and visitors and has a policy set in the context of the government’s national Zero Tolerance initiative against violence in the NHS.

1.2 The Trust does not employ staff specifically for the purposes of dealing with violent (or abusive) situations. Training for all staff who may be faced with potential or actual violence or abuse is, therefore, a priority.

The Trust will, in line with the Trust Health and Safety Policy, provide training in the use of negotiating skills and diffusing techniques. This will reduce the need for control and restraint which is more appropriately a role for the Police.

Staff should, at all times, be accompanied by security when responding to potential or actual violent or abusive situations. Where time does not permit this ideal, other members of staff should be sought for (deterrent) assistance.

1.3 Violent or abusive behaviour will not be tolerated and decisive action will be taken to protect staff, patients and visitors. The Trust will consider prosecuting all perpetrators of crime on or against staff, Trust property and assets.

1.4 In the case of patients, this Policy provides for 3 levels of warning: Behavioural Contract (can be used on patient and patients relatives) Informal (verbal) and Formal. The formal route is known as ‘Yellow Card’ and may lead to exclusion, known as ‘Red Card’.

1.5 Where there is threat or incident of a serious nature/imminent danger, a patient/visitor may be removed from Trust property immediately.

If there is a risk of physical harm dial 999 for the Police.

1.6 The use of this Policy will apply to violent and/or abusive patients (aged 16 or over) and to visitors of any age.

1.7 Where the aggressor (patient or visitor) is under the age of 18 (or is known to have children), please consider the need to discuss with children's social services. A person who is prepared to assault a stranger has a high probability of being a risk to other family members either through domestic violence or physical child abuse. In cases of uncertainty please discuss with the child protection team.

2. Purpose

2.1 This Policy, which has been developed in line with national guidance, aims to:

- safeguard the health and well-being of patients, visitors and staff

and

- sets out the Trust's response to violent or abusive incidents.

2.2 The policy details how to tackle violent, abusive or other untoward incidents within the hospital and details behavior that is unacceptable and the sanctions available to staff. It must be applied effectively in all appropriate situations.

2.3 Where a person is persistent in unacceptable conduct, that individual can be excluded from the Trust as a last resort and as per the Yellow/Red Card Policy, summarized below.

2.4 Failure of Adult Patients to comply with acceptable standards of behaviour may result in:

- ISSUE OF A BEHAVIOUR CONTRACT
- ISSUE OF A FIRST YELLOW CARD
• (FOLLOWED BY) ISSUE OF A SECOND YELLOW CARD
• (FOLLOWED BY) ISSUE OF A RED CARD – this excludes the individual from the Trust for a period of 12 months
• Where the matter is considered to be of a sufficiently serious nature, a 'Red Card' may be issued from the outset and without having to first resort to a ‘Yellow Card’.

2.5 Failure of visitors to comply with acceptable standards of behaviour may result in:
EVICTION FROM THE PREMISES

3. Duties
3.1 Duties within the Organisation

• All members of staff, including those on honorary contracts and those working primarily for other organisations but on Trust premises have a duty in the enactment of the Policy.

• NB In all cases involving patients the clinical team will need to consider carefully the clinical needs of the patient and balance these needs with the safety and well-being of staff and others before taking action. Action should, however, not be unduly delayed.

• The Trust Ward Manager, Head of Department (or nominated deputy) will explain to the patient that his/her behaviour was unacceptable and explain the expected standards that must be observed in the future. There should be no confusion as to the standard of behaviour required or the possible consequences of failure to comply. Wherever possible the Head of Department should be accompanied by the clinician in charge of the patient’s care. The warning should be documented in the patient's Medical Records.

Ward Managers/Heads of Departments will ensure that risk assessments are completed to highlight the risks within their areas and to determine the level of requirements to maintain a violent free culture.

• The Consultant/clinician in charge of the patient’s care will pursue alternative care arrangements for those patients excluded from the Trust. Those patients who - in the expert judgement of the clinician in charge of the patient’s care - are not competent to take responsibility for their actions, will not be subject to this Policy (for example, where a person becomes abusive because of an illness, injury or learning difficulty).

