

An Organisation-Wide Policy for The Management of Violence & Aggression

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Equality statement

This document demonstrates commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals and communities. This document is available in different languages and formats upon request to the Trust Procedural Documents Coordinator and the Equality and Diversity Lead.

| Contents | Page |
|---|-------------|
| 1 Rationale | 3 |
| 2 Scope | 3 |
| 3 Managing Violence and Aggression | 4 |
| 3.1 Prevention of Violence and Aggression | 4 |
| 3.1.1 Identifying Risks | 4 |
| 3.1.2 Lone Working | 4 |
| 3.1.3 Post Incident Review | 5 |
| 3.2 Training – Conflict Resolution | 5 |
| 3.3 Physical Assault | 5 |
| 3.1 What is a Physical Assault | 5 |
| 3.3.2 Action following a Physical Assault | 5 |
| 3.3.3. How do I report a Physical Assault | 6 |
| 3.3.4 After the incident is reported (Physical Assault) | 6 |
| 3.4 Non-Physical Assault | 6 |
| 3.4.1 What is a Non-Physical Assault | 6 |
| 3.4.2 Action following a non-physical assault | 7 |
| 3.4.3 How do I report a non-physical assault? | 8 |
| 3.4.4 After the Incident is reported [Non-Physical Assault | 8 |
| 3.5 Reasonable Use of Force | 8 |
| 3.6 Range of Legal Sanctions | 8 |
| 3.6.1 Verbal Warnings | 9 |
| 3.6.2 Acknowledgement of Responsibilities Agreement | 10 |
| 3.6.3 Withholding of Treatment | 11 |
| 3.7 Post Incident Support | 12 |
| 3.7.1 Needs | 12 |
| 3.7.2 Medical support | 12 |
| 3.7.3 Emotional support | 12 |
| 3.7.4 Management Support | 13 |
| 3.8 Appeals | 13 |
| 4 Responsibilities | 13 |
| 4.1 Chief Executive | 13 |
| 4.2 Security Management Director (SMD) | 14 |
| 4.3 Local Security Management Specialist (LSMS) | 14 |
| 4.4 Assistant Directors | 14 |
| 4.5 Heads of Department, Managers, Team Leaders and Supervisors | 14 |
| 4.6 All Staff | 14 |
| 4.7 Other Specialist Advisers | 15 |
| 5 Compliance monitoring arrangements | 15 |
| 6 Training to ensure compliance with this document | 16 |
| 7 Reference and associated documents | 16 |
| 8 Glossary/ explanation of terms used in this document | 18 |
| 9 Document control | 18 |

| Appendices | Page |
|--|-------------|
| Appendix 1 - Equality Analysis | 20 |
| Appendix 2 – ARA - Warning Letter Template | 22 |
| Appendix 3 - ARA - Investigated Incident Template | 23 |
| Appendix 4 – ARA - Investigation Findings Template | 24 |
| Appendix 5 - ARA - Final Warning Template | 25 |
| Appendix 6 – ARA - Withholding Treatment Template | 26 |
| Appendix 7 - Contact numbers | 27 |
| Appendix 8 - Incident Report (on-line) | 28 |
| Appendix 9 – Role of the Security Guard | 29 |
| Appendix 10 - Environmental Risk Assessment for Violence, Aggression and Self Harm - Icon | 30 |
| | |

1 Rationale

The Trust views the risk of violence to its staff as a serious matter and will take all steps, so far as is reasonably practicable, to avert the risk of violence through physical security measures, safe working practices and staff training. The risk assessment process will determine appropriate local measures. The Trust will ensure that appropriate support mechanisms exist for all members of staff who are subjected to incidents of violence during their work. This will include management support, Human Resources, Occupational Health, Environmental Safety Department, Integrated Governance, Security, and legal support where appropriate.

The Trust accepts that in exceptional circumstances some staff may have to use appropriate force for their self-protection. The use of physical force by a member of staff must be justified in its application. The Trust will support any member of staff who acts in an appropriate manner in accordance with Trust policy guidelines and training. Such support will include access to legal services where appropriate.

Staff must be aware that any unjustified use of force may result in the Trust's performance and conduct policy being invoked and/or legal action being taken against them by the injured party.

Everyone has a duty to behave in an acceptable and appropriate manner. Staff has a right to work, as patients have a right to be treated, in an environment that is as safe and secure as reasonably possible.

2 Scope

This policy applies to all full time and part time employees of the Trust, Contractors or Sub-Contractors who provide services to the Trust :- including Agency Staff – (Clinical and Non-Clinical), Students/Trainees, Volunteers, Clinical Attachments, Allied Healthcare Professionals, Apprentices, Seconded staff and all other staff on placement within the Trust. In addition, it will further extend to patients (inpatients and outpatients), their relatives and visitors. This policy reinforces the reporting system for physical assaults on NHS employees. There is now a specific requirement from the NHS Security Management Service (SMS) that all physical assaults should be reported through the Local Security Management Specialist.

Under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999, employers have a duty to ensure the health, safety and welfare of their staff. The application of this policy will form compliance with the NHS SMS and the statutory requirements of health and safety legislation. Further this policy addresses the Trust's existing legal duties to protect staff, [as far as reasonably practicable], from the effects of violence and aggression in the workplace. .

3 Managing Violence and Aggression

3.1 Prevention of Violence & Aggression

3.1.1 Identifying Risks

In accordance with the Trust's Security Policy and the Health and Safety Policy, managers of all departments are required to ensure risk assessments [violence and aggression] are carried out by trained assessors. The risk assessments should be reviewed at appropriate intervals. Certain areas in the Trust are subject to higher levels of potentially violent and abusive incidents, but all wards and departments should be assessed with a view to identifying and minimising risk. For additional information on the risk assessment process and obligations, reference should be made to the Risk Management Policy.

The risk assessment should be carried out in conjunction with the staff in the department to ensure that all potential and actual risks are captured. The hazards identified in the assessment should be scored using the risk matrix to establish both the impact of the hazard and its likelihood of occurrence.

The risk assessment should cover aspects such as the type of work, training and competency of staff, supervision and communication of problems, emergency situations and contingencies.