• The Trust Chief Executive and the Director of Nursing must be made aware of all ‘Red Cards’ (intent to issue) and approve (through signature) on the Red Card Patient notification letter (Appendix 6)

• The Local Security Management Specialist will, in line with the Trust’s Health & Safety Policy, arrange training in the use of negotiating skills and diffusing techniques for relevant staff. In addition, they will keep copies and maintain records of all cards issued and ensure that the ‘flagging’ of such is undertaken on PAS.

• In the case of violent or abusive adults who are treated in non-Trust premises or treated at home, appropriate warnings will be issued to warn the offender of possible withdrawal of treatment and GP referral.

3.2 Consultation and Communication with Stakeholders
3.2.1 Developed in line with national guidance; set in the context of the government’s national Zero Tolerance initiative against violence in the NHS. Consultation and communication undertaken with and through the H+S Committee.
3.3 Approval of Policy
Hospital Management Board

4. Definitions

Unacceptable Standards of Behavior (patients & visitors)

The following are examples of behaviors that are NOT acceptable on Trust premises:

- Excessive noise, e.g. loud or intrusive conversation/shouting/music
- Threatening, abusive or offensive language
- Derogatory remarks of any kind
- Malicious allegations relating to members of staff, other patients or visitors
- Offensive or threatening gestures or conduct
- The sale or abuse/use of alcohol or illicit drugs in hospital (all medically identified substance abuse problems will be treated appropriately.)
- Willful damage to Trust property
- Theft
- Violence
- Impeding staff’s ability to work

Persistent unacceptable conduct
- Refers to behavior both within one admission and/or over a number of separate attendances within the period of sanction.

Physical Assault
- “The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort”- Directions to NHS Bodies (November 2003)

Non-Physical Assault
- “The use of inappropriate words or behavior causing distress and/or constituting harassment” Directions to NHS Bodies (November 2003)

HSC/E Definition
- “Any incident, in which a person working in the healthcare sector is verbally abused, threatened or assaulted by a patient or member of the public in circumstances relating to his or her employment.”

5 Development of the Policy
5.1 Prioritisation of Work

- North Middlesex University Hospital NHS Trust recognises that it has a duty to provide a safe and secure environment for patients, staff and visitors.
- Implementation is achievable within the resources of the organization.

5.2 Responsibility for Document Development

5.2.1 Lead Director: Director of Nursing

5.2.2 Lead Author: Local Security Management Specialist

5.3.3 Committee responsible for monitoring development:
Health, Safety, Fire and Security Committee
5.2 **Equality Impact Assessment**
Under the Race Relation (Amendment) Act 2000 the Trust is required to undertake equality impact assessments on all policies(6,10),(993,994) on all policies/guidelines and practices. This obligation has been expanded to include equality and human rights with regard to disability, age, gender and religion. The Equality Impact Assessment Tool (Appendix 2) is designed to help the author to consider the needs and assess the impact of the Yellow/Red Card Policy.

6. **Responding to Violent and/or Abusive Patients (age 16 or over) or visitors of any age**

| If there is a risk of physical harm dial 999 for the Police. |

6.1 **Informal Warning**
A patient or visitor who displays any of the above stated behaviours will be asked to stop and offered the opportunity to explain their actions.

6.1.1 Following an incident involving a patient, the ward manager/Head of Department (or a nominated deputy) will explain to the patient that his/her behaviour was unacceptable and explain the expected standards that must be observed in the future. There should be no confusion as to the standard of behaviour required or the possible consequences of failure to comply. Wherever possible the Head of Department should be accompanied by the clinician in charge of the patient's care. The warning should be documented in the patient's Medical Records.

Depending on the behaviour, consideration should be given to setting up a behaviour contract a bit like an Anti Social Behaviour Contract (ASBO). This is a signed agreement between the individual and the Trust where they agree to set conditions while on the premises, and can be used should their be a need to enter into legal exclusion such as an injunction.

This has been proved beneficial if the individual is an inpatient/relative of an inpatient. This can be set for limited time e.g. days to months or to a specific activity, if required this can be arranged by contacting the Local Security Management Specialist.