All risks must have an action plan agreed and implemented.

The completed risk assessment, control measures, action plan and obligations should be communicated to all staff in the area. New staff and third parties working in the area should be informed of risks at local induction and orientation.

Any changes in practice should be monitored to ensure that they are both adhered to and also adequately control the risks identified.

3.1.2 Lone Working

Managers of staff working alone, off site or making home visits need to ensure that a risk assessment is carried out where it is likely that the staff may find themselves in a violent or aggressive situation, and where possible sensible precautions are put in place to minimise identified risks.

For further information and guidance on Lone Working please read the Trust Lone Working Policy and the Lone Worker Guidelines which can be found:

- on the dedicated Policies and Procedures Page of the Intranet
- or by contacting the LSMS
- or by contacting the Trust's Health and Safety Manager or Officer.

3.1.3 Post Incident Review

It is important to identify the aggravating factors following an incident of violence and aggression in order to help prevent the event from happening again. If incidents cannot be prevented then at least the risk should be reduced. Should any member of staff be the victim of violence and aggression then the on-line Incident Report must be completed (appendix 8). It may be relevant to consider the findings in any 'care plan' if a patient has been involved. If the incident is of a serious nature then all the staff and witnesses involved in the incident should be brought together (including the LSMS and Health and Safety Manager when necessary) and discuss ways of preventing the incident occurring again and their recommendations included within the managers incident investigation report.

The Incident Report will assist the department in any risk assessment review which should follow any incident of violence and aggression and allow the Trust to measure the effectiveness of any Trust policies and procedures, staff training or de-escalation skills to ensure that lessons are learnt and not repeated.

3.2. Training - Conflict Resolution

Staff, particularly front line staff, should receive suitable conflict resolution training. Managers are to ensure that all staff who interacts with members of the public attends this training.

Refresher training will be once every three years. The e-learning programme is sufficient provided the user has received initial face to face training.

Training needs in relation to identified themes will be developed and reviewed by the LSMS with support from the Training Department. This process will be managed in line with the Statutory and Mandatory training policy for conflict resolution training and any further training the Trust Board confirms as mandatory at the Trust. Compliance monitoring will be managed through the Training Department.

3.3. Physical Assault

3.3.1 What is a Physical Assault?

Physical assaults on NHS staff are defined as:

"The intentional application of force to the person of another without lawful justification, resulting in physical injury or personal discomfort."

3.3.2 Action following a Physical Assault

As soon as practicable - following an incident of physical assault, determine others are safe (security assistance can be obtained urgently by calling 2222) - the incident should be reported by the person assaulted or their manager or colleague (on their behalf) to the police, except in those cases where a 'clinical condition' exists.

"A clinical condition is defined as where clinical opinion indicates that the assault was unlikely to have been intentional as the assailant did not know that what they had done was wrong due to a medical illness (including confusion), mental ill health, a severe learning disability or as a result of treatment administered"

Each incident must be considered on a case-by-case basis in the light of all the available facts. Where the police are involved and attend an incident, every effort should be made to ascertain if

the police intend to take action against the assailant, along with obtaining the details of the Police Officers involved so that these can be passed onto the LSMS to assist in their role in monitoring the progress of such cases.

The staff member's manager / head of department will arrange support as necessary, as per the Trust's Policy.

3.3.3 How do I report a Physical Assault?

First, report the incident to your manager. This includes all incidents where a 'clinical condition' exists. An on-line Incident Report should be completed without delay. This will default to the LSMS for any necessary investigation.

Where there is a physical assault by an employee on another employee this must also be reported to the Director of Human Resources.

Any physical assault that results in a staff member being absent or unable to undertake their normal duties for seven or more days, a serious injury or fatality in accordance with the RIDDOR regulations, must be reported to the Health and Safety Executive (HSE). The Environmental Safety Department are responsible for ensuring that a RIDDOR report is completed.

3.3.4 After the incident is reported [physical assault]

Reports of physical assault received by the LSMS can typically be divided into two categories:

- i) Those which are being pursued by the police and requiring monitoring by the LSMS
- ii) Those, which require investigation by the LSMS.

The LSMS will contact the police officer(s) who attended the incident, or who has been assigned to investigate the incident, to ascertain what action they intend to take. Where the police are continuing action, the LSMS will arrange to be kept apprised of progress and outcome. Where the police decline to investigate the incident, the LSMS will consider investigating further to see whether or not a private prosecution or other action, such as an Anti Social Behaviour Order (ASBO) or civil injunction is necessary. When an investigation is concluded, and it is considered that there is sufficient evidence to support a prosecution, the matter will be referred by the LSMS to the Legal Protection Unit (LPU) of the NHS SMS for further action as appropriate.

Irrespective of whether a sanction is pursued or not, the department manager will always consider whether additional action such as "warning letters" about future conduct should be sent. Where it is particularly serious or repeated in nature and staff, patient and public safety could be at risk, the Medical Director along with other appropriate Directors should consider whether withholding of treatment is appropriate. (Appendices 2 to 6).

3.4. Non-physical Assault

3.4.1 What is a non-physical assault?

Non-Physical assaults on NHS staff are now defined as:

"The use of inappropriate words or behaviour causing distress and / or constituting harassment".

Examples of the types of behaviour covered by this policy are summarised below, although the list is not exhaustive:

- Offensive language, verbal abuse and swearing which prevents staff from doing their job or makes them feel unsafe;
- Loud and intrusive conversation;
- Unwanted or abusive remarks;
- Negative, malicious or stereotypical comments;
- Invasion of personal space;
- Offensive gestures;
- Threats or risk of serious injury to a member of staff, fellow patients or visitors;
- Bullying, victimisation or intimidation; (staff on staff bullying does not fall into the remit of this policy. Any such issues will be dealt with under the Trust's Harassment and Bullying Policy).
- Stalking;
- Alcohol or drug fuelled abuse;
- Unreasonable behaviour and non-cooperation such as repeated disregard of hospital visiting hours; or any of the above, which is linked to destruction of or damage to property.

It is important to remember that such behaviour can be either in person, by telephone, letter or e-mail or other form of communication such as graffiti.

3.4.2 Action following a non-physical assault

Taking action is appropriate where non-physical assault or abusive behaviour is likely to:

- Prejudice the safety of staff involved in providing the care or treatment; or lead the member of staff providing care to believe that he/she is no longer able to undertake his/her duties properly as a result of fearing for their safety;
- Prejudice any benefit the patient might receive from the care or treatment;
- Prejudice the safety of other patients;
- Result in damage to property inflicted by the patient, relative, visitor or as a result of containing their behaviour.

The security guard can be summoned urgently by dialing 2222. The following is a list of possible aggravating factors, which should be considered when deciding to report an incident to the police. It is by no means exhaustive:

- The effect on the victim and / or others present
- The assailant's behaviour is motivated by hostility towards a particular group or individual on the grounds of race, religious belief, nationality, gender, sexual orientation, age, disability or political affiliation;
- A weapon, or object capable of being used as a weapon, is brandished or used to damage property;
- The incident was an attempted, incomplete or unsuccessful physical assault;
- The incident involves action by more than one assailant;
- The incident is not the first to involve the same assailant(s);
- There is an indication that a particular member of staff or department / section is being targeted;
- There is serious concern that any threats made will be carried out;

- There is a concern that the individual's behaviour may deteriorate.
- The clinical condition of the assailant should be considered as part of the decision making process.

3.4.3 How do I report a non-physical assault?

If you feel the behaviour exhibited is serious then you should contact the police and report the incident to them.

You must notify your manager of the incident. Then complete the on-line Incident Report, which should detail what happened, and noting the behaviour of the offender and what they said or did. This will default to the LSMS for any necessary investigation.

3.4.4 After the Incident is reported [Non-Physical Assault]

A thorough investigation of the incident will form the basis for any subsequent action. The manager must carry out an investigation as it is essential to ensure that contributing factors are identified which will ensure that lessons are learnt and vital information utilised for risk assessment purposes and preventative action. This can be done in conjunction with the LSMS.

Where appropriate, once sufficient evidence is gathered sanctions will be sought. It is important that each case is judged on its own merits. The sections below outline a range of options that can be taken in order to effectively tackle non-physical assaults, depending on severity of the incident and aggravating factors. The 'clinical condition' of the assailant should always be considered.

3.5 Reasonable Use of Force

When faced with an imminent threat to their personal safety, staff will be expected to leave the area immediately. (N.B. All staff have a legal right to leave in such circumstances and provided this was justified, will not result in disciplinary action) Consideration should be given to following a lockdown either partial or whole depending on the threat.

In the event that leaving the area is not possible, staff are entitled by law to use "Reasonable Force" to defend themselves and create a window of opportunity to escape or continue the provision of care.

Where ward/department violence risk assessments reveal that staff could be exposed to situations where physical force may be needed for the purpose of self-defence, staff will be provided with appropriate training. Such training must be viewed as a last resort, [provided they have undertaken Conflict Resolution Training] and every effort must be taken, e.g. physical security measures, safe working procedures etc, to reduce or eliminate situations from arising in the first place.

The use of force will generally create a window of opportunity to escape not to restrain.

Where risk assessments indicate that staff could be expected to restrain persons in the course of their work, only those who are adequately trained (and refresher training provided on a regular basis) in its application and who are subsequently certified as competent will be permitted to effect restraint.

See safer holding policy

3.6 Range of Legal Sanctions

A wide range of measures can be taken by the Trust depending on the severity of the Physical or Non-Physical assault. These sanctions may assist in the management of unacceptable behaviour

by seeking to reduce the risks and demonstrate acceptable standards of behaviour, these may include:

- Verbal Warnings
- Acknowledgement of Responsibilities Agreements (ARA)
- Written Warnings
- Withholding treatment
- Civil Injunctions and Anti Social Behaviour Orders
- Criminal Prosecution

Throughout any of these processes the Trust is committed to developing and continuing to work with the Police and Crown Prosecution Service to ensure the best possible response and subsequent action that it feels is most effective in the circumstances, to actively support staff and ensure a 'pro-security culture' at every opportunity.

3.6.1 Verbal Warnings

Verbal Warnings are a method of addressing unacceptable behaviour with a view to achieving realistic and workable solutions. They are not a method of appeasing difficult patients, relatives or visitors in an attempt to modify their behaviour, or to punish them, but used instead to determine the cause of their behaviour so that the problem can be addressed or the risk of it reoccurring minimised.

It is important that patients, relatives and visitors are dealt with in a fair and objective manner. However, whilst staff have a duty of care, this does not include accepting abusive behaviour. Every attempt should be made to de-escalate a situation that could potentially become abusive or worse. Where de-escalation fails, the patient, relative or visitor should be warned of the consequences of future unacceptable behaviour. The incident should also be reported and recorded locally, preferably in patient notes if appropriate.

An entry should be made on Cerner to give advance warning to other members of staff.

Where it is deemed appropriate to speak to a patient, relative or visitor in respect of their behaviour, this should (where practicable) be done informally, privately and at a time when all parties involved are composed.

The aim of the verbal warning process is:

- To ascertain the reason for the behaviour as a means of preventing further incidents or reducing the risk of it reoccurring;
- Ensure that the patient, relative or visitor is aware of the consequences of further unacceptable behaviour.

A meeting should be arranged by the Lead Nurse/General Manager and conducted in a fair and objective manner. The meeting should be held as soon as is practicable following the incident and will form part of the incident investigation process. A formal record should be made and maintained, on the patient's records and on the Datix incident reporting system.

Verbal warnings will not always be appropriate and should only be attempted when it is safe to do so with relevant and appropriate staff present (including security staff if necessary). Where the process has no effect and unacceptable behaviour continues, alternative action must be considered.

3.6.2 Acknowledgement of Responsibilities Agreement (ARA)

ARAs are a preferred option that should be considered for individual patients, relatives or visitors, to address unacceptable behaviour where verbal warnings have failed, or as an immediate intervention depending on the circumstances. An ARA is a written agreement between the patient/relative/visitor and the Trust (for the Trust's Integrated Governance and the appropriate manager) aimed at addressing and preventing the reoccurrence of unacceptable behaviour. It can be used as an early intervention process to stop unacceptable behaviour from escalating into more serious violent behaviour.