6.1.2 Where it is possible, advice should be sought from the patient's consultant or as appropriate their GP.

6.1.3 **For visitors, see 6.6 below**

6.2 **Yellow Card (only for patients)**

6.2.1 If the behaviour continues, the Head of Department (or a nominated deputy) will give the patient a further warning (a Yellow Card) and warn of the possible consequences of any further repetition.

6.2.2 Following an incident the Head of Department (or a nominated deputy) will explain to the patient that his/her behaviour was unacceptable and explain the expected standards that must be observed in the future. There should be no confusion as to the standard of behaviour required or the possible consequences of failure to comply. Wherever possible the Head of Department should be accompanied by the clinician in charge of the patient's care.

6.2.3 Where it is possible advice should be sought from the patient's consultant or as appropriate, their GP.

6.2.4 If a patient fails to respond, the decision will be taken to invoke the 'Red Card' exclusion from the Trust's premises.

6.2.5 If a patient complies with the terms of the yellow card (first or second) he/she can expect the following:

♦ That their clinical care will not be affected in any way;
♦ That a copy of the Yellow Card warning will be filed with the Trust’s Health and Safety Adviser and a copy will also be kept in the patient's Medical Records. A system for 'flagging' on PAS will be used to highlight use of the Yellow Card/s.

♦ This information will be available for access 24 hours per day.

♦ That the North Middlesex Hospital NHS Trust will fully investigate all valid concerns raised by the patient/visitor, under the Trust’s complaint procedure

6.3 Red Card (only for patients)
6.3.1 Failure to comply with the Yellow Card/s (if issued) will, require authorisation from the Chief Executive Officer, the Deputy CEO, the Medical Director, the Director of Nursing, Local Security Management Specialist or out-of-hours 'on-call' Director, to exclude the patient from the Trust (a "Red Card"). Prior to any Red Card being issued a competency assessment must be carried out by the Clinician in charge.

This does not preclude the relevant clinician discharging a patient who no longer requires in-patient care, in the normal manner.

6.3.2 Following an incident the Head of Department (or a nominated deputy) will explain to the patient that his/her behaviour was unacceptable and explain to the patient that the patient is being excluded from the Trust. Wherever possible the Head of Department should be accompanied by the clinician in charge of the patients care.

6.3.3 Where it is possible advice should be sought from the patient’s consultant or as appropriate their GP.

6.3.4 Such an exclusion will last one year, subject to alternative care arrangements being made; the provision of such arrangements will be pursued with vigour by the relevant clinician assisted by the Trust.

6.3.5 In the event of an excluded patient presenting at the Trust’s Accident and Emergency Department for emergency treatment or require an emergency admission, that person will be assessed (SEE 6.4 BELOW), treated and stabilised, with, if necessary, the Police in attendance. However, if admission is unavoidable additional and appropriately trained staff will, if necessary, remain in attendance.

6.3.6 Any patient behaving unlawfully will be reported to the Police and The Trust will consider seeking the application of the maximum penalties available in law. The Trust will consider prosecuting all perpetrators of crime on or against Trust property, assets, and staff.

6.3.7 An attempt will be made to make alternative arrangements for non-emergency treatment by referral to another hospital with the Consultant in charge of the patient’s care and the patient’s GP.

6.3.8 Use of the Red Card must be entered on the PAS database. Copy of all letters and the competency assessment must be sent to the Local Security Management Specialist.

6.3.9 If an excluded person returns in any circumstances other than a medical emergency, Police should be called immediately. The Trust may subsequently seek legal redress to prevent the person from returning to Trust property.

6.4 Withholding Treatment

Withholding treatment i.e. preventing access to the hospital premises and its services may be considered as a consequence of a serious single occurrence where a patient has had to be removed from the premises or, as a response to persistent unacceptable behavior over a period of time.
Each set of circumstances will be considered individually. Any proposal to withhold treatment should involve very careful consideration of all the pertinent facts by relevant senior clinical, professional and managerial staff responsible for the particular service. Assurance should be obtained that the competency assessment tool has been applied and completed (Appendix 8).