The agreement itself should specify a list of acts or behaviours in which an individual (patient, relative or visitor) has been involved with a view to get agreement and cooperation from them not to continue their inappropriate behaviour. ARAs should last at least for a period of six-months; however, any reasonable period can be specified depending on the nature of the behaviour addressed, with a balance of both general and specific recommendations.

The terms of the ARA should be outlined formally in a written document for the perpetrator (see Appendix 2 to 6), they should be asked to sign a copy. This template can be adapted to suit the local requirements. The terms of the agreement must be written in a manner, which can be easily understood by the individual concerned. If they sign, and the unacceptable behaviour ceases, it may be appropriate to acknowledge this in a letter to the perpetrator, thereby encouraging continued good behaviour.

Cultural and ethnic sensitivities should be borne in mind in order to ensure that all possible aggravating factors are excluded at the outset. ARAs are in no way linked to criminal proceedings and it is important that the greatest care is taken to ensure this is not misinterpreted as such.

The appropriate manager and LSMS should consider:

- The desired outcome;
- Appropriate conditions of the behavioural agreement;
- The following issues should be covered:
 - Reason for agreement;
 - An explanation as to why the identified behaviour is unacceptable;
 - A clear explanation that such behaviour must stop;
 - The consequences of continued unacceptable behaviour; and
 - Details of the mechanism for seeking a review.

If it is clear that the individual will not comply, or a pattern of non-compliance becomes evident, and the behaviour continues to deteriorate, a letter explaining future expectations of their conduct and consequences of non-compliance should be issued

The use of ARAs would not be appropriate in the following circumstances:

- Where the patient's GP, or SMD/LSMS, having consulted with relevant staff and obtained clinical advice has reached the conclusion that the incident was clinically induced such as a mental disorder, where an ARA could worsen the patient's well-being or affect their recovery for example.

However, the presence of a mental disorder should not preclude appropriate action from being taken, and it is important to note that the incident must still be recorded.

- For anyone under the age of 16, other than in exceptional circumstances, an ARA with the child's parent(s) or guardian(s) may however be appropriate.

Monitoring is essential if the ARA is to be effective. Staff are expected to report any continuing breaches to their managers and via the on-line Incident Report. This will enable the continued inappropriate behaviour to be highlighted and addressed. The Manager, Lead Nurse, and LSMS will be made aware of the further violations where behaviour is still found to be unacceptable.

Where a patient, relative or visitor fails to comply with the terms outlined in the ARA, consideration should be given to alternative procedural, civil or criminal action. The LSMS and the NHS SMS will provide assistance in specific cases, should this be necessary. In the case of mental health, any action, which may or may not include legal action, must be made in conjunction with clinical opinion.

3.6.3 Withholding of Treatment

Any decision to withhold treatment must be based on a proper clinical assessment and the advice of the patient's consultant or senior member of the medical team (on-call team for Out of Hours) on a case-by-case basis and should be made by a panel to ensure the decision fully complies with this policy and is neither biased nor inappropriate.

Under no circumstances should it be inferred or implied to a patient that treatment may be withheld without appropriate consultation taking place. The withholding of treatment should always be seen as a last resort, and only ever in consultation with the clinician.

Before withholding of treatment is considered, it is recommended that a verbal warning is given, although exceptional situations, may justify the verbal warning being overtaken. If this fails, a verbal warning and an ARA or formal written warning should be considered. Before withholding of treatment is instigated, a final written warning should be issued to the patient by the Medical Director and must be copied to the patient's consultant and GP.

The exclusion letter or written warning should:

- Explain the reasons why withholding of treatment is being considered (including relevant information, dates and times of incidents);
- Explain that the behaviour demonstrated is unacceptable;
- Explain that appropriate sanctions will apply to violent or abusive patients;
- Give details of the mechanism for seeking a review of the issue, e.g. via local patient complaints procedures;
- Explain that the patient's GP and consultant will be sent a copy of the letter.

For instances where the nature of the assault is so serious that the Trust, and after having obtained advice from the treating clinician, a decision has been made to withhold treatment immediately. Or where it is decided that a patient should be excluded from health body premises and treatment withheld, a written explanation for the exclusion must be provided.

This letter must state:

- The reason why treatment is being withheld (including specific information, dates and times of incidents);
- The period of the exclusion (the period of exclusion should normally not exceed 12 months, after which the decision must be reviewed);
- Details of the mechanism for seeking a review of a decision to withhold treatment;

- The action that the hospital intends to take if an excluded individual returns for any reason other than a medical emergency; to allow the patient to access clinical services from another organisation.
- Each case is judged on its own merits to ensure that the need to protect and ensure the safety of staff is properly balanced against the need to provide health care to individuals;
- That their GP and consultant will be notified in writing of the decision.

3.7 Post Incident Support

3.7.1 Needs

In the event of an incident, the quality of support to the victim and those associated with the event is important in restoring wellbeing. It is also important that while attention is being paid to the perpetrator, the needs of the victim are not overlooked. People may be traumatised by a violent incident and it is important that any debriefing does not just focus on how they performed but addresses the effects on them as individuals. Involving managers in the factual debriefing will be a reflection of the seriousness of the incident and support the experience of the victim. If the member of staff is too shaken to travel home by their normal arrangements, then arrangements should be made to send them home by taxi or accompanied by a colleague.

Staff morale and confidence can be improved if they see that there is a genuine commitment from managers and employers and the authorities to support and pursue prosecution in cases of assault.

For further advice on the support that can be accessed through the Trust please contact Human Resources.

3.7.2 Medical support

Victims of physical assault requiring medical attention should be referred to the appropriate department including Occupational Health or, if a serious trauma or out of hours, the Emergency Department. Wherever possible, a colleague should accompany the victim. Managers must consider the potential application of the RIDDOR regulations, for staff being absent due to violence within the workplace. The Environmental Safety Department will provide advice and guidance on this matter.

3.7.3 Emotional support

Unless the victim cannot work, it is probably more helpful for the member of staff to remain at work among colleagues than to be sent home. However, the wishes of the victim must be respected and considered. The immediate and continuing interest in the member of staff's wellbeing by colleagues and managers is very important, together with the opportunity for them to talk through the incident. Managers and colleagues can be most helpful by being available to listen. The support required will not only be after an incident, but may also continue for a time after the event. The Occupational Health Department will also be able to offer assistance and support where necessary.

3.7.4 Management Support

It is essential that staff who have been subjected to physical or verbal abuse have good support from their line managers. Managers should make themselves aware of the incident and if possible, speak to the individual concerned to discuss their needs. Any relevant information such as a referral to Occupational Health or any time off must be included in the incident report form. Consideration should be given to using the Trust's free Counseling Service.

The Incident Report is reviewed by Environmental Safety Department and additional information may be sought. Advice and information may be offered by the Security Manager, Health and Safety Manager or Integrated Governance as appropriate.

- Security manager will be responsible for implementing an alert on CERNER
- Coordinating with the appropriate manager, writing and ensuring delivery of warning letters from Medical Director about behaviour
- Liaising with Police and coordinating evidence to ensure the Crown Prosecution Service have enough evidence to prosecute if appropriate
- Accompany manager and affected staff to Court if required
- Written or verbal advice or referral to appropriate agencies.

3.8 Appeals

Patients and visitors who have behaved in an unacceptable manner will be offered the opportunity to appeal against this allegation at every stage. They will be notified of this fact by letter.

It is acknowledged that some patients and visitors may require assistance with translation and possibly hearing or visual aids and the Trusts PAL's team will ensure this support is provided.

Where it is not possible to agree a satisfactory conclusion through this appeal process, then the patient or visitor will be referred to the options available from the Trusts Complaints Policy.

4 Responsibilities

This policy should be read in conjunction with the Trust's Health and Safety Policy, which details the organisational responsibilities for health and safety within the Trust.

Specific responsibilities for the implementation of this policy in minimising the risk of violence at work and are detailed below.

4.1 Chief Executive

As the Accountable officer, the Chief Executive has the ultimate responsibility for ensuring compliance with the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999.

4.2 Security Management Director (SMD)

The appointed Board Executive Director is to become the Security Management Director (SMD), who will lead on strategic security management work, which includes tackling violence against staff. The overall responsibility for the health and safety of staff rests with the Trust Board.

4.3 Local Security Management Specialist (LSMS)

Local Security Management Specialist (LSMS) must be Security Management Specialist (SMS) accredited. The overall objective of the LSMS is to work on behalf of the Trust to develop a culture and environment that is safe and secure so that the highest standards of clinical care can be made available to patients. The LSMS will provide security advice to heads of department, managers and supervisors and will act as the Trust's specialist on all issues relating to security.

4.4 Assistant Directors

It is the responsibility of the above to ensure:

- Appropriate Violence and Aggression risks assessments are undertaken
- Local policies and procedures are introduced
- Safe systems of work are adopted
- Training is available and attended by staff
- Health and safety and security training records are maintained
- Statutory health & safety requirements and compliance
- Incident reporting is undertaken and investigations undertaken
- Effective communication and support for staff who may be subjected to violence and aggression whilst working
- Monitor the implementation of this policy within their area of responsibility.
- The LSMS managers comments are included within relevant business cases, service redesigns and purchases (revenue or capital) to manage potential risks around equipment and people

4.5 Heads of Department, Managers, Team Leaders and Supervisors

All heads of department, managers, team leaders and supervisors are responsible for the safety of their staff, and in particular for ensuring compliance with this policy. Additionally, they are to ensure that adequate Violence and Aggression (V&A) risk assessments have been undertaken using the V&A Risk Assessment form attached as Appendix 9 which has been designed specifically for the purpose and that positive practical support is given to staff involved in incidents. Managers will ensure that staff must receive appropriate training to reduce the risk of violent or aggressive conduct, such as Conflict Resolution.

They will identify a suitable member of staff to undertake Risk Assessment training within their area.

They are responsible for undertaking investigations into incidents of violence and aggression and ensure timely reporting of incidents using the on-line Incident Report.

4.6 All Staff

Every member of staff has a general duty of care for their own health and safety and that of colleagues and people affected by their acts or omissions. They must understand and comply with the relevant policies/procedures and adhere to management controls to reduce the risks of

violence and to report any potential and actual incidents that may affect their safety in line with the Trust's Incident Reporting Policy.

Staff must:

- Make use of safety equipment, controls or personal protective equipment provided for their personal safety and that of others, in accordance with instruction and training
- Not take unnecessary risks with regard to their personal safety, which may mean leaving an area is appropriate
- Attend safety training as detailed in the Trust's training matrix
- Report hazardous incidents risks or unsafe practices using the Trust's on-line Incident Report.

4.7 Other Specialist Advisers

Other specialist advisers are responsible for providing advice, assistance and support to facilitate the effective assessment and control of risk. These include, but are not limited to:

- Health and Safety Manager
- Health and Safety Officer
- Directorate Risk Managers & Clinical Governance Facilitators
- Area Security Management Specialist

It is understood that occasionally staff may feel reluctant to support the necessary sanctions required within this policy being progressed, possibly due to retribution or counter claims. In these situations individuals will be encouraged to consider the remaining future risks, if violent or inappropriate behaviour are allowed without challenge. In order to develop a Trust-wide 'pro-security culture' for the greater benefit of the wider organisation staff may, after carefully considering the implications, support sanctions being progressed, which are in the best interest of the wider organisation.

5 Compliance Monitoring arrangements

Monitoring Compliance

The identification and review of risks in relation to violence and aggression will be conducted in each area in line with the Trust Risk Assessment Policy and Risk Management Strategy.

Staff perception on the management of violence and aggression will be monitored annually through the National Staff Survey. Patient perception will be monitored by the National Inpatient Survey annually.