Senior clinical and professional staff involved, are expected to ensure that any requirements arising from professional codes of conduct are incorporated into the decision.

6.4 “Patient Red Card”/ Exclusion-Action Checklist:

The decision to exclude can only be taken by the Chief Executive Officer, the Deputy CEO, the Medical Director, the Director of Nursing, Local Security Management Specialist or out-of-hours ‘on-call’ Director.

⇒ The responsible consultant must be informed. The patients GP must be informed (see appendix 4) detailing the exclusion and the reasons for it.

⇒ The patient must be informed that they may challenge exclusion via the established complaints procedure.

⇒ A detailed record of the rationale for exclusion and of the alternate arrangements for care should be kept in the patient’s medical and nursing documentation.

6.5 Reporting and Recording

The Head of Department should:

• Inform the GP (see appendix 4). A copy of the Policy should be attached.
• Inform the patient (see appendix 5/Yellow or 6/Red). A copy of the Policy should be attached.
• A copy must be kept in the patient’s notes and the PAS ‘flagging’ will be used to record the Yellow/s or Red Card status.
• Complete a Patient Risk Report form and pass it to the Modern Matron/Head of Department. A photocopy of the form should be retained in the patient’s notes.

6.6 Visitors

If there is a risk of physical harm dial 999 for the Police.

6.6.1 Visitors (anyone who is not a patient or staff member) who display any of the above behaviours should be asked to stop and offered the opportunity to explain their actions and warned of eviction, if necessary.

6.6.2 If unacceptable behaviour continues, security should be summoned via emergency bleep or the police and have the offending person removed from Trust premises.

6.6.3 The Local Security Management Specialist must be notified so that a behaviour contact can be set up and or a meeting can be arranged to speak with the individual about their behaviour.

6.6.4 The evicted person may request a review of the eviction through the complaints procedure.
6.6.5 If a visitor is behaving in an unlawful manner, the Police will automatically be called and the Trust will seek the application of the maximum penalties available in law. The Trust will consider prosecuting all perpetrators of crime on or against staff, Trust property and assets.

6.6.6 The relevant Head of Department (or a nominated deputy) may decide to continue to exclude any person removed from the premises or restrict their visiting only to specific times.

6.6.7 In all cases complete a “Non-Patient Risk Report form” and pass it to the Modern Matron/Head of Department.

6.7 Model Letters
Model letters have been developed to ensure consistency. These are attached at appendix numbers 3 to 6.

6.8 Summary - Violence or Abuse from Patients or Visitors: What to do?

If there is a risk of physical harm dial 999 for the Police.

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<td>1. Relaxed, verbal notification</td>
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<td>2. INFORMAL WARNING</td>
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<td>3. FORMAL WARNING (YELLOW CARD)</td>
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<td>4. HAVE REMOVED (CALL 2430)</td>
<td>4. EXCLUSION (authorised) (RED CARD)</td>
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**N.B.**

YOU DO NOT HAVE TO FOLLOW ALL STAGES OF THIS FLOWCHART IF THE SITUATION WARRANTS IMMEDIATE ACTION
7 Dissemination and Implementation
7.1 The Policy will be promoted throughout the Trust's premises through signage and in patient and staff publications.
7.2 Training for all staff who may be faced with potential or actual violence or abuse is, therefore, a priority.

8 Process for Monitoring Compliance and Effectiveness
8.1 Standards/Key Performance Indicators

Monitoring for compliance and effectiveness is undertaken via the Quarterly Report to the Health & Safety Committee that in-turn reports Quarterly to the Audit, Assurance and Governance Committee and in this way, incidents involving violence and/or abuse against NHS staff are subject to ongoing monitoring.

9 References

- Criminal Justice and Immigration Act – 2008
- Data Protection Act (1998)
- Criminal Law Offences against Persons Act (1861)
- Concordat between Health & Safety Executive (HSE) and NHS Protect (formally known as Counter Fraud and Security Management Service (CFSMS) (March 2005).

10. Associated Documentation (hyperlinks to be inserted)

- Trust Health and Safety Policy 260907.pdf
Appendix 1 - Checklist for the Review and Approval of Procedural Document

To be completed and attached to any policy document when submitted to the Executive Management Board for consideration and approval.