Investigation and thematic analysis and aggregation of incidents reported about violence and aggression will be undertaken by the LSMS and reported to the Security Management Group.

6 Training to ensure compliance with this policy

Together with the LSMS the Training Manager is responsible for the provision of Trust-wide mandatory training and other relevant training courses, to satisfy the obligations of this policy.

Information concerning issues of violence and aggression is presented during Mandatory and Statutory training sessions

Programmes of Conflict Resolution, Assault Avoidance and Clinical Holding training are available to all staff (places can be booked via the training department)

The LSMS will provide advice on the content and Trust-wide priorities on security training.

7 References and associated documents

References

| Organisation | Author | Date of Publication | Title of document |
|---|--------|---------------------|---|
| NHS Security Management Service (NHS SMS) | | (2003) | A Professional Approach to Managing Security in the NHS |
| Secretary of State Directions | | (2003) | Violence Against Staff, NHS Security Management Service (NHS SMS) |
| Secretary of State Directions on Security Management Measures, | | | |
| Protecting NHS Hospital and Ambulance Staff from Violence and Aggression, National Audit Office | | (March 2003) | A safer Place to Work |
| NHS Security Management Service | | , (2003) | National Syllabus for Conflict Resolution Training |
| NHS Security | | (2003) | Local Security |

| | | | |
|--|--|--------|---|
| Management Service (NHS SMS) | | | Management Specialist training material, Foundation course, |
| Health & Safety at Work Act 1974 | | | |
| The Management of Health and Safety at Work Regulations 1999 | | | |
| , NHS Security Management Service (NHS SMS) | | (2004) | Non-physical Assaults Explanatory Notes |
| Reporting of Injuries, Disease & Dangerous Occurrences Regulations 1995 (RIDDOR) | | | |
| The Anti Social Behaviour Act 2003 | | | |

Associated documents

| Organisation | Author | Date of Publication | Title of document |
|---|--------|---------------------|-------------------|
| Trust policies: <ul style="list-style-type: none"> • Policy for Security Management • Lock Down Policy • Major Incident Plan | | | |
| | | | |

8 Glossary/ explanation of terms used in this document

| Acronym/ Abbreviation/ Term | Meaning |
|-----------------------------|--|
| SMD | Security Management Director |
| LSMS | Local Security Management Specialist |
| ARA | Acknowledgement of Responsibilities Agreement |
| | |

9 Document Control

This procedural document supports:

| Standard(s)/ Key Lines of Enquiry: | Para/ I.D. no. | Standard/title |
|--|----------------|----------------|
| NHS Litigation Authority (NHSLA) | | |
| Care Quality Commission (CQC) | | |
| NICE Guideline | | |
| Other national guidance (e.g. Royal College Guidance) - please list: | | |
| | | |
| | | |

Consultation record

| Relevant service | Speciality, Sponsor or User Group name | Individual's name | Job title | Date consulted | Date feedback received |
|------------------|--|-------------------|-----------|----------------|------------------------|
| Members | Health and Safety | | | | |
| Radiology | | | | | |
| Cancer Services | | | | | |
| Other | | | | | |
| | | | | | |

Change History

| Version | Date (DD/MM/YYYY) | Author/ Lead | Job title | Details of Change | Ratification body | Archiving location |
|----------------|------------------------------|-------------------------|-------------------------------|--|------------------------------|-------------------------------|
| 1 | Feb 2008 | Colin Pink, | Health & Safety Manager | New Policy | | |
| 2 | Jan 2010 | Mark Jenkins, | LSMS. | Change in Trust policy template and minor amendments to incorporate NHS LA requirements | | |
| 3 | June 2011 | Richard Bridgman | Security Manager | Review ARA warning letter Role of security guard | | |
| 4 | Jan 2012 | Richard Bridgman | Security Manager | Amendments to incorporate NHS LA requirements. | | |
| | | | | | | |

Appendices

Appendix 1 Equality Analysis (EqA)

By completing this document in full you will have gathered evidence to ensure, documentation, service design, delivery and organisational decisions have due regard for the Equality Act 2010. This will also provide evidence to support the Public Sector Equality Duty.

| | | |
|---|---|-------------------|
| Name of the policy / function / service development being assessed | Policy for the Management of Violence and Aggression | |
| Date last reviewed or created & version number | Version 4 - January 2012 | |
| Briefly describe its aims and objectives: | This Policy gives advice on actions to take when faced with violent situations. It advises on the administration of Acknowledgment of Responsibilities Agreement and sanctions against aggressive patients | |
| Directorate lead | Paul Bostock – Chief Operating Officer | |
| Target audience (including staff or patients affected) | All staff | |
| Screening completed by (please include everyone's name) | Organisation | Date |
| Richard Bridgman | SASH | 1 Jan 2015 |
| | | |

| Equality Group (Or protected characteristic): | What evidence has been used for this assessment? | What engagement and consultation has been used | Identify positive and negative impacts | How are you going to address issues identified? | Lead and Timeframe |
|--|---|---|---|--|-------------------------------|
| Age | All staff | Assessed | None | n/a | n/a |
| Disability | All staff | Assessed | None | n/a | n/a |
| Gender reassignment | All staff | Assessed | None | n/a | n/a |
| Marriage & Civil partnership | All staff | Assessed | None | n/a | n/a |
| Pregnancy & maternity | All staff | Assessed | None | n/a | n/a |
| Race | All staff | Assessed | None | n/a | n/a |
| Religion & Belief | All staff | Assessed | None | n/a | n/a |
| Sex | All staff | Assessed | None | n/a | n/a |
| Sexual orientation | All staff | Assessed | None | n/a | n/a |
| Carers | All staff | Assessed | None | n/a | n/a |

Appendix 2

Warning letter template

<Date>

Dear

Ref: Incident on <insert date and location>

As the Consultant in charge of your care, I am writing to you concerning an incident that occurred on <insert date> at <insert name of health body or location>.

It is alleged that you, <insert name>, used/threatened unlawful violence/acted in an antisocial manner towards a member of NHS staff/whilst on NHS premises (*delete as applicable*).

Behaviour such as this is unacceptable and will not be tolerated. This trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse.