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**Executive Sponsor Approval**

If you approve the document, please sign and date it and forward to the author. Policies will not be forwarded to EMB for ratification without Executive Sponsor Approval.

<table>
<thead>
<tr>
<th>Name</th>
<th>Lance McCarthy</th>
<th>Date</th>
<th>May 2014</th>
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<tbody>
<tr>
<td>Signature</td>
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**Hospital Management Board Approval**

The Deputy Chief Executive signature below confirms that this policy was ratified by Executive Management Board.

<table>
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<tr>
<th>Name</th>
<th>Lance McCarthy</th>
<th>Date</th>
<th>May 2014</th>
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<td>Signature</td>
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**Responsible Committee Approval – only applies to reviewed policies with minor changes**

The Committee Chair’s signature below confirms that this policy was ratified by the responsible Committee.

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<th>Name &amp; role of Committee Chair</th>
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| Signature | |
|-----------| |
## Appendix 2 - Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval

<table>
<thead>
<tr>
<th></th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the policy/guidance affect one group less or more favourably than another on the basis of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Disability</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Gender Reassignment</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Marriage/ Civil Partnership</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Pregnancy / Maternity</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Race, Nationality, Culture, Ethnic origins</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Religion or belief</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Sex (Gender)</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Sexual Orientation</td>
<td>No</td>
</tr>
<tr>
<td>2. Is there any evidence that some groups are affected differently?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3. If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>4. Is the impact of the policy/guidance likely to be negative?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>5. If so can the impact be avoided?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>6. What alternatives are there to achieving the policy/guidance without the impact?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>7. Can we reduce the impact by taking different action?</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Director of Organisational Development & Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the Deputy Director of Human Resources.
Appendix 3 – YELLOW CARD - Patient notification (patient accepts and is willing to sign)

WARD ...........................................  HOSPITAL .................................
PATIENT’S FAMILY NAME ...............................................................
PATIENT’S FORENAMES ..............................................................
HOSPITAL NUMBER(S) ......................................................................
HOME ADDRESS ............................................................................
...........................................................................................................
HOME PHONE NUMBER ..................................................................
CONTACT NAME OF NEXT OF KIN ....................................................
THEIR ADDRESS .............................................................................
...........................................................................................................
GP’S NAME ......................................................................................
GP’S ADDRESS ................................................................................
...........................................................................................................

I understand that my behaviour has been deemed not to meet the expected standards as set out in the Trust’s Policy for Care of People (over 16) who are Violent or Abusive. This has been fully explained to me and I understand that any recurrence of unacceptable behaviour, as set out in this Policy will result in my exclusion from the hospital. I understand my GP will be informed.

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

WITNESSES FOR THE TRUST (Initiator of Policy)

NAME ...........................................  NAME .................................
DESIGNATION ...............................  DESIGNATION ........................

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

(Examples of appropriate members of staff able to initiate the Policy: Chief Executive Officer, the Deputy CEO, the Medical Director, the Director of Nursing, Local Security Management Specialist or out-of-hours ‘on-call’ Director)

NOTE: A copy of the Policy for: The Care of People (age 16 or over) who are violent or abusive SHOULD BE ATTACHED TO THIS LETTER.
Appendix 4 – LETTER TO G. P. - YELLOW/ RED CARD (*delete as applicable)

GP’s name and address___________________________________________________________
Date___________

Dear_______________________

Re: Patient’s name ___________________________________________

Patient’s address______________________________________________________________

Patient’s dates address____________________________

Patient’s date of birth_______________________________

Patient’s hospital health records number____________________

The above person is currently an inpatient on ……………………….. ward at the North Middlesex University Hospital NHS Trust.

In order to protect the ward environment for other patients and members of staff, it has been necessary to instigate a Policy for The Care of People (age 16 or over) who are violent or abusive, for the above-named.

The patient:

*has been warned that any recurrence of unacceptable behaviour will result in his/her exclusion from the hospital.