If you continue to act in an unacceptable or antisocial manner, consideration will be given to one or more of the following actions (*to be adjusted as appropriate*):

- The matter may be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- The matter may be reported to the NHS Security Management Service's Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from you.
- Consideration may be given to obtaining a civil injunction or an Anti-Social Behaviour Order. Any legal costs incurred will be sought from you.
- Alternative arrangements may be made for you to receive your treatment elsewhere and any hospital transport service currently provided to you may be withdrawn.

If you consider that your alleged behaviour has been misrepresented in any way or that this warning letter is unwarranted, please write to <insert details of person in charge of local complaints procedure>, who will review this decision in the light of your account of the incident(s).

A copy of this letter will be placed on your medical file and a copy has been sent to your General Practitioner.

Yours sincerely,

Appendix 3: - Investigated Incident Template

<Date>

Dear

Acknowledgement of Responsibilities Agreement between <insert name of patient, visitor or member of the public> and < insert name of health body or location>

This letter is intended to bring your attention to a recent incident, which has now been investigated in response to the allegation that on the <insert date> you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/visitor/ volunteer/ contractor whilst on NHS premises (delete as applicable).

This Trust is firmly of the view that this form of behavior is not acceptable and all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse.

I would urge you to consider your behaviour when attending the < insert name of trust/ location> in the future and comply with the following conditions as discussed at our meeting:

<list of conditions>

If in the future you fail to act in accordance with the conditions listed above and continue to demonstrate what we consider to be unacceptable behaviour, the situation will be escalated in accordance with the Trusts violence and aggression policy, and one of the following actions will be taken: (to be adjusted as appropriate):

- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

An additional copy of this agreement letter is attached. Could you please sign the enclosed second copy and return to me to indicate that you have read and understood the above warning and agree to abide by the conditions listed accordingly.

If you consider that your behaviour has been misrepresented or that this action is unwarranted, please **contact xxx** in writing <insert details of local complaints procedure> who will review this decision in the light of your account of the incident(s). If you need assistance then a member of our PAL's team will be able to provide you with this assistance including translation and access to aids for people with hearing or visual difficulties.

If you do not reply within fourteen days it will be assumed that this agreement has been accepted.

Yours sincerely,

Signed by Lead Nurse / Head of Department / General Manager

I, <insert name> accept the conditions listed above and agree to abide by them accordingly.

Signed

Date

Appendix 4: - Investigation Findings Template

<Date>

Dear

Acknowledgement of Responsibilities Agreement between <insert name of patient, visitor or member of the public> and < insert name of health body or location>

I am writing to you concerning an incident that occurred on <insert date> at <insert name of health body or location>.

The findings of an investigation into these allegations have confirmed that you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This Trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. This was made clear to you in my previous correspondence of <insert date> to you.

I would urge you to consider your behaviour when attending the <location> in the future and comply with the following conditions
<list of conditions>

If you fail to act in accordance with these conditions and continue to demonstrate unacceptable behaviour, I will have no choice but to take the following action: (to be adjusted as appropriate):

- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

I regret having to bring this matter to your attention, but consider it is essential in order that The Trust can ensure effective provision of healthcare at all times.

I enclose two copies of this letter for your attention, I would be grateful if you could sign one copy, acknowledging your agreement with these conditions and return it to us in the envelope provided. In the event that we receive no reply within the next fourteen days, it shall be presumed that you agree with the conditions contained herein.

A copy of this letter has been issued to your GP and consultant.

I hope that you find these conditions acceptable. However, If you consider that your behaviour has been misrepresented or that this action is unwarranted, please contact in writing <insert details of local complaints procedure> who will review this decision in the light of your account of the incident(s). If you need assistance then a member of our PAL's team will be able to provide you with this assistance including translation and access to aids for people with hearing or visual difficulties. I am enclosing a self addressed envelope for your use.

Yours faithfully,

Signed by Lead Nurse / Head of Department / General Manager

I, <insert name> accept the conditions listed and agree to abide by them accordingly.

Signed

Dated

Encs:

- Reply paid envelope
- Patients leaflet on the Trusts complaints policy

Appendix 5:

<Date>

Dear

FINAL WARNING

I am writing to you concerning an incident that occurred on <insert date> at <insert name of health body or location>.

The findings of an investigation have confirmed the allegation that you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

Behaviour such as this is unacceptable and will not be tolerated. This trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. This has been made clear to you in <insert details of previous correspondence >. A copy of this health body's policy on the withholding of treatment from patients is enclosed for your attention.

If you act in accordance with what this trust considers to be acceptable behaviour, your care will not be affected. However, if there is a repetition of your unacceptable behaviour, this warning will remain on your medical records for a period of one year from the date of issue and will be taken into consideration with one or more of the following actions: (to be adjusted as appropriate)

- The withdrawal of NHS Care and Treatment, subject to clinical advice.
- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service.
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.
- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.

In considering withholding treatment this trust considers cases on an individual basis to ensure that the need to protect staff is balanced against the need to provide health care to patients. An exclusion from NHS premises would mean that you would not receive care at this trust and (title, i.e. clinician) would make alternative arrangement for you to receive treatment elsewhere.

If you consider that your alleged behaviour has been misrepresented or that this action is unwarranted, please contact in writing < insert details of local complaints procedure> who will review this decision in the light of your account of the incident(s).

A copy of this letter has been issued to your GP and consultant.

If you consider that your behaviour has been misrepresented or that this action is unwarranted, please contact in writing <insert details of local complaints procedure> who will review this decision in the light of your account of the incident(s). If you need assistance then a member of our PAL's team will be able to provide you with this assistance including translation and access to aids for people with hearing or visual difficulties. I am enclosing a self addressed envelope for your use.

Yours faithfully,

Signed by Lead Nurse / Head of Department / General Manager

Encs:

- Reply paid envelope
- Patients leaflet on the Trusts complaints policy

Appendix 6:

<Date>

Dear

Withholding of Treatment

I am writing to you concerning an incident that occurred on < insert date> at <insert name of health body or location>.

The findings of an investigation into the allegation that you <insert name> used/threatened unlawful violence/acted in an anti-social manner to a member of NHS staff/whilst on NHS premises (delete as applicable).

The Trust has decided that behaviour such as this is unacceptable and will not be tolerated. This trust is firmly of the view that all those who work in or provide services to the NHS have the right to do so without fear of violence or abuse. A copy of the Surrey and Sussex Healthcare NHS Trusts statement on the withholding of treatment from patients is enclosed for your attention.

Following the earlier warnings <insert details of correspondence and meetings> where this has been made clear to you, and following a clinical assessment and appropriate consultation, it has been decided that you should be excluded from all premises which are managed by the Surrey and Sussex Healthcare NHS Trust. The period of this exclusion is <insert number of weeks /months> and comes into effect from the date of this letter.

During the period of this exclusion notice you are not permitted to attend this Trust at any time except:

- in a medical emergency;
- where you are invited to attend as a pre-arranged appointment.

Contravention of this notice will result in one or more of the following actions being taken (to be adjusted as appropriate):

- Consideration will be given to obtaining a civil injunction in the appropriate terms. Any legal costs incurred will be sought from yourself.
- The matter will be reported to the police with a view to this health body supporting a criminal prosecution by the Crown Prosecution Service
- The matter will be reported to the NHS Security Management Service Legal Protection Unit with a view to this health body supporting criminal or civil proceedings or other sanctions. Any legal costs incurred will be sought from yourself.

During the period of your exclusion the following arrangement must be followed in order for you to receive treatment <list arrangements>.

In considering withholding treatment the and Sussex Healthcare NHS Trust considers cases on their individual merits to ensure that the need to protect staff is balanced against the need to provide health care to individuals.

If you consider that your behaviour has been misrepresented or that this action is unwarranted, please contact in writing <insert details of local complaints procedure> who will review this decision in the light of your account of the incident(s). If you need assistance then a member of our PAL's team will be able to provide you with this assistance including translation and access to aids for people with hearing or visual difficulties. I am enclosing a self addressed envelope for your use.

A copy of this letter has been issued to your GP and consultant.

Signed by the Medical Director

Encs:

- Reply paid envelope
- Extract from the violence and aggression policy
- Patients leaflet on the Trusts complaints policy

Appendix 7:

Violence and Aggression – Contact Numbers

1. Security Emergency Call
Ext 2222
2. Security Routine Call
Ext 6226
3. For advice on this policy, and security and personal safety guidance contact
Security Manager - Ext 6998
4. For advice on risk assessment please contact
Health and Safety Manager/Officer Ext 6210 or 1881
6. To refer staff to Occupational Health complete referral form electronically, by hand or using the internal post system to Occupational Health
Occupational Health - Ext 1631
7. To book staff onto Conflict Resolution and Assault Avoidance Training please contact
Training & Education Department – Ext 6915
8. For advice on legal sanctions and support
Assistant Chief Nurse
9. Crime Stoppers – **0800 555 111**
10. Police Emergency - **999**
12. Police General - **101**

Appendix 8:

Incident Report (on-line)

Managers' guidance

Acts of violence against staff are a real threat to those working in the Health Services and as such the Trust has a legal duty under the Health and Safety at Work etc. Act 1974 to protect its staff. In addition the Government has identified the reduction of violence as a priority for NHS Trusts (Zero Tolerance Campaign) and set targets for reducing assault (Working together: securing a quality workforce for the NHS).

As with any other health and safety risk, you have a legal duty under the Management of Health and Safety at Work Regulations 1999 to assess the potential for violence in your Ward/Department. This assessment should enable you to identify appropriate measures, such as premise security, hardware systems, procedures/systems of work as well as relevant staff training necessary to minimise these risks.

Incidents of violence against staff including verbal abuse and aggressive behaviour must be reported in accordance with Trust incident reporting procedures and investigated accordingly. This is a legal requirement under the Social Security (Claims & Payments) Regulations 1979 and the Reporting of Injuries Diseases and Dangerous Occurrences Regulations 1995.

Managers' checklist:-

- Have you completed a risk assessment for managing violence and aggression in your Ward/Department?
- Have staff contributed to this assessment (e.g. completion of staff questionnaire)?
- Have you developed an action plan to implement the measures identified in your assessment as necessary to reduce the risks of violence?
- Have you identified the training needs of your staff to help them deal with aggression they may face in your Ward/Department?
- Has a plan for delivering this training been developed in conjunction with the Trust Health and Safety Adviser?
- Are staff encouraged to report all incidents of violence?



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Appendix 9

Role of the Security Guard

Any person can use reasonable force to protect themselves and to protect others who are being assaulted. These common law powers are available to the guards as they would be to anyone.

For example; a patient in Emergency Department or on a ward is being violent to staff by spitting, punching or kicking out. A security guard can intervene to prevent the staff from being assaulted. Indeed any member of staff, or members of the public would be able to intervene to prevent the person being assaulted. If the patient then turned on the security guard or person intervening then that person would be able to use reasonable force to protect themselves.

If the patient needs to be restrained until the police arrive, then the security guard or person intervening will be able to do so. This would be to prevent the patient breaking free and assaulting people again, thereby preventing a further Breach of the Peace. However if the patient calms down and shows no aggression then the power to use force will cease.

If the patient needs to be restrained in order for a clinical procedure to be carried out then unless there is an immediate danger of nurses being assaulted, the security guard will not be able to restrain that person.

Patient restraint by medical staff for clinical procedures will be governed by the Mental Capacity Act 2005 which includes the Deprivation of Liberty Safeguards.

With regard to a mental health patient, the security guard can only assist when the patient is becoming violent to prevent staff being assaulted. The security guard cannot assist with medical treatment or nursing duties. Once the patient has calmed or been sedated the guard will leave once he/she has liaised with the person in control.

If a guard comes across violent behaviour from non-patients, they can, using Sec 119 Criminal Justice and Immigration Act 2008 use reasonable force to remove them. If this is not appropriate then the police are called.

Appendix 10 – Risk Assessment for Violence and Aggression



Environmental Risk
Assessment for Violent