*was excluded from the Hospital on …………………………………………………

The reason for this sanction was:-

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

………………………………………………………………...   (name and tel. no of patient’s Consultant),

or …………………………………………………………………...   (name & Tel.No. of Directorate Manager)

Yours sincerely
The Care of People (age 16 or over) who are violent or abusive

Appendix 5 - YELLOW CARD - Patient notification  (patient does not accept/ will not sign)

Patient’s name
Patient’s address
Hospital Number
Date

Dear

YELLOW CARD

This is to formally confirm that due to your unacceptable behaviour on ....../....../....... at North Middlesex Hospital, you are now subject to the conditions outlined in the Trust’s Policy for The Care of People (age 16 or over) who are violent or abusive.

The first stage of the Policy ‘YELLOW CARD’ has been applied to you and you should have received an explanation as to why you are subject to this Policy.

I am enclosing a copy for your information.

Should you need emergency treatment at one of the Trust’s Accident and Emergency Departments or an emergency admission you will receive assessment and treatment but this may be in the presence of the Police or additional staff.

Should you, on any occasion in the future, fail to comply with the expected standards of behaviour, explained to you by ........................., you will become subject to the next stage of this Policy. This may involve your immediate exclusion from the Trust premises by the Police.

Yours sincerely

NOTE: A copy of the Policy for: The Care of People (age 16 or over) who are violent or abusive SHOULD BE ATTACHED TO THIS LETTER.
The Care of People (age 16 or over) who are violent or abusive

Appendix 6 – RED CARD - Patient notification

North Middlesex University Hospital
NHS Trust

Sterling Way
London N18 1QX
Direct Line 020 8887 2390
Direct Fax 020 8887 4219
E-mail Julie.lowe@nmh.nhs.uk

G/Julie/letters/jk

Date:

Name
Address
Dear

Re: Red Card

This is to confirm that due to your unacceptable behaviour on the DATE at North Middlesex Hospital, and in keeping with our policy on 'The Care of People who are Violent or Abusive', you will have been excluded from receiving treatment or visiting any of the Trust’s premises.

The exclusion will last one year from the date of this letter. Alternative care arrangements have been made for you at the HOSPITAL where you can receive care.

In the event you attend the Trust’s Accident and Emergency Department you will receive assessment and any immediate treatment required but this may be in the presence of the Police or additional staff.

A copy of the Trust’s Policy is attached for your information.

Yours sincerely

Julie Lowe
Chief Executive

Yellow/ Red Card Policy Version 3
All incidents of serious nature must be reported to the POLICE by dialling # 6101 or 9-999 ensuring that your name location and extension are given. All security incidents must be reported to security and the Local Security Management Specialist within (4 hours) even when the Police are in formed for internal Risk Management Records.

North Middlesex University Hospital NHS Trust

The Care of People (age 16 or over) who are violent or abusive

Appendix 8 – Withholding Treatment from Violent, Aggressive or Abusive Patients

COMPETENCY ASSESSMENT TOOL

A decision to withhold treatment from a patient must be based on a proper clinical assessment. Treatment will not be withheld from patients who are not competent to take responsibility for their actions. A patient must be judged competent by 2 members of staff, one of whom must be a Doctor, according to the following criteria (in the case of a patient under the age of 16, this should involve the parent or guardian if available).

<table>
<thead>
<tr>
<th>Competency</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the patient understand what is being said to him/her?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the patient believe that what you are saying is true? (i.e. does he/she accept that the consequences you have described could actually happen?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the patient able to retain that knowledge and weigh up the information given to make a decision? (can he/she recall what you have said and is willing to accept the stated risk?)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the patient suffering from any thought disorder that prevents a balanced reasonable decision being made?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All boxes must be initialed by both assessors and only if ALL of the clear boxes are initialed by both assessors can consideration be given to possible withholding of treatment.

The patient has been assessed and is deemed competent to take responsibility for his/her actions or to refuse treatment.

Name (Block capitals) Signature Date

Name (Block capitals) Signature Date

Patients who are deemed not competent should be encouraged to stay for treatment and may need to be detained.

DO NOT ATTEMPT TO RESTRAIN A PATIENT ON YOUR OWN OR PUT YOURSELF AT RISK